

PIIKANI NATION  
2020-2021 GRANT EQUITY APPLICATION FORM



**How did you learn about the Piikani Grant Equity Program? (Check all that apply)**

<input type="checkbox"/>	Print Advertising	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Business Contact
<input type="checkbox"/>	Past/Current Client	<input type="checkbox"/>	PRDL Website	<input type="checkbox"/>	Other Website	<input type="checkbox"/>	Other:

Have you previously applied for a small business grant, through the Piikani Grant Equity Program?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you marked yes:	
Year(s) of application:	
Business Type:	
Business Name:	
Is this business still in existence?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe:	
Have you taken small business training or can demonstrate business knowledge?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please attach certificate, degree, diploma etc.	

Have you previously been awarded a grant through the Piikani Grant Equity Program?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you marked yes:	
Year(s) of application:	
Business Type:	
Business Name:	

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**A. Applicant Information**

**Purpose for application for a small business grant:**

<input type="checkbox"/>	New Business	<input type="checkbox"/>	Existing Business	<input type="checkbox"/>	Business Expansion	<input type="checkbox"/>	Youth Entrepreneur	<input type="checkbox"/>	Elder
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Date of Application:			
Applicant Last Name:		Middle Initial:	First:
Address:		City/Town:	
Province:	Postal Code:		Email:
Phone Number:		Cell:	Other:

**B. Business Information**

Is the business mailing address the same as the applicants mailing address?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If different please indicate:		
Business Phone:	Business Fax:	Website:
Number of employees:	Full-time:	Part-time:

What is your Business Structure?					
<input type="checkbox"/>	Sole-Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation
Is this business located on a First Nation Community?					
<input type="checkbox"/>	Please provide copy of BCR (Band Council Resolution)	<input type="checkbox"/>	Please provide a copy of Business License	<input type="checkbox"/>	Both
Business Name:					



**B.1. Business Description**

Tell us about your project (e.g. What products/service will you be offering or are currently offering? What's your current/ existing target market? Who are your competitors? etc.)

A large, empty rectangular box with a black border, intended for the applicant to provide a detailed business description.

*Attach additional supporting documents (e.g. Business Plan, market studies, business studies, and or relevant industry information)*

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B.2. Estimated Project Costs and Financing

Estimated Project Costs	\$	Estimated Project Financing	\$
<b>Capital</b>		Applicant Cash Equity	
Building		Piikani Grant Equity Program	
Land		<b>Commercial Financing ( specify below)</b>	
Equipment			
Inventory			
Other (specify below)			
		<b>Total Commercial Financing</b>	
<b>Total Capital</b>		Other Government Financing (specify below)	
<b>Operating</b>			
Rent			
Utilities			
Insurance		<b>Total Government Financing</b>	
Other (specify below)		<b>Other Financing (specify below)</b>	
<b>Total Operating</b>			
Marketing			
Business Planning			
Business Support		<b>Total Other Financing</b>	
<b>Total Estimate Project Costs Must Equal Total Estimated Project Financing</b>			
<b>TOTAL ESTIMATED PROJECT COSTS</b>		<b>TOTAL ESTIMATED PROJECT FINANCING</b>	

Please provide proof, of any additional commercial financing or additional funding.

<b>Piikani Grant Equity Program</b>	
<b>Grant Request Amount:</b>	

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B.3. Projected Expenses

**NOTE: \*\*\*A quote from each supplier is required to be submitted with the application for the projected expenses, and we encourage the use of an Aboriginal supplier. \*\*\***

<b>PROJECTED EXPENSES FOR THE \$5,000</b>		
Name of Supplier	Description of Expense	Total Expense
		\$
Total Expenses		\$

C. Ownership Information

List all owners and partners

Full Name	Date of Birth	Ownership

C.1. Education and Experience

Attach a resume for each individual identified above. Resume should highlight individual's education, training, employment history and other experience relevant to the proposed business.

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Documentation Requirements Checklist

Ensure the following documents are submitted with your application or the grant may not be approved.

(√)

	<p>Business Plan To include:</p> <ul style="list-style-type: none"> <li>- Marketing Plan</li> <li>- Financials</li> </ul>
	<p>Proof that the business is owned by a Piikani Nation Member.</p> <ul style="list-style-type: none"> <li>- Copy of status card, and where required a copy of the articles of incorporation and partnership agreement.</li> <li>- Copy of BCR</li> <li>- Copy of Business License</li> </ul>
	<p>A copy of the projected timeline and budget from beginning to end and milestone dates of the business/project/initiative - If a separate document: NOTE: A report must be completed and submitted to Piikani Resource Development Ltd. on the business/project/initiative by March 31.</p>
	<p>Resume of Owner(s)</p>
	<p>Proof the applicant has contributed equity to business</p>
	<p>Copies of quotes from the suppliers.</p>
	<p>A copy of the projected budget - if a separate document.</p>
	<p>Samples of marketing.</p>

*Incomplete applications cannot be considered, please see a copy of the grant equity guidelines for further information.*

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**Acknowledgment & Release**

I, \_\_\_\_\_ declare that the information on this grant equity application form to the best of my (our) knowledge and belief is true, correct and complete.

Signature	Date

**Submit complete application to:**

Piikani Resource Development Ltd.

RE: Grant Equity Program

**Drop Off:** 1835 15<sup>th</sup> Avenue Brocket, Alberta

**Mail:** P.O. Box 3242 Brocket, Alberta T0K 0H0

**Fax:** (403) 965-2626

**Email:** [gep@prdl.ca](mailto:gep@prdl.ca)

Complete guidelines and GEP application form is available on our website at: [www.prdl.ca](http://www.prdl.ca)

Contact Kerrisa at (403)965-3092 or by email: [info@prdl.ca](mailto:info@prdl.ca) for our updated training dates.