

SECTION B – SELF EMPLOYMENT ASSISTANCE

Nature of Business: _____
(Please supply final draft of Business Plan)

Sole Proprietorship Partnership

Other (Please specify): _____

Project Start Date: _____

Duration of Activity: _____

Location of Business: _____

Has Appropriate delivery agent been consulted with? YES NO

If Yes, is recommendation attached? YES NO

Requested Amount:

Income Support _____

Delivery Agent _____

Other _____

TOTAL REQUEST: \$ _____

Once you have completed Section B, please skip to Section E – Meegwetch

SECTION C – MOBILITY ASSISTANCE

Reason for Request: _____

Letter of confirmed employment from employer attached YES NO

Quotes of Travel Costs: Air _____

Public _____

Private _____

Other _____

TOTAL REQUEST: \$ _____

Have you approached other sources to cover these costs? (if yes, please attach letters of rejection)

YES NO

Once you have completed Section C, please skip to Section E – Meegwetch

SECTION D – PRE-EMPLOYMENT SUPPORT

Reason for Request: _____

Letter of confirmed employment from employer attached YES NO

Pre-employment Support Quotes – (2 quotes required, please attach)

Quote #1 _____

Quote #2 _____

TOTAL REQUEST \$ _____

Have you approached other sources to cover these costs? (if yes, please attach letters of rejection)

YES NO

Once you have completed Section D, please skip to Section E – Meegwetch

SECTION E - EXPECTATIONS

In summary, state what your expectations and goals are, (should your application be accepted) once this intervention is completed.

I certify that the above information is accurate and true to the best of my knowledge. If funding is approved, I will adhere to Whitesand LDM program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Print Name: _____ Signature: _____

Date: _____ Counselor: _____