

**Grant Application**  
**Qaməs ʔəms tala Settlement Trust**  
**Economic Development Fund**



Any and all handbooks and applications previously adopted by the Trustees are **repealed and superseded** by this handbook and application dated October 2021. It is the sole responsibility of the applicant to submit the correct application in accordance with the current handbook

<b>Are you applying as:</b> <input type="checkbox"/> An individual Tla'amin Citizen <input type="checkbox"/> A group of Tla'amin Citizens		
<b>For what purpose:</b> <input type="checkbox"/> New Project/Business <input type="checkbox"/> Existing Project/Business		
<b>Applicant Primary Contact: SURNAME, GIVEN NAME(S)</b>	<b>Telephone Number</b>	<b>Telephone Number (business)</b>
<b>Date of Birth (month/day/year):</b>	<b>Email Address:</b>	
<b>Mailing Address:</b>		
<b>Website (if applicable):</b>		
<b>Title of Project/Business Name:</b>		
<b>Valid identification is required. You must provide both:</b>		
<input type="checkbox"/> Citizenship Card Number _____ <input type="checkbox"/> photocopy Attached		
<input type="checkbox"/> Government Issued ID with Photo (Type): _____ <input type="checkbox"/> Photocopy Attached		
<b>Please provide a third valid ID from the following:</b>		
<input type="checkbox"/> Valid Business License number and expiry date: _____ <input type="checkbox"/> Photocopy Attached If business license is not yet applied for, date it is expected: _____ <input type="checkbox"/> Application Attached		
<input type="checkbox"/> Social Insurance Number _____ <input type="checkbox"/> Photocopy Attached		
<input type="checkbox"/> Document verifying your current address (Ex: piece of mail from a third party)		
<input type="checkbox"/> For a Tla'amin business application: a signed resolution from the Executive Council or Economic Development Committee authorizing and supporting this application		
<input type="checkbox"/> Does your project involve working with children or vulnerable adults? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is yes, you must submit Criminal Records Check and Vulnerable Sector Check for all volunteers <input type="checkbox"/> Copies Attached		

Submissions to the Qaməs ʔəms tala Settlement Trust must include all information requested in this checklist. Before submission, please review and check each section to ensure your application is complete and meets the review requirements of the Trust.

### **CHECKLIST OF REQUIRED INFORMATION**

- Letter of Request signed and dated by applicant(s)
- Fully completed Application Form
- Attached photocopies of required pieces of identification
- Attached any supporting documentation
- Completed “In Good Standing Letter”
- For Tla’amin business applications, the signed resolution from the Executive Council or Economic Development Committee
- Completed Release of Information Declaration

## Operational Work Plan

<p><b>List Goals</b></p> <p>Identify the main goals of this proposal</p>				
<p><b>List Activities</b></p> <p>What are the main steps needed to achieve your results</p>				
<p><b>List Responsibility</b></p> <p>Who will be responsible for each activity in the work plan</p>				
<p><b>Timeline</b></p> <p>When will each activity begin and when will it complete? Enter estimated dates.</p>				
<p><b>Budget</b></p> <p>What is your estimated budget towards each activity?</p>				
<p><b>Strengths &amp; Opportunities</b></p> <p>Itemize your expected accomplishments. List strengths &amp; opportunities</p>				
<p><b>Weaknesses &amp; Threats</b></p> <p>For each goal, describe your weaknesses &amp; threats to achieving that goal</p>				

## Operational Work Plan Page 2

<p><b>List Goals</b></p> <p>Identify the main goals of this proposal</p>			
<p><b>List Activities</b></p> <p>What are the main steps needed to achieve your results</p>			
<p><b>List Responsibility</b></p> <p>Who will be responsible for each activity in the work plan</p>			
<p><b>Timeline</b></p> <p>When will each activity begin and when will it complete? Enter estimated dates.</p>			
<p><b>Budget</b></p> <p>What is your estimated budget towards each activity?</p>			
<p><b>Strengths &amp; Opportunities</b></p> <p>Itemize your expected accomplishments. List strengths &amp; opportunities</p>			
<p><b>Weaknesses &amp; Threats</b></p> <p>For each goal, describe your weaknesses &amp; threats to achieving that goal</p>			

## Vendor Quotes Form

Expenditures are entered into this form. Back-up proof of each expenditure must be provided. For each item entered, provide 3 quotes to show you have researched comparable pricing. If you have sourced less than 3 quotes, provide an explanation why.

### The categories for expenditures are:

**Project Costs:** Building materials & supplies renos and repairs

**Administrative Costs:** Rent, insurance, accounting, or legal costs

**Capital Costs:** Down payment real estate, office equipment including electronics and furniture.

**Miscellaneous Costs:** Specify items that may not fit into the other categories

**Note:** *The Quote 1 column is where you will list the items you will enter into your budget.*

Refer to the example in red below. The HP Color Laser Jet printer has been identified as a capital cost & 3 quotes are provided.

When all quotes are entered, add up each category separately and total at the bottom. For quote 1, transfer the total sum to the same category line on the budget page. Remember that back-up print outs of all quotes must be provided.

When completed correctly, there will be a grand total for each quote and the sum total of Quote 1 will match the "Total Amount Request from the Trust" on the budget page.

Contact Kristi Thiele [treasurer@tlaamintrust.com](mailto:treasurer@tlaamintrust.com) or Ann Paul [secretary@tlaamintrust.com](mailto:secretary@tlaamintrust.com) with any questions or clarification.

List item. Include descriptor of category.	Quote 1 Vendor and Price.	Quote 2 - Similar Vendor and Price	Quote 3 - Similar Vendor and Price
HP Color LaserJet Printer <b>Capital Cost</b>	Staples online \$429.99	Office Depot \$415.99	eBay \$230.00





## BUDGET

Complete this form in full. Each Category under Salaries and Benefits on the left-hand side, is where the total amount of the same category found in Quote 1 in the Vendor Quotes Form.

Complete all columns in the budget. Mark with "0" if not applicable \*\*\*

Item	Total Expense	Amount Request from Trust	Incomes from other sources		In-kind Contributions	Source and Contact Person (Phone & Email)
			Confirmed	Potential		
<b>Salaries &amp; Benefits</b>		<b>X</b>				
<b>Project Costs</b> Building materials & supplies renos and repairs						
<b>Administrative Costs</b> Rent, insurance, accounting, legal costs						
<b>Capital Costs</b> Down payment real estate, office equipment including electronics and furniture						
<b>Miscellaneous Costs</b> Please specify						
<b>TOTAL</b>						

Amount of Funding Requested from Trust \$ _____ <b>» If commercial business or real estate is included in this application, the Trust will only assist with financing the down payment «</b>	Total Project Cost (including all additional sources of funding) \$ _____ <input type="checkbox"/> Personal Equity or Business Contribution (minimum 10% is required) \$ _____	Approached other funding source(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Receiving funding support from additional source(s) in the amount of \$ _____ \$ _____ \$ _____
--	---	---



## Release of Information Declaration

Once you have confirmed that all of the required information is complete in your submission, please sign and date the Release of Information document and submit.

### **To the Trustees of the Qamcs ʔəms tala Settlement Trust:**

The statements herein and attachments hereto reflect an accurate description and estimated costs regarding the intended use of Trust funds.

I (we) authorize appointed representatives of the Trust to obtain and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined.

I (we) certify that I am a Citizen of the Tla'amin Nation and will provide verification by the way of copy of any citizenship card as requested. The Trustees are authorized to obtain confirmation of Tla'amin Citizenship with the Enrollment Officer.

I (we) authorize duly appointed representatives to perform a credit check, if required.

I (we) understand that the information provided is an application and that when this information is reviewed, written notification will be provided to advise if the application has been approved or not.

I (we) understand that if financial assistance from a Tla'amin Nation program is contributed to the intended project, this information can be released to the Tla'amin Nation community by way of formal publication.

I (we) authorize the Trustees to obtain proof of "In Good Standing" with the Tla'amin Nation.

I (we) commit to reporting back to the Trustees with proof of expenditure(s), with final dates to be detailed in the Contribution Agreement.

I (we) understand that if the funds dispersed from the Trust are used in a way other than the project application, I (we) will be responsible for full repayment of the funds.

I (we) intend to own the business for at least five (5) years. Should the business be sold before the 5-year term, the grant monies will be repaid to the Trust as per the schedule in the Contribution Agreement.

I (we) will fulfill the obligations of this project as described in my application.

I (we) commit to submitting annual Financial Statements for 5 years to the Trustees on this business. Should the Financial Statements indicate that the business is stagnant, the grant may be recalled.

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Date Signed



## 1. Business and Industry Market Analysis

- A. What is your business mandate or mission statement?
  
  
  
  
  
  
  
  
  
  
- B. Business Concept. What is the business opportunity? What problem is it solving or what need is it addressing?
  
  
  
  
  
  
  
  
  
  
- C. For existing businesses: Provide a brief overview of business operations. (i.e. the facility, equipment, staffing requirements, logistics, etc.)
  
  
  
  
  
  
  
  
  
  
- D. Key Success Factors: How or why will this business continue successfully for 5 years after this project is completed?
  
  
  
  
  
  
  
  
  
  
- E. Industry Sector. Provide a brief description of the industry sector this business/project is involved in.

- F. Provide project research such as studies, surveys, questionnaires, or other forms of community consultation, if any, to show that there is support for this project.
- If no such data is available, discuss how you know this project will be successful, based on experience, knowledge, expertise, etc.
- G. Environmental Impacts. Identify environmental safeguards being planned in the running of your business. E.g., disposal and care of materials, care and maintenance or disposal of equipment, safety and long-term impacts to children and families, long-term environmental impacts. Does the business require an environmental assessment? Is consultation required? If so, by whom?
- H. How will the financial aspects of this project be recorded or controlled? Who will be responsible for these tasks?
- I. What are the Licences, Permits, or Insurance required to run this project or start the new business? Attach copies. If copies are not available, please explain why and at which point they will be available.
- J. For existing businesses, provide the most recent financial statements prepared by a certified accountant. If financial statements are not available, provide a copy of the most recent corporate tax return.

## 2. Organizational Plan: Management and Staffing

A. Provide details of the management team background and experience of the person(s) taking responsibility for this project.

B. How many Tla'amin Citizens will be employed by this project/business?

C. Number of employees and their duties as related to this project.

<b>Employee</b>	<b>Duties/Responsibilities of this project</b>

### 3. The Marketing Plan and Competition

- A. Customers: What is your target market within your operating area? (i.e. Within Powell River, who is the particular group of consumers that your product or service is aimed?) What is your value proposition? Why will they buy your product or service over others?
- B. Describe the overall market size in the project/business. How many potential buyers of your product or service are there in your region/country/beyond? What is the scale of opportunity? (i.e. description how far you will reach if beyond the city of Powell River.) Companies should display knowledge of the overall market size before launching a new product or service in an area.
- C. Competitors: What is your competitive advantage? What is it about your project/business that puts in in a favorable or superior business position?
- D. How will you market your product? If no marketing strategy, explain the reasoning.  
**Specifically address the following:**
- i. What is your product mix?

ii. Describe your pricing strategy? How do you know your prices are reasonable?

iii. What are (or will be) your promotional activities?

iv. Explain in detail your sales channels? How and where will customers find your product/service?

v. Who are your strategic partners (if any)?

E. Enter projected revenues (sales) and expenses for the next 12 months from this project/business.

<b>Month</b>	<b>Projected Revenue from Sales</b>	<b>Projected Monthly Expenses</b>
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
<b>Total</b>		



#### 4. Risk Analysis

A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking. Identify and assess risks and describe the plans or actions you will take to eliminate, mitigate, or manage the risk in the Risk Management Plan Column.

Description of Risk	Possible Consequences	Risk level Low, Med, High	Severity of Risk (Low, Med, High)	Risk Management Plan