Muskoday First Nation Equity Fund Application

MUSKODAY FIRST NATION

#99

Revised: July 23, 2009

Background Information

First Name: _____

Last Name: _____

Date of Birth: _____

Social Insurance Number: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Treaty Number: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Marital Status: _____

Full Name of Spouse: _____

Date of Birth: _____

Social Insurance Number: _____

Number of Children: _____

Ages of Children at Home: _____

Spouse's Present Employer: _____

Position Held: _____

Length of Employment: _____

Education: _____

Highest Grade Completed in High School: _____

Other Education, Training, or Courses: _____

_____

_____

_____

Present Employer: _____

Position Held: _____

Length of Employment: _____

Previous Employer if Current Employer is less than 2 years: _____

Position Held: _____

Length of Employment: _____

Other Work Experience: _____

References

Please provide the name, title, address, and telephone numbers of three individuals whom we may contact (not including immediate family) who are familiar with your character, skills, and experience.

Name: _____
Title: _____
Address: _____
_____
Daytime Phone Numbers: _____

Name: _____
Title: _____
Address: _____
_____
Daytime Phone Numbers: _____

Name: _____
Title: _____
Address: _____
_____
Daytime Phone Numbers: _____

Please provide the names of individuals and/or companies that will provide support, advice, encouragement in regards to your business venture.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Overview of Business Venture

Describe the business, the services/products to be sold or produced. State whether the business is a new venture or an existing venture that plans to expand or acquire an existing business. Please attach financial statements for the past three years if the business has been in existence for that period.

Location of the business: _____

Ownership of Business Venture

Name	% Ownership	$ Amount Invested

Projected Cost of Business Venture

Land	$ Amount
Buildings	**$ Amount**
Equipment	**$ Amount**
Other	**$ Amount**

Please indicate whether the applicant has secured funding elsewhere such as individuals, banks, or organizations.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Market Analysis

I. **Target Market**

Briefly explain who your targeted customer is and describe the preliminary market analysis (e.g. customer profiles, market size, market trends, key success factors) that you have conducted to verify that this market will be profitable and viable in the long run.

Strategies

What strategies will you implement as a way to distinguish your business from those that are similar in nature (affordable pricing)?

II. **SWOT Analysis**

Please list in point-form the internal strengths and weakness your business may hold as well as the external opportunities and threats that may arise.

Strengths – internal strengths such as expertise, location, or innovative product/service	**Weaknesses** – internal weaknesses such as lack of marketing experience, undifferentiated products/services.
Opportunities – external opportunities such as participating in a developing market, strategic alliances, or ineffective competition.	**Threats** – external threats such as new competitors in your market, price wars, or new taxation laws.

Financial Analysis

I. Projected Income

Please list in detail all sources of income expected and indicate the amount expected. For example include equity put forth by other owners, bank loans, amount invested by yourself.

Source of Income	Amount
Total Income Expected	$

II. Use of Proceeds

Please list in detail the expenses associated with the initial start-up or expansion of your business venture and indicate the cost associated with each expense item. Please use this figure in the "Operating Expenses" section of the Pro Forma Income Statement on the next page.

Expenses	Cost
Total Expenses	$

III. Pro forma Income Statement

This statement will be helpful in explaining your financial status at the end of your first business year. It is important to carefully determine what you expect to earn/lose as a result of your business operations and keep all costs associated with earning this income reasonable. For example include salary/wages for employees, rent, office supplies, etc.

Sample Income Statement

	First Year of Operation
Sales	
Less: Cost of Goods Sold (COGS)	
Gross Profit	
Less: Operating Expenses	
Operating Income	
Less: Taxes (if applicable)	
Net Income	

Definitions:

Sales: Quantity Sold x Selling Price

COGS: Represents all of the expenses associated with the inventory actually sold during an operating period.

Formula:		Beginning Inventory
	Add:	Additions to Inventory
	Equals:	Total Inventory Available for Sale
	Minus:	Ending Inventory
	Equals:	Cost of Goods Sold

Operating Expenses: General and administrative expenses associated with operating the business. This could also include marketing costs such as advertising.

IV. Pro forma Comparative Balance Sheet

This statement represents a firm's financial position on the first day of operations and compares it to the year end of the first operating period.

Fundamental balance sheet equation: Assets – Liabilities = Owner's Equity

Sample Pro forma Comparative Balance Sheet

	First Day of Operations	End of First Year
Total Assets (please list all assets owned at the beginning and end of year, cash, accounts receivable, inventory, equipment)		
Less: Total Liabilities (please list all liabilities held at beginning and end of year, accounts payable, long-term loans, etc)		
Owner's Equity		

V. **Pro forma Cash Flow Statement**

This statement helps illustrate the amount of cash needed each period. It is useful to use months rather than years. This statement also helps in projecting selling and buying patterns. For example seasonal patterns such as Christmas and so on.

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Beginning Cash												
Collections: Monthly Sales												
Total Cash Available												
Disbursements: Purchases Operating Expense Other												
Ending Cash												