



Patricia Area Community Endeavours
A Community Futures Development Corporation



Incubator Intake Application Form

Participation in the Business Incubator Program includes office space for a maximum of 12 months at the rate of \$100 per month payable in full on the 1st day of each month; as well as an incidental fee for use of photocopier/ fax and scanner services. In exchange for the subsidized rental fee the expectation is that participants agree to fully engage in the business skill development component of the program.

BUSINESS INFORMATION			
Business Name:			
Business number:			
Business license (if applicable):			
Main Business Activity/Services/Products:			
Do you have a current Business Plan:			
Owner/Contact person:			
Address:			
Phone:		Phone /Cell:	
Owner/Contact person:			
Address:			
Phone:		Phone / Cell:	
Email:		Years in Business:	

Please rate your strength/confidence on the following areas of business from 0-10

TOPIC	Your current comfort level
Business preparation – vision, mission, plan	
Finance – Budgeting Monthly, quarterly, etc.	
Finance – Goal setting, Fund sourcing	
The Books – Set up, Accounting, Reporting	
Human Resources – policies for self, employees	
IT	
Management – Skills, Leadership style	
Legal knowledge for your business	
Networking – speaking selling your story,	
Social Media Presence / Marketing	

Marketing	
Strategies for Work / Life Balance	
Other?	

What are your personal goals for participating in the incubator program?
What are your business goals for participating in the incubator program? How will participating in the Incubator Program help your business:
Will this help create or maintain jobs?
Are you willing to participate in ongoing business development webinars, network events and a Mentorship Program as part of your participation in this program?
Are you willing to complete a quarterly interview/survey process intended to track your progress throughout your participation?
Are you currently involved in any outstanding business legal proceedings?
Are you willing to be featured on our website as a success story upon completion of your participation?

INFORMATION SHARING AND PRIVACY ACKNOWLEDGEMENT

The Applicant acknowledges that, as the operation of the Corporation is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of the Corporation for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.

The Applicant consents to his or her personal and business information being collected, used, retained, and disclosed by the Corporation for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the Corporation and knows to refer to the Corporation's Privacy Policy or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.

SIGNATURES

Applicant: _____ Date: _____

Program Coordinator: _____ Date: _____

Executive Director: _____ Date: _____