



# NunatuKavut Business Centre

Growing NunatuKavut business, one entrepreneur at a time.

## CONSULTING ADVISORY SERVICES (CAS) FUNDING APPLICATION

*The Consulting Advisory Services Program provides funding assistance for clients to conduct such activities as market research, business planning, and marketing strategies. This funding is available to qualified individuals on the recommendation of the Business Advisor and exists to enable perspective or existing entrepreneurs to perform in-depth research and business planning to facilitate the development of a solid plan.*

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ SIN: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_ Membership Number: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Alt. Telephone#: \_\_\_\_\_

### PROJECT INFORMATION

Business Name: \_\_\_\_\_

Is this business a new or existing business?    New Business    \_\_\_\_\_    Existing Business    \_\_\_\_\_

Industry/ \_\_\_\_\_

Is your business eligible for HST rebate from Canada Revenue Agency?    Yes    \_\_\_\_\_    No    \_\_\_\_\_

Assistance Needed: \_\_\_\_\_

Description of work to be completed: \_\_\_\_\_

*Please attach a description of the business or a copy of the organization's business plan as well as a signed invoice.*

### CONSULTANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_ Alt. Telephone#: \_\_\_\_\_

Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

### SIGNATURES

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please attach resume of consultant or have forward resume to the NunatuKavut Business Centre*

**The NunatuKavut Business Centre mandate is to foster employment through entrepreneurship and to encourage NunatuKavut members to start their own businesses. If you require assistance completing this application, contact one of our offices at:**

**709.896.5722 ext. 205 or toll free 1866.446.5035.**

**709.938.7621 or toll free 1844.938.7621**

**Please return the first page of this application to the  
NunatuKavut Business Centre:**

**MAIL**

P.O. Box 418, Station C,  
Happy Valley - Goose Bay, NL, A0P 1C0

**SCAN AND EMAIL**

businesscentre@nunacor.com  
nbc@nunacor.com

**FACSIMILE**

709.896.5739

**NUNACOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED: \_\_\_\_\_

IS THIS APPLICATION COMPLETE? Yes \_\_\_ No \_\_\_

FUNDING PROGRAM: ACOA \_\_\_ NCC EI \_\_\_ NCC CRF \_\_\_

**IF INCOMPLETE,  
ITEMS MISSING:**

Proof of Membership \_\_\_\_\_  
Consultant Description \_\_\_\_\_  
Signed Invoice \_\_\_\_\_  
Initial Contact Form \_\_\_\_\_  
Client Confidentiality Agreement \_\_\_\_\_  
ARMS Consent Form \_\_\_\_\_

Date Received: \_\_\_\_\_  
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Date Received: \_\_\_\_\_

BUSINESS ADVISOR SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

CEO SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_