

**THE NEXT PROJECT SUBMISSION DEADLINE IS MONDAY, FEBRUARY 27, 2012**

**Business' Designated Representative (must comply with the Foundation eligibility criteria)**

Last Name:

First Name:

**Business Address**

Name of Business:

Start-Up Date:

Québec Enterprise Number (NEQ):

Current Business Street Address:

City:

Postal Code:

Province: Québec

Borough (if applicable):

Telephone:

Cell Phone:

Email:

Website:

**Tell us more about your business project – Max of 75 words -**

**Your description must answer at least the following questions :**

What: The product or service that I am selling could be described as:

How: What is your target market?

Why: In what way(s) is your product or service innovative if you compare it to your competitors?

**Grant Application**  
**Section 1: The Business (continued)**

**Financial Structure**

Use of Funds		To be Acquired		Source of Funds		Confirmed	
		Yes	No			Yes	No
<b>Start-up costs</b>				<b>Personal investment</b>			
Incorporation fees	\$	<input type="checkbox"/>	<input type="checkbox"/>	Capital	\$	<input type="checkbox"/>	<input type="checkbox"/>
Professional fees	\$	<input type="checkbox"/>	<input type="checkbox"/>	Equipment	\$	<input type="checkbox"/>	<input type="checkbox"/>
Web site	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working capital for a period of 3 months</b>		<b>Yes</b>	<b>No</b>	<b>Long-term or other loans</b>		<b>Yes</b>	<b>No</b>
Salaries	\$	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Youth Business Foundation (CYBF)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Rent	\$	<input type="checkbox"/>	<input type="checkbox"/>	Fonds local d'investissement (FLI)	\$	<input type="checkbox"/>	<input type="checkbox"/>
Advertising	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fixed assets</b>		<b>Yes</b>	<b>No</b>	<b>Subsidies &amp; competition grants</b>		<b>Yes</b>	<b>No</b>
Equipment	\$	<input type="checkbox"/>	<input type="checkbox"/>	Young Promoters	\$	<input type="checkbox"/>	<input type="checkbox"/>
Building & Land	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
Furniture	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>		\$	<input type="checkbox"/>	<input type="checkbox"/>
				<b>* Foundation Grant</b>	\$		

<b>Total:</b>	\$
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<b>Total:</b>	\$
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**\* Please note that the Foundation will not finance the entire project's start-up costs.**



**Grant Application**  
**Section 2: The Entrepreneur**

**THIS SECTION MUST BE FILLED OUT BY THE BUSINESS' DESIGNATED REPRESENTATIVE**

**Entrepreneur's Address**

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

Full Name:

Address:

City:

Province: Québec

Postal Code:

Borough (if applicable):

Telephone:

Cell Phone:

Email:

**Language(s)**

English

French

**Demographics**

Birth Date:

Sex:

M

F

Canadian Citizen

Permanent Resident



**Grant Application**  
**Section 2: The Entrepreneur (continued)**

**THIS SECTION MUST BE FILLED OUT BY THE BUSINESS' DESIGNATED REPRESENTATIVE**

<b>Business' Shareholder(s)</b>			
Full Name	Shares %	Birth Date	City of residence

**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 Fondation du maire: le Montréal inc. de demain, any document that is pertinent to the present application for financial assistance.

I hereby authorize Fondation du maire: le Montréal inc. de demain 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: \_\_\_\_\_



**Check List**  
**Have you submitted the required documents?**

<b>One (1) copy of each of the following documents</b>
<input type="checkbox"/> Properly filled in Grant Application Form  <input type="checkbox"/> One (1) printed copy of the business plan, including at least all the items listed in "Model Business Plan". <u>ATTENTION: you will not get that copy back.</u>  <input type="checkbox"/> Any other document that you deem pertinent (contracts, letters of intent, catalogues, prototypes, portfolio, letters of recommendation, letters of support, letters confirming the project's financing sources, etc.)
<b>One (1) copy of each of the following documents is required for each of the eligible entrepreneurs</b>
<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 reside in a borough or in a reconstituted city of Montréal, such as a lease or two recent invoices (Hydro-Québec, Bell Canada, Videotron or Gaz Metro).