



**THE NEXT PROJECT SUBMISSION DEADLINE IS
MONDAY, SEPTEMBER 13, 2010**

Business' Designated Representative

Last Name: _____ First Name: _____

Business Address

Name of Business _____

Projected Start-Up Date _____

Business Address Current Projected

Street Address _____

City: Montréal, Québec

Postal Code _____

Telephone _____

Borough or reconstituted city of Montreal _____

Email _____

Website _____

Business Legal Structure

- Company General Partnership Cooperative
 Sole Proprietorship Limited Partnership

Business Number _____ Effective Date _____





Business Description (continued)

| Project Description and Business Mission – Executive Summary |
|---|
| |





Financial Structure

| Financial Projections and Economic Impact | | |
|--|--------|--------|
| | Year 1 | Year 2 |
| Estimated Revenues | \$ | \$ |
| Estimated Profits | \$ | \$ |
| Estimated Full-Time Jobs Created | | |
| Estimated Part-Time Jobs Created | | |
| Estimated Contractual Jobs Created | | |
| <i>Note: Include the entrepreneurs in the number of estimated jobs</i> | | |

| Steps Taken to Obtain Contracts | | |
|--|------------------------------|---------------------------------------|
| P o t e n t i a l C l i e n t s | Contract Amount in \$ | Odds of Obtaining Contract (%) |
| | | |
| | | |
| | | |
| | | |
| | | |

| Have you contacted any other organizations regarding your project? (financial or technical assistance) | | | |
|---|----------------|-----------------------------|-----------------------------|
| Organization or Institution | Contact | Assistance Requested | Approved (yes or no) |
| | | | |
| | | | |
| | | | |
| | | | |





Financial Structure (continued)

| Use of Funds | |
|---|--|
| Start-up, acquisition or partnership costs: | |
| | |
| | |
| | |
| Working capital: Ex: salary, rent, advertising, etc. | |
| | |
| | |
| | |
| Fixed assets: Ex: Equipment, building, etc. | |
| | |
| | |
| | |
| | |
| Other: | |
| | |
| | |
| | |
| | |

| | |
|---------------|--|
| Total: | |
|---------------|--|

| Source of Funds | |
|---|--|
| Personal investment: | |
| | |
| | |
| | |
| Long-term or other loans: | |
| Canadian Youth Business Foundation (CYBF) | |
| Fonds local d'investissement (FLI) | |
| | |
| Subsidies: | |
| Young Promoters | |
| | |
| | |
| | |
| Other : | |
| Fondation du maire de Montréal pour la jeunesse | |
| | |
| | |
| | |

| | |
|---------------|--|
| Total: | |
|---------------|--|





Statement by the Business' Designated Representative

I certify that all the information provided in this form is true and accurate and I consent to it being divulged. I also agree to provide, upon request by the Fondation du maire, any document that is pertinent to the present application for financial assistance.

I hereby authorize the Fondation du maire to verify my personal credit profile and to conduct inquiries on any other business I may own in full or partially.

Any inaccurate information, false declaration or significant omission will automatically result in the final rejection of the grant application or the reimbursement of the grant that was awarded.

Read and approved, in Montréal, on: _____ (date)

Signature: _____

How did you hear about Fondation du maire?

| | |
|---|--|
| <input type="checkbox"/> Word of Mouth, specify the reference: _____ | <input type="checkbox"/> CDEC or CLD, specify: _____ |
| <input type="checkbox"/> Emploi Québec (Jeunes volontaires) | <input type="checkbox"/> CJE, specify: _____ |
| <input type="checkbox"/> Youth Employment Services | <input type="checkbox"/> On the web, specify the reference: _____ |
| <input type="checkbox"/> City of Montréal | <input type="checkbox"/> Info Entreprises |
| <input type="checkbox"/> Other Fondation du maire grantees | <input type="checkbox"/> SAJE Montréal Centre |
| <input type="checkbox"/> SAJE Montréal Métro | <input type="checkbox"/> Other, specify: _____ |





**THIS SECTION MUST BE FILLED OUT BY EACH ENTREPRENEUR
IN CHARGE OF THE BUSINESS**

Entrepreneur's Address

Check if the address is the same as the business. If not, please fill out accordingly

Full Name _____
Address _____
City Montréal, Québec
Borough or reconstituted
city of Montreal _____
Postal Code _____

Phone and Email of Entrepreneur

Email _____
Telephone _____
Cell _____

Mother Tongue

English French Other If other, please specify: _____

Education

University (*Specify your degree*)
 Undergraduate Graduate Post Graduate

In what discipline?

College In what discipline? _____

High School

Other: please specify _____





**THIS SECTION MUST BE FILLED OUT BY EACH ENTREPRENEUR
IN CHARGE OF THE BUSINESS**

Demographics

Birth Date: _____

Sex: M F

Canadian Citizen Permanent Resident

Fondation du maire values entrepreneurship initiatives from members of cultural communities and offers specific support for such businessmen and women

If you are a member of a cultural community, please specify _____

Do you have dependent children? Yes No If so, how many? _____

Current Professional Status

Full-Time Employee Part-Time Employee Part-Time Student

Please note that full-time students are not eligible

If other status, please specify _____

Income over the last year: \$_____ Specify what year: _____

Have you ever filed for bankruptcy? Yes No

If so, in what year? _____

If you have filed for bankruptcy, please include a copy of your Discharge Certificate with your Grant Application Form

Are you subject to a voluntary deposit scheme? Yes No





Personal Financial Statement

**THIS SECTION MUST BE FILLED OUT BY EACH ENTREPRENEUR
IN CHARGE OF THE BUSINESS**

| | |
|---------------------|-------------------|
| Entrepreneur | |
| Last Name: _____ | First Name: _____ |

| Assets | Value Assets | Amount Transferred to the Business |
|--|--------------|------------------------------------|
| Cash (in hand) | | |
| Balance of Checking and Savings Accounts | | |
| Certificates of Deposit, Shares, Obligations, Mutual Funds, etc. | | |
| Pension Plan (R.R.S.P., etc.) | | |
| Computer Equipment (resale value) | | |
| Movable Property (resale value) | | |
| Real Estate (house, land, etc.) (resale value) | | |
| Automobile (resale value) | | |
| Other, specify: _____ | | |
| TOTAL: | | |

| Liabilities | Value Liabilities |
|------------------------------|-------------------|
| Credit Card Balance | |
| Line of Credit Balance | |
| Bank Loan | |
| Student Loan | |
| Car Loan | |
| Mortgage (land, house, etc.) | |
| Other, specify: _____ | |
| TOTAL: | |

| | |
|---|--|
| Net Value | |
| TOTAL (Difference between the assets and the liabilities): | |

| | |
|--|-------------|
| Statement | |
| I certify that the information on this personal financial statement is accurate | |
| Signature: _____ | Date: _____ |





Check List – Grant Application
Have you submitted the required documents?

| |
|--|
| 2 copies of each of the following documents are required |
| <input type="checkbox"/> Properly filled in Grant Application Form |
| <input type="checkbox"/> Business plan including at least all the items listed in "Model Business Plan" |
| <input type="checkbox"/> Curriculum vitae of the key individuals involved in the project |
| <input type="checkbox"/> Any other document that you deem pertinent (contracts, letters of intent, catalogs, prototypes, portfolio, letters of recommendation, letters of support, letters confirming the project's financing sources, etc.) |
| 1 copy of each of the following documents is required for each of the eligible entrepreneurs |
| <input type="checkbox"/> Proof of age (health insurance card, birth certificate or driver's license) |
| <input type="checkbox"/> Proof of Canadian citizenship or permanent residency status (citizenship card, passport, birth certificate or permanent resident card) |
| <input type="checkbox"/> Proof that you have lived on the territory of the urban community of Montréal such as a lease or two invoices (Hydro-Québec, Bell Canada, Vidéotron or GazMétro) |
| <input type="checkbox"/> Proof that your company is incorporated or registered, as the case may be |
| <input type="checkbox"/> Proof of your company's address or upcoming address |