

SELF-EMPLOYMENT ASSISTANCE PROGRAM

FUNDED BY MANITOBA EMPLOYMENT
ADMINISTERED BY COMMUNITY FUTURES HEARTLAND

Date of Application _____

Name of SEA Applicant _____

Address _____

Email Address _____

Phone Numbers

Home (204) _____ Bus (204) _____ Cell (204) _____

Date of Birth _____ SIN _____

Type of Business _____

Proposed Location(s) _____

Spouse Name: _____

Date of Birth _____ SIN _____

Spouse's Occupation _____

Present Employer and Address: _____

Work History (List your most recent job)

Company Name _____

Job Title _____

Start Date _____ End Date _____

Hours per week _____ Salary: _____ per _____

Reason for Leaving _____

Education

List the highest grade/level of education completed _____ year completed ____

University/College _____

Licensed Trade Certification or Professional degree _____

Other training _____ year completed _____

If the business is home based, have you dedicated an area in or on your property for your business?

Market Area

PERSONAL STATEMENT OF AFFAIRS

Fill in this table to determine what and how much you can invest in your personal business or offer as a guarantee.

ASSETS	AMOUNT
CASH AND BANK ACCOUNTS	\$
SAVINGS BONDS/MUTUAL FUNDS/GIC'S	\$
MARKET VALUE OF VEHICLES	\$
MARKET VALUE OF HOME	\$
MARKET VALUE OF OTHER PROPERTY	\$
OTHER ASSETS (TOOLS, EQUIPMENT, ETC.)	\$
(A) TOTAL ASSETS	\$
LIABILITIES	
BANK LOANS (MONTHLY PAYMENT \$)	\$
CREDIT CARDS (MONTHLY PAYMENT \$)	\$
CREDIT CARDS (MONTHLY PAYMENT \$)	\$
MORTGAGE (MONTHLY PAYMENT \$)	\$
STUDENT LOANS (MONTHLY PAYMENT \$)	\$
OUTSTANDING DEBTS	\$
OTHER LIABILITIES	\$
(B) TOTAL LIABILITIES	\$
ESTIMATED NET WORTH = A – B:	\$

INCOME ASSESSMENT

Monthly Income		Monthly Expenses	
Employment Insurance Benefits	\$	Rent/Mortgage Payments	\$
Spousal/Partner Income	\$	House Taxes	\$
Other Income	\$	Utilities (Hydro, Heat, Water, Telephone, Cable)	\$
Employment & Income Assistance	\$	Daycare	\$
Child Support or Alimony	\$	Other Debt (Child Support or Alimony Payments, etc.)	\$
Pension	\$	Loan Payments	\$
Savings	\$	Credit Card Payments	\$
Family Allowance	\$	Food & Groceries	\$
Survivor's Benefits	\$	Car (Gas, License & Insurance, Payments, Maintenance)	\$
Investment Income (Stocks, Bonds, RRSP)	\$	Public Transportation	\$
Worker's Compensation	\$	Prescriptions	\$
Tenants or Boarders	\$	Dental/Eye Glasses Expenses	\$
		Life Insurance	\$
		Clothing/Laundry/Dry Cleaning	\$
		Miscellaneous Expenses	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

MANAGEMENT SKILLS INVENTORY

PLEASE SUBMIT A RESUME. NO APPLICATION WILL BE FURTHER PROCESSED UNTIL A RESUME IS PRODUCED.

Do you have past or current experience in the proposed business and/or related industry?
If so explain these related experiences.

In order to determine the eligibility of every SEA client, it is important for you to list all of your managerial experiences. Place an X in the box beside those areas in which you have experiences. Beneath each section, in the space allowed, briefly describe where and when you gained this experience.

MONEY MANAGEMENT

- Borrowing money
- Keeping financial records
- Cash-flow management
- Handling cash and credit
- Buying insurance
- Reporting and paying taxes
- Budgeting

MANAGING PEOPLE

- Hiring or training employees
- Supervising employees
- Evaluating and motivating employees
- Scheduling employees

DIRECTING BUSINESS OPERATIONS

- Purchasing supplies and raw materials
 - Purchasing machinery and equipment
 - Managing inventory
 - Filling orders
 - Managing facilities
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DIRECTING SALES AND OPERATIONS

- Identifying customer needs
 - Developing advertising campaigns
 - Developing new products and service ideas
 - Contacting customers and making sales
 - Establishing prices
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SETTING UP A BUSINESS

- Choosing a location
 - Obtaining licenses and permits
 - Choosing a type of ownership
 - Arranging business financing
 - Determining initial inventory requirements
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ABOUT YOUR BUSINESS

In detail, please describe your business idea. (For example, what are the products and services you will be offering?)

Please describe the events leading up to you choosing this particular business venture? (i.e. what are your reasons for wanting to do this?) What assistance do you feel that you need to start your business? (ex. Bookkeeping, marketing)

Describe your potential customers. (For example, who do your services and products tend to attract or whom do you wish to target?)

What advertising and promotions will you use to attract the clients you have identified in the previous question? (Keep in mind all your clients are attracted to different forms of advertising. What are the most cost-effective forms?)

COMPETITION SUMMARY

Please identify in detail businesses and people already established in your business or industry? (If you plan to sell outside your region please list out-of-region competition).
List these competitors in order of market share.

COMPETITOR	STRENGTHS	WEAKNESSES

What makes your proposed business venture more attractive than the ones currently operating?

Please explain what actions you will take to ensure that your business will be more attractive to the market area? (Please note that you will have identified a gap in the market place. Explain how you are going to be better than your competitor).

How many jobs will be created as result of your business? Please list both full time and part time.

FINANCING YOUR BUSINESS VENTURE

START UP COSTS

Please determine the exact costs of your business venture. Use the table below to note where your business start-up costs are going to be.

ITEM	LIST (Please give details)	COST
Equipment Purchases (Please include large office and operating equipment)		
Building Improvements (Please include leasehold improvements and renovations)		
Inventory Purchases (Please include all products you will be selling)		
Other Expenses Advertising Business Insurance/ Registration Utilities Legal Telephone Bank Charges Office Supplies Other		
TOTAL (A)		\$

FINANCING (List sources of funds to finance the requirements listed above.)

Financing	Amount
Personal Cash	\$
Bank Financing	\$
CF Heartland Financing	\$
Other (Please Specify)	\$
TOTAL (B)	\$

OWNER/EQUITY CONTRIBUTIONS

As a condition of your SEA contract, you will be required to contribute an amount to your business that is at least equal to the benefits you will receive under the program. This amount most often is in the form of an equity contribution, which is the value of tools and equipment, cars and trucks and land that you are prepared to dedicate to the use of your business operations.

Equipment and Tools

Item	Make/Year	Purchase Price	Present Value
TOTAL VALUE			\$

Vehicles

Make and Year	% Used for Business	Purchase Prices	Present Value	Balance Owed
TOTAL VALUE				\$

Real Estate

Land Description	% used for Business	Mortgage Payment	Purchase Price	Present Value	Balance of Mortgage	Equity Amount
TOTAL VALUE						\$

REVENUES

Is the proposed business seasonal? **Yes** No
 If yes, please explain.

What level of income do you expect your business to generate for you?

What are the expected revenues for slow periods? _____

What are the expected revenues for peak periods? _____

If there is a cash flow shortage in your business, how will you cover your losses?

Taking in to account the potential slow and peak periods, please estimate your monthly income (by source) that will result from your proposed business venture:

Income Source	% of Total Income	Average Amount (\$)/Month
Monthly Total (A)		\$

REVENUE/EXPENSE PROJECTIONS

- Please provide educated guesses/projections as to your expected revenue and expenses based on your experience or that of other similar businesses. Also include a detailed explanation of the logic behind your projections as well as your sample calculations.
- If you require additional assistance in this or any other area of the application form please don't hesitate to call us at 1-877-472-7122 and we would be happy to assist you.

AVERAGE MONTHLY EXPENSES

Expense	Monthly Cost	Remarks
Advertising		
Automobile		
Bank Charges		
Bookkeeping/Legal		
Business Insurance		
Office Supplies		
Stationary and Postage		
Telephone		
Wages		
Inventory Purchases		
Utilities		
Loan Payment		
Equipment repair/replacement		
Other		
MONTHLY TOTAL (B)	\$	

Monthly Total	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	
Revenues (A)							
Expenses (B)							
Profit/(Loss)							
Monthly Total	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Yearly Total
Revenues (A)							
Expenses (B)							
Profit/(Loss)							