

My business venture

An introductory form for project promoters in the MRC of Bonaventure

The organizations working in entrepreneurial development in the MRC of Bonaventure will use this form once you have completed it, to get to know you and your business project. This document will give us the opportunity to better understand your needs and guide you to the various resources that can contribute to your success.

The information you provide in this document is confidential and will be shared only with your consent to advance your efforts and promote your project's success.

Unified for entrepreneurial development in the MRC of Bonaventure



First contact (date) : _____ received by : _____
 Organization : _____

1. IDENTIFICATION OF THE PROMOTER(S)

	Promoter #1 (responsible)	Promoter #2	Promoter #3
Last name, first name			
Business name (already existing or not)			
Place of residence (municipality name only)			
Current or projected business location (municipality name only)			
Telephone			
Cellular			
e-mail			
Website			
Gender	F M	F M	F M

2. PERSONAL INFORMATION

2.1 Age range

- 18 - 35 years
- 36 - 45 years
- 46 - 55 years
- 56 years and over

2.2 Citizenship

Canadian citizen

Canadian citizen born abroad (naturalized citizen)

Immigrant with temporary working permit

Permanent resident

2.3 Socio-economic situation

In business

Full time salaried

Part time salaried (<30 hrs)

Seasonal worker

CSST, SAAQ, Régie des Rentes

Social assistance

Employment insurance (unemployment)

Without revenue (since _____ weeks)

Student

Other: _____

3. EDUCATION AND EXPERIENCE

3.1 Level of study completed

Secondary incomplete

Professional studies diploma (DEP)

General DEC

Certificate

Masters

Secondary complete (DES)

Attestation of collegial studies (AEC)

Professional DEC

Bachelors

Doctoral

Field of study _____

3.2 Do you have training or experience which is related to your project?

YES

NO

If yes, please elaborate

3.3 Have you ever been self employed? YES NO

If yes, in which field? : _____ Duration : _____

4. ACCOMPANIMENT NEEDS & BUSINESS PROJECT DESCRIPTION

4.1 Identified needs

Financial aid request
Technical assistance request
Writing of the business plan
Referencing services

Other: _____

4.2 Project type

Pre-start up	purchase
Start up	Succession
Expansion/development	Feasibility study

Consolidation **Other :** _____

4.3 Business status

Company or incorporation (Inc.)	Partnership
Autonomous worker	Sole proprietorship (Enr.)
Cooperative (Type: _____)	Not for profit

To be determined

If yes, please elaborate :

4.4 Pre-existing project (expansion, consolidation, purchase or succession)

If this is a new business project, go directly to section 5

Business name	
Owner	
Address	
Telephone	
e-mail	
Website	
Date of constitution	
Principal business activity	
Transferor name (if applicable)	
Transferor age (if applicable)	
Is the transferor retiring?	Yes No
Do you have the business financial statements for the last 3 years?	Yes No
Was the business profitable over the last 3 years?	Yes No

5. BUSINESS PROJECT DESCRIPTION

5.1 Summarize your business project in a few lines (products/services/clientele, etc.)

5.2 What do you estimate the project cost will be?

- Less than 10 000 \$
- 10 000 \$ to 25 000 \$
- 26 000 \$ to 50 000 \$
- 51 000 \$ to 100 000 \$
- 101 000 \$ to 500 000 \$
- More than 500 000 \$

5.3 In general, a down-payment of at least 20% of the project cost is required. Are you capable of making this significant investment?

Yes No

5.4 What is your anticipated project completion date?

month/year _____

5.5 Have you already undertaken any other steps to realize your project?

Yes

No

If yes, please elaborate :

5.6 What are the reasons that motivate you to undertake this project?

6. AUTHORIZATION & SIGNATURES

I, the undersigned, declare that the information I have provided is to the best of my knowledge, correct and true.

Signature

date and place

I authorize the organization who is receiving this request, to cross reference my file with pertinent partners, and consequently, I authorize this organization to share this document with those same partners.

Signature

date and place

The organization receiving this information file undertakes to inform the promoter of all references made on their behalf.

Request completed by (Counselor's name): _____

Partners for the realization of your business venture in the MRC of Bonaventure

MRC de Bonaventure	www.mrcbonaventure.com
Horizon Emplois	www.horizonemploi.com/
Emploi Québec de la MRC de Bonaventure	emploiuebec.gouv.qc.ca/

SADC de la Baie-des-Chaleurs	www.sadcbc.ca/
Carrefour Jeunesse-Emplois Avignon-Bonaventure	http://carrefourjeunesse.org
Chambre de commerce de la Baie-des-Chaleurs	www.ccmrcbonaventure.com/
Commission scolaire René Lévesque	http://www.csrl.qc.ca/

Coopérative de développement régional GIM	www.cdrjim.fcdrq.coop
Accès micro crédit Gaspésie	amcgaspesie.org/
Femmessor Gaspésie Iles-de-la-Madeleine	jim.femmessor.com/
CEDEC	www.cedec.ca/fr/
Ministère de l'Économie de l'Innovation et de l'Exportation	www.mdeie.gouv.qc.ca/
MAPAQ	http://www.mapaq.gouv.qc.ca