



PROGRAM

(Business Entrepreneurship Support & Training)

APPLICATION PACKAGE

PEP

SEP



**PROGRESSIVE
INTERCULTURAL
COMMUNITY
SERVICES SOCIETY**

Unit 205, 12725 - 80th Avenue, Surrey, BC V3W 3A6
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PICS BEST PROGRAM PRELIMINARY APPLICATION

Today's Date: _____

First Name: _____ Middle: _____ Last: _____

Primary Phone: _____ Alternate Phone: _____

Address: _____

City: _____ Postal Code: _____

Email: _____

Birth date: Year: _____ Month: _____ Day: _____

Gender: Female: Male: Other:

Status: Canadian Citizen: Permanent Resident: Refugee Claimant:

For office use: ID checked:

BC Driver's License B.C. Identification (BCID) Card Birth Certificate
 Canadian Citizenship Card PR Card Canadian Record of landing

SEP Program: Tier #: _____ Case Manager: _____

How did you hear about this program? _____

Proposed Type of Business: _____

Location of your Business: _____

Your Current Employment Status?

Unemployed Employed F/T Employed P/T Self-Employed

Other (Please specify): _____

Income Assistance? Yes No

Do you identify with any of the following?

Immigrant Youth (15 – 29 Years) Aboriginal Self-identified Disability/Barrier
Year of immigration: _____

Are you currently collecting EI/Collected in the past 3 years? Yes No

If yes, date last claim ended? _____

Please briefly describe your work activities since that date

Have you collected Maternity/Parental Benefits in the past 5 years? Yes No

Will you be returning to your previous employment? Yes No

If not, why not? _____

Are you legally entitled to work in Canada? Yes No
Have you applied to any other self-employment program before? Yes No
If yes, when and where?

Have you ever received a Self-Employment Grant (formerly known as the Self-Employment Initiative) from anywhere else in Canada? Yes No
Have you participated in any other Government funded training programs? Yes No
If so, when and which Program?

Are you prepared to work full-time for at least one year to establish a business? Yes No
Is this a completely new business venture to you? Yes No
Will there be any outside party controlling the business? Yes No
Is this a franchise venture? Yes No
Will there be any partnership in the business? Yes No
Do you have a valid B. C. driver's license? Yes No
Do you have use of an automobile or other motor vehicle? Yes No
Do you have any problems that may limit your ability to start a business? Yes No
If yes, please specify:

Please note:
PICS complies with the Canada and BC Privacy Acts (PIPEDA and PIPA).

I certify that the information in this application is correct:

Print your full name

Signature Date

2) List any partners and describe their role in the business.

If you have a partnership, do you have a signed Partnership Agreement? Yes No

Definition: A “*Strategic Alliance*” is a formal and mutually agreed upon commercial collaboration between companies. The partners pool, exchange or integrate specific business resources for mutual gain. Yet the partners remain separate businesses.

3) Have you formed “*Strategic Alliances*”? Yes No

If yes, with whom?

4) Provide the name of two businesses that could potentially represent your main competitors. State their strengths.

5) State how you intend to compete?

6) What will be the challenges of your business?

7) Specifically, who will be your customers (i.e. youth/seniors; high income/low income, small business, large business; local/foreign, etc.)?

PERSONAL PROFILE:

8) Have you ever owned a business?

Yes No

If so, provide the following details:

- type of business owned
- when you owned the business
- how long you owned the business
- what happened to the business

9) What previous experience do you have that is relevant to this business? In addition to actual work experience, include any relevant interests, hobbies and/or volunteer activities.

10) How much must you earn per month to cover your personal and family expenses?

EDUCATION:

11) Please check the box that represents your highest educational level.

- Did not complete secondary school (grade 12 or equivalent)
- Completed secondary school (grade 12 equivalent)
- Completed post-secondary program (community college or trade school)
- Completed university degree (minimum 3 year program)
- Completed graduate work (Masters, PhD)

Name of school last attended: _____

City of school last attended: _____

EXPERIENCE:

12) Please check the box that best represents the practical work experience you have that is directly related to the business that you wish to start.

- 1 Year
- 2 Years
- 3 Years
- 4 Years or more

LANGUAGE:

13) Please check the box(s) that best describes your English language ability.

Fluent: Very good command of the language with no difficulty communicating in a professional capacity.

Well: Reasonable command of the language with minor difficulty communicating in a professional capacity.

With Difficulty: Can (with some difficulty) speak/read/write in just a basic way.

English	Read	Write	Speak
Fluent			
Well			
With Difficulty			

Is English your first language?

Yes No

If you are fluent in any other languages, please list them:

RECOMMENDATIONS:

14) Please list a minimum of three people (friends, family, previous employers etc.) who are aware of your business idea and support your efforts to pursue self-employment.

Name	Email	Phone #	Relationship

FINANCIAL ASSESSMENT:

- Please complete **all** of the following information to the best of your ability.
- A financial assessment is a critical element of a business viability assessment.
- Are you now or have you ever been bankrupt (business or personal)?

Yes No

PERSONAL NET WORTH STATEMENT

15) Estimate your net worth by subtracting your liabilities from your assets.

ITEMS	ASSETS	VALUE \$
CASH MONIES		
INVESTMENTS (List All)		
RRSP		
REAL ESTATE		
VEHICLE (s)		
OTHER ASSETS		
	TOTAL VALUE OF ASSETS	

LIABILITIES LIST ALL		
CREDIT CARD(S) BALANCE		
BANK LOAN (S)		
MORTGAGE (S)		
LOAN GURANTEED		
OTHER DEBTS		
	TOTAL OF ALL LIABILITIES	
NET WORTH: ASSETS MINUS LIABILITIES		

PERSONAL CASH FLOW

16) Estimate your current average monthly income and expenses

MONTHLY INCOME	
Employment Income	
Employment Insurance Income	
Pension/Disability Income	
Spousal Income	
Other Income (list)	
TOTAL MONTHLY INCOME	
MONTHLY EXPENSES	
Rent/Mortgage Payment	
Utilities	
Clothing	
Food	
Insurance (life, house)	
Medical/Dental	
Telephone (home, cell phone)	
Entertainment (dinners, sports events, etc)	
Transportation (vehicle payments)	
Transportation (gas, maintenance)	
Cable (TV, Internet)	
Loan Payments	
Credit card Payments (on money owed)	
Memberships (gym, professional, etc)	
Other (list)	
TOTAL MONTHLY EXPENSES	
MONTHLY SURPLUS/DEFICIT	

If in deficit, how are you paying the shortfall?

ESTIMATED BUSINESS START-UP COSTS

17) BUSINESS ASSETS YOU ALREADY HAVE

Please list those tangible items that you **ALREADY OWN** which you will be able to use in your business. (example: computer, tools, inventory)

PERSONAL OR BUSINESS ASSETS (LIST)	FAIR MARKET VALUE
TOTAL ASSETS ON HAND	

18) BUSINESS ASSETS YOU NEED

Please list those items you **NEED in order to start your business** but do not already have.

BUSINESS FEES	VALUE IN \$
Business registration	
Business License	
Other (list)	
OFFICE EQUIPMENT AND SUPPLIES	
Computer(s)	
Printer, Fax machine etc.	
Furniture and fixtures	
Other (list)	
SPECIAL TOOLS OR EQUIPMENT (LIST)	
LEASE (STORE, OFFICE ETC.)	
First and last lease payment	
Leasehold improvements	
PRODUCT INVENTORY (LIST)	
MISCELLANEOUS ITEMS (LIST)	
Marketing Materials	
Insurance	
TOTAL START-UP COSTS	