



# GDI TRAINING & EMPLOYMENT PATHWAYS FOR ENTREPRENEURSHIP APPLICATION

Screening Date: \_\_\_\_\_

ARMS Client ID: \_\_\_\_\_

**SECTION 1 – PERSONAL IDENTIFICATION – PLEASE COMPLETE ALL FIELDS**

Social Insurance Number: \_\_\_\_\_ SK Health Card Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number) (Street) (City/Town) (Province) (Postal Code)

How long have you lived at your current address? Years ( ) Months ( ) Own or Rent: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Gender:  Male  Female  Unspecified. Birth Date (MM/DD/YYYY): \_\_\_\_\_

Marital Status:  Married  Common Law  Single  Divorced  Widowed  Separated

Spouse's Name (if applicable): \_\_\_\_\_

Do you have a disability?  Yes  No (ex: mobility, learning, mental health, hearing, vision, addictions)

*\*If yes, do you require training supports to accommodate your disability?  Yes  No*

Language Spoken (check all that apply):  English  French  Aboriginal Languages  Other \_\_\_\_\_

**Are you in receipt of:**

Social Assistance  Yes  No Transitional Employment Allowance  Yes  No

Student Loans  Yes  No Provincial Training Allowance  Yes  No

Workers Compensation  Yes  No Employment Insurance  Yes  No Date Applied: \_\_\_\_\_

Have you been on Employment Insurance in the last three (3) years?  Yes  No

**SECTION 2 – EMPLOYMENT HISTORY – PLEASE COMPLETE ALL FIELDS**

Are you currently employed?  Yes  No

Hourly Wage: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Last Date Worked: \_\_\_\_\_

Please list current and past employers:

Employer	Job Title	FT/PT/Casual Seasonal/Term	End Date	Salary/Wage

**SECTION 3 – DEPENDENT INFORMATION – PLEASE COMPLETE IF APPLICABLE**

Please list all dependent children under the age of 18. Indicate whether the dependent lives with you Full-time (more than 50% of the month) or Part-time (less than 50% of the month). If Part-time, indicate the number of days per month that your dependent resides with you.

Dependent’s First Name & Last Name	Birth Date (Day, Month, Year)	Full-Time	Part-Time days per month	Disability

Do you require childcare?  Yes ( Full-time  Part-time)  No

If yes, are you:

- Receiving Provincial funding or subsidy  Receiving FNICCI  Unable to find space
- Assisted by family/self-funded  Requesting daycare supports from GDI

**SECTION 4 - EDUCATION – PLEASE COMPLETE ALL FIELDS**

Please circle the highest level you have completed:      1-8      9      10      11      12

In which program did you attain your highest level?      K-12      ABE      GED

Year Completed: \_\_\_\_\_

*Post-Secondary Information:*

Course/Program	Institution	Location	Year	Outcome

### SECTION 5 – SELF-DECLARATION, CREDIT INQUIRY AND SIGNATURE - MANDATORY

I, \_\_\_\_\_ hereby authorize the Clarence Campeau Development Fund to request a credit report and provide the information to Gabriel Dumont Institute Training and Employment. I hereby self-declare that I am:

Métis and a Saskatchewan resident

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*I CERTIFY THAT THIS PURCHASE IS ELIGIBLE UNDER, AND ADHERES TO, GDIT&E PROGRAM CRITERIA:*

### SECTION 6 – APPLICATION PURPOSE

Application purpose:       Start a New Business                       Acquire an Existing Business

Maintain an Existing Business                       Expand an Existing Business

### SECTION 7 – BUSINESS INFORMATION (PLEASE COMPLETE ALL APPLICABLE FIELDS IF YOU ARE AN EXISTING BUSINESS OWNER)

Your business is:                       Unregistered Sole Proprietorship operating under your personal name  
     ISC registered Sole Proprietorship  
     ISC registered Partnership  
     ISC registered Corporation

If registered through ISC, please provide your ISC registry number: ( \_\_\_\_\_ )  
 CRA Business Number (if known): ( \_\_\_\_\_ )  
 WCB number (if known): ( \_\_\_\_\_ )

*If you are an incorporated business or partnership, you are required to provide Articles of Incorporation or a Partnership Agreement with your application.*

As an existing business owner, what percentage (%) of the business do you own? \_\_\_\_\_  
 Please list the business owners, positions held, and respective percentages owned (indicate what owners identify as Métis):

Business Owner #1: _____	(% owned) _____	Métis? _____
Business Owner #2: _____	(% owned) _____	Métis? _____
Business Owner #3: _____	(% owned) _____	Métis? _____
Business Owner #4: _____	(% owned) _____	Métis? _____
Other: _____		

Full Legal or Incorporated Name: \_\_\_\_\_

Business Name (Trade Name): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Business Website: \_\_\_\_\_

Please describe details about your business aspirations, project, and scope. If your business is operational, please explain your business and include the number of full-time staff and part-time staff, and any additional businesses:

Would you be interested in accessing funding to train staff? If yes, please include details of the training with your application. (Training must be under 24 hours of in-class time)

Please list/describe all relevant work experience or training you have (resume must be attached with references).

Are you interested in taking any entrepreneurship training (such as the Praxis School of Entrepreneurship, bookkeeping, Sask Poly Online, workshops, etc.)? If yes, please include details about the training program.

Is there specific industry training you are interested in taking to expand or develop your business? If yes, please include details about the training program:

Do you have a strong credit history (please explain)?

Please estimate your project costs and your potential sources of financing. Does this align with the scope of your project? Do you have personal equity/cash to contribute to the project?

**Project Costs**

Land or buildings:

Equipment:

Initial product inventory:

Other:

**Financing**

Client equity/cash:

Bank:

CCDF/SMEDCO:

Other:

Total Costs: \$

(project costs should equal the amount of financing needed)

Total Financing: \$

Have you completed market research for your business idea? What are your findings? Where can you identify an area of competitive advantage?

Have you developed a draft business plan or approached partner agencies (CCDF or SMEDCO) for professional business plan development? **If business plan is completed, please submit with this application.**

If yes, what organization have you worked with?

What representative have you worked with?

Have you **completed** a professional business plan from CCDF or SMEDCO? (please circle):      YES      NO

## SECTION 8 – PERSONAL FINANCIAL STATEMENT - TO BE COMPLETED FOR EACH MÉTIS BUSINESS OWNER

Financial Information as at _____, 20_____.			
Business Owner's Name(s): _____.			
<b>Assets (List and Describe)</b>		<b>Liabilities (List and Describe)</b>	
Total Chequing			Balance Owing
Total Savings		Bank Loans	
Vehicles		Mortgages on Real Estate Owned	
Stocks & Bonds		Monthly Rent	
Real Estate Owned		Credit Card Debt	
Retirement Accounts		Obligations or Loans	
Other Assets (Specify)		Other Liabilities (Specify)	
<b>Total Assets (A)</b>	\$	<b>Total Liabilities (B)</b>	\$

**Net Worth (A-B): \$**

Have you ever had an asset repossessed?  YES  NO

Have you ever declared bankruptcy?  YES  NO If YES, when? \_\_\_\_\_

Do you own any taxes prior to the current year?  YES  NO

Is any litigation or proceeding involving you or the applicant now in course of pending before any court, government board tribunal or agency?  YES  NO

**Monthly Income:****Monthly Expenses:**

Gross Monthly Salary		Bank Loans	
Spouse Monthly Salary		Mortgages on Real Estate	
Monthly Rental Income		Monthly Rent	
Other Income		Credit Cards	
		Transportation	
		Utilities	
		Other	
<b>Total Income:</b>	\$	<b>Total Expenses:</b>	\$

## SECTION 9 – SUPPORT ELIGIBILITY

Return completed Application Forms via email to:

[entrepreneurship@gdins.org](mailto:entrepreneurship@gdins.org)

Mailed applications can be sent to:

1003 – 22<sup>nd</sup> Street West

Saskatoon, SK

S7M 0S2

**GDI will review all applications to determine applicable supports.**

**Applications will be assessed within 14 days of receiving.**

Details can be found at [www.gdins.org/entrepreneurship](http://www.gdins.org/entrepreneurship)

**If available**, please include the following with your application:

1. Copy of a business plan
2. Copy of a resume
3. Information on training (if you are looking to take training)
4. Articles of Incorporation
5. Any letters of offer or proof of financial commitment to your project
6. Receipts of payment for business plan development, or other professional services
7. Copies of applicant and dependent health cards
8. SIN card or verification
9. Direct Deposit info for personal and business bank account