

APPLICATION PACKAGE

Turn Your Idea into a Business Plan!

If you have the desire and determination to take your business idea from just being an idea to a fully written and researched business plan, *Youth Mean Business* may be the program for you.

Youth Mean Business is a Youth Orientated Program providing financial assistance, business training, advice and support to eligible individuals. The program is designed to provide the tools needed to take your business idea and make it into a viable business plan. If you have a business idea and would benefit from expert business training and support, *Youth Mean Business* can help position you for success.

How can *Youth Mean Business* benefit me?

Acceptance into the program gives participants free access to a wide range of practical support tools and business expertise. Ongoing support includes:

- Up to 6 months in duration
- Financial Support
- One-on-one access to your very own Business Coach who will prepare you for the challenges of starting a business
- Access to business plan templates that will help you assess and strengthen the viability of your business idea, whether your idea is for a retail concept, a service based concept or an importing/exporting concept
- Leading-edge online and in-person business training, which can be tailored by you, for you
- Opportunities to be mentored by successful entrepreneurs in your community

Need more information?

Our Program Manager would be happy to answer your questions. Contact us by phone, in person or visit our web site at: www.ethoscmg.com/ymb.html

Youth Mean Business - Victoria
Phone: 250-384-9283 Fax: 250-386-3877

915 Fort Street, Victoria, BC V8V 3K3
Regular office hours: 9:00 am - 4:00 pm (closed from 12:00 to 1:00)
ymb@ethoscmg.com



Funding provided through the Canada-British Columbia Labour Market Agreement.

YOUTH MEAN BUSINESS APPLICATION

Please note: All applications, letters and additional information submitted to the Youth Mean Business, Youth Skills BC Entrepreneurship Pilot Program (Youth Mean Business) become the property of Youth Mean Business. Application/concept packages will be kept on file for a maximum of 3 months before being destroyed in accordance with privacy regulations.

First Name:		Last Name:	
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Questions?

Youth Mean Business, Youth Skills BC Entrepreneurship Pilot Program
 Mon. – Fri. 9:00am – 12:00 and 1:00 - 4:00pm
 915 Fort Street, Victoria, BC, V8V 3K3
 T: 250-384-9283, F: 250-386-3977
 Email: ymb@ethoscmg.com

Item Checklist

Office Use Only

In this package:

- | | | |
|-----------|---|--------------------------|
| Page 3 | <input type="checkbox"/> Application for Assistance | <input type="checkbox"/> |
| Page 4 | <input type="checkbox"/> Monthly Budget | <input type="checkbox"/> |
| Page 4 | <input type="checkbox"/> Dependent Care/Household Information | <input type="checkbox"/> |
| Page 5 | <input type="checkbox"/> Financial Profile | <input type="checkbox"/> |
| Page 5 | <input type="checkbox"/> Declaration - Amounts Owing | <input type="checkbox"/> |
| Page 6-10 | <input type="checkbox"/> Business Concept | <input type="checkbox"/> |
| Page 11 | <input type="checkbox"/> Confidentiality and Consent | <input type="checkbox"/> |
| Page 12 | <input type="checkbox"/> Contribution List | <input type="checkbox"/> |
| Page 13 | <input type="checkbox"/> Business Resources | <input type="checkbox"/> |

Additional information to include:

- | | | |
|---|--|--------------------------|
| <input type="checkbox"/> Photo ID <i>(mandatory)</i> | | <input type="checkbox"/> |
| <input type="checkbox"/> Resume <i>(mandatory)</i> | | <input type="checkbox"/> |
| <input type="checkbox"/> Additional supporting documents, sample/s of work, photos, etc. <i>(if applicable)</i> | | <input type="checkbox"/> |

Please list below:

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Application for Assistance

Client Name:		SIN:	
PO Box #	Address:		
City:	Province:	BC	Postal Code:
Telephone:	(250)	Cell phone:	(250)
Email:			
Date of Birth (mm/dd/yyyy)		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
How did you hear about our program?			
Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally entitled to work in Canada?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your preferred Language of Service?			<input type="checkbox"/> English <input type="checkbox"/> French
What is your preferred Language of Correspondence?			<input type="checkbox"/> English <input type="checkbox"/> French

Optional Questions (for statistical purposes)

Do you have a disability? <i>(If you answer yes, you may be eligible for further support. Documentation (i.e. Doctor's note) will be required.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to be a member of a visible minority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a person of Aboriginal ancestry?	<input type="checkbox"/> Yes <input type="checkbox"/> No

First Name: _____ Last Name: _____

Date: _____

The following information is used to determine your level of financial support - please be accurate!

MONTHLY BUDGET					
NET Monthly Household Income (income after taxes and deductions)			Monthly Living Expenses		
	Self	Spouse/Partner		Combined	Office Use Only:
El Benefits	\$	\$	Rent / Mortgage	\$	
BC Employment Assistance Benefits	\$	\$	Food	\$	
Pension Income (Source)	\$	\$	Clothing	\$	
Disability Income	\$	\$	Living Expenses – Other - specify	\$	
WCB / Vocational Rehab Benefits	\$	\$	Utilities (heat, hydro, water, sewer, garbage, phones, cable)	\$	
Employment Income	\$	\$	Medical / Dental	\$	
Self Employment Income	\$	\$	Debt Payments	\$	
Investment Income	\$	\$	Property Taxes	\$	
Student Loans/Bursaries	\$	\$	House/Tenant Insurance	\$	
Aboriginal Funding	\$	\$	Child Support Payment	\$	
Rental Income	\$	\$	Dependent Care (Less Subsidy)	\$	
Room and Board	\$	\$	Alimony Support Payment	\$	
Child Support	\$	\$	Lease Payments	\$	
Alimony Support	\$	\$	Transportation	\$	
Canada Child Tax Benefit (CCTB)	\$	\$	Vehicle Insurance	\$	
Universal Child Care Benefit (UCCB)	\$	\$	Other (please specify):	\$	
Other - describe	\$	\$	Other (please specify):	\$	
Total			Total		
Grand Total	A	\$	Grand Total	B	\$
Excess (Deficit) of Income over Expenses per month				A – B = C	\$

MONTHLY BUDGET (Continued)

Will you require support for travel costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require dependent care support while you are in the Youth Mean Business Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require any additional supports while enrolled in the Youth Mean Business Program as a disability or language barrier? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT CARE

Please provide information below for only those dependants that will require care while you attend Youth Mean Business training sessions. The names and birthdates of the dependant(s) are for the purpose of verifying the need for care support. Leave section blank if not applicable.

Name of Dependant:	Date of Birth	Reason for care (if not underage)	\$ Amount <u>per day</u> (Less subsidy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOUSEHOLD INFORMATION

Please list all persons (other than dependants listed above) living in your home and your relationship with them:

Example: spouse, partner, parent, child (who doesn't require child care) tenant, boarder, roommate, etc.

Name	Relationship to you

FINANCIAL PROFILE

Household Debt: Are your personal debt payments up to date? Yes No

Mortgage Balance	\$ _____ <input type="checkbox"/> N/A	Payment :	\$ _____ <input type="checkbox"/> N/A
Bank Loan (1) Balance	\$ _____ <input type="checkbox"/> N/A	Payment :	\$ _____ <input type="checkbox"/> N/A
Credit Card(s) Balance	\$ _____ <input type="checkbox"/> N/A	Payment :	\$ _____ <input type="checkbox"/> N/A
Line of Credit Balance	\$ _____ <input type="checkbox"/> N/A	Payment :	\$ _____ <input type="checkbox"/> N/A
Other (_____) Balance:	\$ _____ <input type="checkbox"/> N/A	Payment:	\$ _____ <input type="checkbox"/> N/A
Student Loan	\$ _____ <input type="checkbox"/> N/A	Payment:	\$ _____ <input type="checkbox"/> N/A
Total Outstanding Balance	\$ _____	Total Payments	\$ _____

Household Savings:

RRSP: \$ _____ <input type="checkbox"/> N/A	RRSP – <input type="checkbox"/> Locked in <input type="checkbox"/> Not Locked in
Investments: \$ _____ <input type="checkbox"/> N/A	Savings: \$ _____ <input type="checkbox"/> N/A
Other Property: \$ _____ <input type="checkbox"/> N/A	Other (_____): \$ _____ <input type="checkbox"/> N/A
Severance Pay: \$ _____ <input type="checkbox"/> N/A	

DECLARATION: Amounts Owing in Default to the Government

Instructions: The information you provide below is collected in accordance with the Treasury Board Policy on Transfer payments (pursuant to section 7 of the Financial Administration Act). While the completion of this declaration is optional, failure to do so may result in denial of funding.

Do you, the applicant, owe any amounts that are in default to the government of Canada or any provincial government under legislation or contribution agreements? **Yes** **No** If yes, complete the following chart.

Name of Government Department or Agency to Which the Amount in Default is Owed	Nature of the Amount in Default owing (taxes, penalties, overpayments, student loans, etc)	Amount in Default Owing

I declare the above information to be true, correct and complete in every respect.

Name: _____

Date: _____

Signature: _____

First Name: _____

Last Name: _____

CONFIDENTIALITY AND CONSENT

**Please initial each statement below*

I, _____, authorize the Youth Mean Business, Youth Skills BC Entrepreneurship Pilot Program, an initiative of ETHOS Career Management Group Ltd. (Youth Mean Business) to share details of my application, my Employment Insurance status, my business plan and my Youth Mean Business program file for the purposes of communicating with the following agencies/organizations:

____ I hereby give permission for Youth Mean Business to:

- Verify information provided within this eligibility review with the identified parties.
- Share information with Service Canada including details of my EI eligibility.
- Share information with Labour Market Services, Ministry of Housing and Social Development.
- Share outcomes with my Case Manager.

____ I authorize Youth Mean Business to obtain or exchange any personal information with any agent for the purpose of establishing or verifying my financial standing. This includes authorizing Youth Mean Business to obtain reports from credit bureaus, retail credit companies or other such credit reporting companies when deemed necessary.

____ I understand that that the information I have supplied will be subject to verification. I am aware that false statements may result in my application being declined.

____ I declare that:

- a) I have read and understood the information provided in this business concept package;
- b) The information I have provided to Youth Mean Business in this business concept package and supporting documentation is true, accurate, and complete in every respect to the best of my knowledge;
- c) I agree to provide additional documentation to support any detail of this application;
- d) If the information described in any part of this business concept package, or the ensuing application package or business plan is false or misleading, my participation in Youth Mean Business may be terminated without notice and I may be required to repay some or all of the financial assistance I received during my participation and
- e) This declaration remains effective for the entire period of time that I am connected with Youth Mean Business.

____ *I understand that this business concept package is the second step in applying to the Youth Mean Business Entrepreneurship Pilot Program. Submitting this application does not in any way guarantee acceptance into the program or any financial compensation.*

Name of Applicant:	
Signature of Applicant:	Date:

First Name: _____

Last Name: _____

MY CONTRIBUTION

When you start your business, it is expected that you will need Cash and Equipment.
Please indicate below the details of what you will be contributing to your business.
Please attach photocopies of statements or pictures to verify the value of your personal contribution

To be completed by Applicant			Office Use Only		
Item	Description	Value	Document to be provided	Attached Yes or No	Init.
Cash <i>(copy of statements required)</i>			Bank Statement or Letter of Intent		
Cash					
Loan					
Other (RRSP, Credit Card, etc.)					
Subtotal		\$			
Vehicle <i>(copy of vehicle insurance and photo of vehicle required)</i>			Insurance and Photo		
Subtotal		\$			
Equipment & Furniture <i>(receipts or photos required)</i> <i>(attach a separate sheet to list equipment & furniture if needed)</i>			Receipts or Photos		
Subtotal		\$			
Other					
Subtotal		\$			
Total Value		\$			

First Name: _____

Last Name: _____

RESOURCES REQUIRED FOR START-UP OF YOUR BUSINESS

This form will be used to determine the funds you may require to start your business and where it may come from. Please be as accurate as possible. It would also be expected that this will be addressed in your business plan.

A. What I already have to contribute to the business (in-kind contributions):

Existing equipment (Please use My Contribution on page 13)	(A1)	\$	
Inventory	(A2)	\$	
Other start-up expenses already paid – (prepaid expenses)	(A3)	\$	
Other assets	(A4)	\$	
			(A) \$

B. Amounts still needed to be spent on start-up:
(What do you still need to get your business started?)

Tools or equipment I need to purchase for start-up (describe – attach separate list if necessary)	(B1)	\$	
Purchase of inventory	(B2)	\$	
Legal and accounting fees	(B3)	\$	
Licences and permits	(B4)	\$	
Marketing and advertising	(B5)	\$	
Other start-up expenses (describe – attach list if necessary)	(B6)	\$	
			(B) \$

B. Needed operating cash - (to cover business expenses in start-up)

(C) \$

C. Total amount of Resources Required to Start the Business

(D) \$

(A + B + C) = D

D. Possible Sources of Funds: (Where will all this come from?)

<input type="checkbox"/> Bank loans – will you need to borrow money?	(E1)	\$	
<input type="checkbox"/> Personal cash – do you have savings?	(E2)	\$	
<input type="checkbox"/> In-kind contributions from yourself, friends or family?	(E3)	\$	
			(E) \$

Resources Required (D) = Sources (E)

