



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.

- | | |
|--|---|
| <input type="checkbox"/> New Entrant Farmer Loan | <input type="checkbox"/> Fisheries New Entrant Loan |
| <input type="checkbox"/> New Land Purchase | <input type="checkbox"/> Fisheries Direct Loan |
| <input type="checkbox"/> Perennial Crop Establishment Loan | <input type="checkbox"/> Fisheries Loan Guarantee |
| <input type="checkbox"/> Livestock Incentive Loan | <input type="checkbox"/> Aquaculture Direct Loan |
| <input type="checkbox"/> Agriculture Direct Loan | <input type="checkbox"/> Aquaculture Loan Guarantee |
| <input type="checkbox"/> 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.

Source	Amount	I	Use	Amount
_____	_____	I	_____	_____
_____	_____	I	_____	_____
_____	_____	I	_____	_____
_____	_____	I	_____	_____
Total	_____	I	Total	_____

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.55, 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 form 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 _____