Community Futures Central Island

# Entrepreneur in Residence Program

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Phone: 250 591 -7499 Toll Free:1-877-585-5385 www.cfnanaimo.org

# ENTREPRENEUR IN RESIDENCE APPLICATION

## PERSONAL INFORMATION

**You were referred to the Entrepreneur in Residence Program by (check one):**

- ☐ Other lending institution
- ☐ Word of mouth
- ☐ Social Media
- ☐ Advertising
- ☐ Other (specify) _____

**Are you a (check one):**

- ☐ Canadian Citizen
- ☐ Immigrant/permanent resident

### APPLICANT'S INFORMATION

**Last Name:** _____

**First Name:** _____ **Middle Name:** _____

**Home Telephone:** _____ **Cell:** _____

**Email:** _____

**Home Address:** _____

**City:** _____ **Province:** _____ **Postal Code:** _____

**Have you recently checked your personal credit report?** ☐ Yes ☐ No

**If yes, when?** _____

## BUSINESS INFORMATION

**Will this business be a start up?** ☐ Yes ☐ No

**Is this an existing business?** ☐ Yes ☐ No

**This business has been operating full-time since** _____ (if applicable)

**This business has been operating part-time since** _____ (if applicable)

**This business is a home-based business** ☐ Yes ☐ No

**This business has/will have a fiscal year end in the month of:** _____

**This business will be/is a (check one):**

- ☐ Proprietorship
- ☐ Incorporation
- ☐ Non-Profit
- ☐ Partnership
- ☐ Co-op

**Have you recently checked your business credit report?** ☐ Yes ☐ No

**If yes, when?** _____

**This business will be/is operating in the primary sector of (check one):**

- ☐ Agriculture
- ☐ Aquaculture
- ☐ Forestry
- ☐ Manufacturing
- ☐ Retail
- ☐ Service
- ☐ Tourism

**Legal name of business is/will be:** _____

**Physical address of business:** _____

**City:** _____ **Province:** _____ **Postal Code:** _____

**Business Telephone:** _____ **Business Fax:** _____

**Email:** _____

**Website:** _____

**The business currently has** _____ full-time employees _____ part-time employees

1. **Tell us about your business idea if you have a concept or have just launched. If you have been in business for a while, tell us where you are in your business life cycle. With your service or product in mind, write 1-2 paragraphs that address the following:**
   - **Who is your customer? Who is your target market?**
   - **What need are you fulfilling? Who is your competition?**

2. **What is your business vision and mission? How does this fit into your personal goals?**

3. **What experience and knowledge do you have in the area you are exploring? What are the qualities and characteristics of an entrepreneur?**

**4. Do you have a business concept, plan or strategy? What is your time line (think start-up launch date, expansion drop dead date or growth markers)?**

**5. Please indicate the top two areas where you would like assistance and please provide more detail below:**

- ☐ **a. Market research for your idea, service or product**
- ☐ **b. Marketing strategy (price, position, etc.)**
- ☐ **c. Promotion (social media, online skills etc.)**
- ☐ **d. Financial fundamentals (cash flow, accounting, understanding financial statements etc.)**
- ☐ **e. Accessing business start-up, expansion or growth capital**
- ☐ **f. Other?**

**1.**

**2.**

**Phase 1 - 6 sessions $200/12 sessions $400 Phase 2 - 6 sessions $250 and 12 sessions $500**

- 1 hour initial interview
- Expert sounding board to your ideas
- Structured conversation identifying checks & balances
- Coaching is task oriented focusing on concrete issues; performance driven to improve business acumen and conducted immediately on any topic
- Community Futures is committed to the success of small and medium sized business and subsidizes this program so more can participate
- Payment is due at time of application submission but monies will be refunded if, after 1st interview, it is agreed that EIR is not a good fit
- Sessions are 1 hour in length but can be combined into few meetings, are mutually set up between coach and applicant, and must be completed within a 6 month period

Contact Darcy at admin@cfnanaimo.org for more information

**User Agreement**

By completing and submitting this form, I agree to the following terms:

**Confidentiality**

I understand that all ideas and information that I submit as part of the Entrepreneur in Residence program ("the Program") will be used by the Entrepreneur in Residence only for the purpose of administering the Program and will not be divulged to any third party or be used for any personal gain.

**Disclaimer and Liability**

I understand that, as part of the Program, I may receive business help, including analysis and recommendations, from the Entrepreneur in Residence which may be in written or verbal form, I acknowledge and agree that:

- while the business help is believed to be accurate and reliable at the time it is provided as part of the Programs, neither Community Futures Central Island nor the Entrepreneur in Residence warrant or represent that any such business help will be accurate and reliable;
- I am aware that the business help is for educational purposes only and is not intended to constitute a financial or legal opinion of any kind; and
- I assume the entire risk as to the quality of the business help and its accuracy and completeness.

Neither the Entrepreneur in Residence or Community Futures Central Island shall be liable for any act or damages,direct or indirect, incidental, special or consequential arising out of my participation in the Program or receipt or use of the business help received as part of the Program, even if they have been advised of the possibility of such damages.

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|---|---|
| Name: | |
| Address: | |
| Email: | |
| Signature: | |
| Date: | Phone Number: |