



FIRST NATIONS OF QUEBEC
AND LABRADOR ECONOMIC
DEVELOPMENT COMMISSION

Indigenous Women's Entrepreneurship Support Program *Professional fees*

Application for financial assistance

The objective of the Indigenous Women's Entrepreneurship Support Program (IWESP)-Professional fees section is to promote access for Indigenous women entrepreneurs to professional resources. The FNQLEDC offers to cover **up to 75% of the professional fees** relating to an existing or start-up business project, in a manner that is complementary to the programs already existing on the market. **The maximum contribution per fiscal year is set at \$5,000** per entrepreneur. The program targets non-recurring needs.

The IWESP also aims to support women entrepreneurs in selecting the appropriate professionals for the needs of their project. So that the relevance of the planned work and its eligibility for the IWESP can be properly judged, it is preferable to initiate the application with the FNQLEDC at the start of the process. The FNQLEDC reserves the right to refuse an application for which the costs have already been incurred.

The information transmitted in this form will be used by the staff of the FNQLEDC and its partners and will be kept for the purposes of producing statistics, evaluation, and subsequent consultation. Any modification to the information already provided must be communicated to the FNQLEDC so that it can be updated accordingly.

To submit your application, please send this form to: atremblay@cdepnql.org

For more information: 418-843-1488, extension 1230

A program supported by



Section 1 – Information about the entrepreneur

Person responsible for the grant application

First name	Last name	Community of origin
Phone	Email	

Enterprise

** Please complete this section if you are applying for an existing enterprise.*

Enterprise number (NEQ)	Enterprise name		
Address			
Municipality/community		Province	Postal code
Phone	Email		
Website			

Section 2 – Information on the business project

Describe the business project in a few words.

Describe in a few words the reasons for the application for financial assistance.

Are you already active?

Section 3 – Identification of professionals and description of the mandate

Name of the professional who will carry out the mandate	License number	Professional order	Is the professional related in any way to the person responsible for the grant application?
Description of the work:			

Section 4 – Costs and financing of professional fees

Costs			
Only eligible expenses will be counted to establish the amount of the program contribution.			
Professionals	Amount before taxes (\$)		
	Total amount		
Financing			
Include all sources of funding that will be used to cover professional fees.			
Description	Confirmed	Type of funding	Amount before taxes (\$)
Indigenous Women's Entrepreneurship Support Program			
Contribution of the entrepreneur			
	Total amount		

Section 5 – Documents to attach

Mandatory documents for any application for financial assistance:

- Form duly completed and signed.
- Description and estimate of the cost of the mandate by the professional(s)

Section 6 – Claimant's statement

As the person in charge of the grant application, I confirm that the information provided in this application and the attached documents is complete and accurate. I undertake to provide the representatives of the FNQLEDC with all the information necessary for the analysis of the project. I understand that this application for assistance does not necessarily mean that it will be accepted.

I understand that the announcement and payment of any financial assistance are conditional on the budget available in the FNQLEDC program as well as compliance with program standards and the provisions of the financial assistance agreement.

If the application is accepted, I must provide the contents of the intervention report(s) as well as the final invoice(s) before the grant is paid. I also agree to collaborate, if necessary, in the evaluation of the program.

We accept that the FNQLEDC may communicate with our partners to ensure that all the work has been carried out. We understand that, if necessary, the FNQLEDC may request other proof of the execution of the work, and we undertake to provide such proof.

With this in mind, I consent to the FNQLEDC informing them of our application and providing them with our contact information if necessary. I understand that we are free to accept or not accept their services.

Full name

Signature

Date (YYYY MM DD)

To submit your application, please send this form to:

First Nations of Quebec and Labrador Economic Development Commission (FNQLEDC)

Annick Tremblay

atremblay@cdepnql.org

For more information: 418-843-1488, extension 1230