

**Fort William First Nation  
Casino Rama Funds**

**Business Grant Program Application Form**

<b>Office Use Only</b>	<b>File Number:</b> _____
<b>Applicant Information</b>	
Name: _____	Address: _____ _____ _____
Telephone: _____	Fax: _____
E-mail: _____	Band No.: _____
<b>Project Information</b>	
Project Name: _____ _____	Location (indicate if on/off-reserve): _____ _____
Contact Person: _____	Phone: _____
Project Start Date: _____	Fax: _____

**Project Description**

Briefly describe your proposal and its purpose:

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Does the proposal include the use of:

Land: \_\_\_\_\_ Buildings: \_\_\_\_\_ Equipment: \_\_\_\_\_

Estimated impact of your proposal on the environment:

Not applicable \_\_\_\_\_ Unknown \_\_\_\_\_ Insignificant \_\_\_\_\_ Significant \_\_\_\_\_

Is the business primarily related to:

\_\_\_\_\_ Small Business: Establish \_\_\_\_\_ Expand \_\_\_\_\_ Purchase \_\_\_\_\_

\_\_\_\_\_ Major Business: Establish \_\_\_\_\_ Expand \_\_\_\_\_ Purchase \_\_\_\_\_

**Note: If the business already exists, provision of the last three (3) year's financial statements (income statements, balance sheet and cashflow statements) will be required.**

**Significant Information**

What is the estimated cost of this project:

\_\_\_\_\_

How much of this cost will be provided by the applicant:

\_\_\_\_\_

Expected number of jobs created:

FT: \_\_\_\_\_ (FWFNM) PT: \_\_\_\_\_ (FWFNM) (FWFNM=Fort William First Nation Member)

FT: \_\_\_\_\_ (NM) PT: \_\_\_\_\_ (NM) (NM=Non- Member)

If existing business, how many jobs will be maintained:

FT: \_\_\_\_\_ ( FWFNM) PT: \_\_\_\_\_ ( FWFNM) (FWFNM=Fort William First Nation Member)

FT: \_\_\_\_\_ (NM) PT: \_\_\_\_\_ (NM) (NM=Non- Member)

If existing business, has any previous CRF financial assistance been provided:

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, list what kind ):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will this proposal enhance community wealth (explain):

\_\_\_\_\_

\_\_\_\_\_

Will this proposal reduce social dependency (explain):

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Have any deals or commitments been made with other funding sources:

Yes\_\_\_\_\_ No\_\_\_\_\_ (If yes, list what kind and with whom):

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Have you received any other support from Fort William First Nation for this project:

Yes\_\_\_\_\_ No\_\_\_\_\_ (If yes, list what kind and with whom):

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## Declaration

The statements herein and attached hereto reflect the best estimates of my intended project.

I authorize duly appointed representatives from the Fort William First Nation Casino Rama Allocation and Distribution Department to obtain or share with persons or organizations, public or private, any information necessary to complete the assessment of this project.

I certify that I am a Member of the Fort William First Nation and/or represent a majority Member of the Fort William First Nation owned company.

Name(print): \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.