APPLICATION FOR FINANCIAL ASSISTANCE

AGRICULTURE DEVELOPMENT BOARD
FISHERIES AND AQUACULTURE DEVELOPMENT BOARD

Department of Agriculture, Aquaculture & Fisheries
Industry Financial Programs
PO Box 6000
Fredericton, NB E3B 5H1
(506) 453-2666

NOTE: Applications will not be processed until all required information is received. You may be contacted to provide additional information. If requested information is not received within 30 days of the request your application may be closed and returned to you.

A. APPLICANT INFORMATION

Name of company or person applying: ______________________________________
Postal address: __________________________________________________________
Phone: _______________  Cell: _______________
E-Mail: __________________________
Physical address of business: _______________________________________________
Contact Person and Title: ______________________________
Social Insurance Number: _______________  Date of Birth: _______________

B. ASSISTANCE REQUESTED

1. Amount requested: $__________  Term: _______ years

2. For which program are you applying? Please check.
   _____ New Entrant Farmer Loan  _____ Fisheries New Entrant Loan
   _____ New Land Purchase  _____ Fisheries Direct Loan
   _____ Perennial Crop Establishment Loan  _____ Fisheries Loan Guarantee
   _____ Livestock Incentive Loan  _____ Aquaculture Direct Loan
   _____ Agriculture Direct Loan  _____ Aquaculture Loan Guarantee
   _____ Agriculture Loan Guarantee

3. Describe the purpose of the financial assistance and when it is required:
   ____________________________________________________________________
   ____________________________________________________________________
4. For the total cost of project, provide the funding sources and use of funds.

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5. Number of jobs to be created: ______ Number of jobs to be maintained: ______

C. COMPANY INFORMATION

1. Legal form of business:
   _____ Sole proprietorship     _____ Partnership
   _____ Incorporated company    _____ To be incorporated
   _____ Cooperative

2. Attach the following (if incorporated):
   a) SHAREHOLDERS (names, addresses, ownership of each class of shares)
   b) DIRECTORS (names, addresses)
   c) OFFICERS (names, management position, years with Business)

3. Business advisors (names and telephone numbers):
   a) Banker / Lender: ______________________________
   b) Accountant: ______________________________
   c) Lawyer: ______________________________

D. BUSINESS PLAN INFORMATION

Attach a business plan that includes the following information:

- Description of business and project;

- Financial information:
  - Previous 3 years financial statements or income tax returns (if existing operation);
  - 3 year annual projected income statements and balance sheets;
  - 3 year monthly projected cash flow statements;

- Description of Management Plan (how business will be operated) and management’s qualifications including education and work experience;

- Marketing Plan (to whom and how products will be sold); and

- Production details (3 year historical summary of actuals and 3 year summary of projected production, including assumptions).
E. PERSONAL BALANCE SHEET

Date: ____________________ 20 _____

Name ____________________________

Assets

Bank Account Balances $____________________
Investments (Stocks, Bonds, RRSPs) ______________________
Motor Vehicles:
  Make, Model & Year ______________________
  Make, Model & Year ______________________
Residence (Tax Assessment Value) ______________________
Land (Estimated Value) ______________________
Other Assets ______________________
Other Assets ______________________
Other Assets ______________________

TOTAL ASSETS $____________________

Liabilities

Loan(s): Lender Payments $____________________
Credit Card Balances ______________________
Account Payables ______________________
Provincial Loan(s) ______________________
Mortgages ______________________
Income Tax Owing ______________________
Other Liabilities ______________________
Other Liabilities ______________________
Other Liabilities ______________________

TOTAL LIABILITIES $____________________

Net Worth: $____________________

Please provide your annual income and sources of that income

Source: ______________________ $____________________
Source: ______________________ $____________________

Total household income last year (all sources) $____________________
G. **LEGAL DECLARATION**

Describe all outstanding or pending legal actions against the applicant or business. If none, state not applicable.

________________________________________________________________________

________________________________________________________________________

H. **AUTHORIZATION**

The undersigned does hereby certify that the information and representations contained in this application are true and correct to the best of his/her knowledge and belief. The undersigned hereby gives his/her consent to the Minister of the Department of Agriculture, Aquaculture and Fisheries of the Province of New Brunswick and to the employees, agents, successors and assigns of the said Minister to seek and obtain further and other information to whatever extent and from whatever sources or records as may be deemed or considered appropriate, and to discuss this application and the business and affairs of the applicant, with the bankers of the applicant and with whomever else the Minister deems or considers appropriate.

Personal information collected on this application form is collected under the authority of the Agricultural Development Act, SNB 2014, c.65, s.1 and the Fisheries and Aquaculture Development Act, SNB 2009, c. F-15.001, s.5 and will be used to determine eligibility for financial assistance.

Personal and financial information collected are subject to the Right to Information and Protection of Privacy Act. Personal and financial information collected will also be used for the purposes of debt collection and will be disclosed to Service New Brunswick for that purpose.

Questions about this application from can be directed to the Industry Financial Programs Branch at PO Box 6000, Fredericton, NB, E3B 5H1 or (506) 453-2666.

Signed this ______ day of ________________, 20____

Signature  ____________________________

Print name  ____________________________

(Date of last revisions to application form: June 2016)