



COMMISSION DE DÉVELOPPEMENT
ÉCONOMIQUE DES PREMIÈRES NATIONS
DU QUÉBEC ET DU LABRADOR

Indigenous Women Entrepreneurship Support Program

Place of Business

Application for financial assistance

The objective of the *Indigenous Women Entrepreneurship Support Program (IWESP) – Place of Business component* is to **financially support Indigenous women entrepreneurs in their efforts to gain access to suitable premises to operate their businesses**. The maximum amount of the financial assistance is **\$30,000** per project.

The IWESP aims to support women entrepreneurs in carrying out their entrepreneurial projects. In order to adequately assess the relevance of the planned work as well as its eligibility for the IWESP, it is preferable to initiate the application process with the FNQLEDC as soon as it begins. The FNQLEDC reserves the right to reject any application for which costs have already been incurred.

The information provided in this form will be used by the staff of the FNQLEDC and its partners and will be retained for the purposes of statistical production, evaluation and subsequent consultation. Any changes to the information already transmitted must be communicated to the FNQLEDC so that it can be updated.

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

For more information: 418-843-1488, extension 1237

A program supported by:



Section 1 – Information about the entrepreneur

Person responsible for the grant application

First name	Last name	Your community
Phone	Email	

Enterprise

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

Québec Enterprise Number (NEQ)	Name of the enterprise		
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 in business?	

Section 3 – Service provider identification and description of the work

Service provider name	Is the service provider related in any way to the person responsible for the grant application?
Description of the work:	

Section 4 – Costs and financing

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

Section 5 – Documents to attach

Mandatory documents for any application for financial assistance:

- Description and estimate of the work by the supplier(s)
- Certificate of Indian status
- Business plan (including financial forecasts over 3 years)
- Financial results for the last few years (if applicable)

Section 6 – Declaration of the applicant

As the person responsible for the grant application, I hereby confirm that the information provided in this application and the attached documents is complete and true. I undertake to provide the representatives of the FNQLEDC with any additional information necessary for the analysis of the project. I understand that this application for financial assistance will not necessarily be accepted.

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

If the application is accepted, I will have to provide the final invoice(s) before the grant is paid. I also undertake to collaborate, if necessary, in the evaluation of the program.

I also accept that the FNQLEDC will communicate with our partners to ensure that all the work has been carried out. I understand that, if necessary, the FNQLEDC may request further proof of the execution of the work, and I undertake to provide it.

Indeed, 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 decide whether or not to accept their services.

First and last name of the applicant

Signature of the applicant

Date (YYYY MM DD)

To submit your application, please send this form to:

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

Stéphanie Légaré

slegare@cdepnql.org

For more information: 418-843-1488 poste 1237

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