



Application for Financial Assistance for Self Employment under the Opportunities Fund for Persons with Disabilities Program

The Opportunities Fund for Persons with Disabilities

The Opportunities Fund is a program administered by the Department of Social Development Canada (SDC) to assist persons with disabilities to prepare for, obtain and keep employment or become self-employed. The program provides financial assistance for a wide range of activities, including the provision of financial assistance to help persons with disabilities create jobs for themselves by starting a business.

The attached application form is to be used if you are applying for financial assistance under the Opportunities Fund to enable you to create a job for yourself by starting a business.

Need for Employment Assessment

Before SDC can assess your application it will be necessary for you to receive an employment assessment and develop an Action Plan and an attestation and rationale from a Self-Employment Coordinator (if applicable). Please contact your local Human Resource Centre of Canada (HRCC) for information on where you can receive this service.

Eligibility for Financial Assistance

To be eligible for financial assistance under the Opportunities Fund, you must meet the following criteria:

1. have self-identified as having a permanent physical or mental impairment that restricts your ability to perform daily activities; and
2. At the time of requesting assistance, you must:
 - a) be unemployed
 - b) be legally entitled to work in Canada, and
 - c) require assistance to prepare for, obtain and keep employment

Please note, however, that if you are also eligible to apply for financial assistance under

- (i) any of the employment programs (called "Employment Benefits") provided by the Canada Employment Insurance Commission (CEIC) under Part II of the Employment Insurance (EI) Act, or
- (ii) any similar employment programs provided by provinces, territories or Aboriginal organizations that are funded by CEIC pursuant to agreements with those provinces, territories or Aboriginal organizations under the EI Act,

you may be required to apply for assistance under one of these programs first before your application for assistance under the Opportunities Fund will be considered.

Required Approval of Application Prior to Starting your Business

After you have developed your business idea, the application for funding under the Opportunities Fund must be approved by SDC prior to you starting your business. If you have already started your business, your application will **not be** considered for approval.

Environmental Assessment

You must also complete an Environmental Questionnaire and you may be required to complete an Environmental Assessment for your new business as per the Canadian Environmental Assessment Act.

Other Supporting Documentation

Specific documentation must accompany this application, please see Section F of this document for a complete list.

Income Tax

Under the Income Tax Act, financial assistance paid to you is included as income for tax purposes.

Privacy and Access to Information

Information collected on this form will be used for administration of the Opportunities Fund. Provision of the information is voluntary. However, refusal to complete the form may result in your application not being accepted. It may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of SDC may be linked. The information collected will be retained in Personal Information Bank, HRD Canada PPU 293 - Employment Benefits and Support Measures - and will be used and disclosed for the purposes described in respect of that Personal Information Bank in the publication entitled InfoSource. InfoSource is available at Human Resource Centres of Canada or on-line at the following web site address: <http://infosource.gc.ca>. The information collected will be administered in accordance with the Privacy Act. Under the Privacy Act, individuals have the right to the protection of and access to, their personal information. Instructions to obtain your personal information are also found in the publication InfoSource.

APPLICATION FOR FINANCIAL ASSISTANCE

Section A - Identification Information

1. S.I.N.: _____

2. Surname: _____ Given Name: _____

3. Street Address: _____

City: _____ Province: _____ Postal Code: _____

4. Mailing Address: _____
(if different)

City: _____ Province: _____ Postal Code: _____

E-Mail Address: _____

Telephone Number: () _____ Other Contact Number: () _____

5. Date of Birth: (DD/MM/YY) _____

6. Gender: Female Male

7. Do you consider yourself to be a member of a visible minority? Yes No

8. Do you self-identify as having a permanent physical or mental impairment that restricts your ability to perform daily activities? Yes No

If yes, how does this physical or mental impairment restrict your ability to perform daily tasks? Please explain:

9. Are you a member of an aboriginal group? Yes No

10. Are you a Canadian Citizen? Yes No

11. If not, are you a permanent resident? Yes No

Other? _____

12. What is your preferred Language of service? English French

13. What is your preferred Language of correspondence? English French

Section B - Eligibility

1. Have you applied for or are you currently in receipt of Employment Insurance (EI) benefits?
Yes No

2. Have you had a claim that ended in the past 36 months?
Yes No

3. Have you had a maternity or parental claim that began within the past 60 months, and are you now re-entering the work force after having left it to care for a new born or adopted child?
Yes No

Do you currently have either

- i) an order or judgment for maintenance, alimony or family financial support against you, or
- ii) an obligation under an agreement for the payment of maintenance or family financial support in respect of which a garnishee summons has been served on the Department of Justice under the Family Orders and Agreements Enforcement Assistance Act?

Yes No

Please describe the particulars of this situation:

Section C - Client Investment and Financial Information

Indicate any significant resources you already have that will be of assistance to you in the start up and ongoing operation of your business as well as what you think you will need:

	Already Have	Will Need
Cash/Savings:		
Other sources of capital:		
Other related Assets: (include any inventory, books, professional membership(s), training courses, computers etc.)		
Equipment or Tools: (description/quantity)		
Space/Real Estate: Item(s) and % used for business (for the home base business, estimate the portion of your living space that will be allocated to your business and place an annual value on it).		
Any other investments and financial information		
TOTAL:		

Indicate any income that you receive and/or are expecting to receive in your household as well as your monthly basic living costs:

Part 1 - Monthly Net Income	Self	Other
Employment Income		
EI Benefits		
Income/Social Assistance		
Alimony/Child Support		
Self Employment		
Pension Income (e.g. Employer Plan)		
Disability Income		
Worker Compensation Benefit (WCB)		
Canada Pension Plan (CPP)		
Child Tax Benefits		
Income from rental properties		
Severance Pay		
Investment Income		
Any other sources of Income not listed above		
TOTAL:		

Part 2 - Other Anticipated Sources of Funding	Amount
Savings	
Family/Parent/Guardian	
Any other sources of Income not listed above	
TOTAL:	

Part 3 - Monthly Expenses	Amount
Rent/Mortgage/Room and Board	
Property Taxes	
Utilities	
Telephone	
Food	
Transportation	
Child Care (after subsidy)	
Insurance (car, life and house)	
Clothing	
Entertainment	
Credit Card/Loan Payments	
Alimony / Child Support	
Expense for disability needs (special device, cost of interpretation or transcription of text into Braille, etc.)	
Any other expenses not listed above	
TOTAL:	

Has your business name already been registered? Yes No

If yes, when? _____

Are you currently active in this business or any other business venture? Yes No

Section D - Evidence of a Personal Investment

Under the Opportunities Fund Self Employment Program, the eligible participant should provide evidence of a personal investment. This personal investment is over and above the financial assistance and additional costs.

The following examples could be considered as proof of equity:

1. a bank statement showing at least the minimum investment for the proposed venture;
2. evidence of a loan or line of credit;
3. proof of ownership of equipment or materials that will assist you in your business.

Section E - Personal Supports Associated with Self-Employment

Financial support may be provided to cover all or part of the incremental costs of participation in Opportunities Fund - Self Employment. (Reimbursements are based on actual costs. Receipts can be requested to confirm cost.)	Amount of Client Contribution	Amount of funding requested from SDC
Costs for entrepreneurial instruction		
Dependant Care (supervised care for children under the age of 14)		
Disability Needs		
Transportation		
Other Personal Supports (such as safety equipment, footwear, uniforms, etc.)		
Living Away From Home		
TOTAL:		

Section F - Supporting Documentation:

The following documents must be attached to support your request for Opportunities Fund - Self-Employment assistance.

Please verify that each item is attached to this application:

- Action-Plan that identifies any employment barriers and the appropriateness of Opportunities Fund - Self-Employment as the intervention to address this barrier (please refer to page 1 to the Need for Employment Assessment section)
- Attestation and rationale from a Self-Employment Coordinator (where applicable) (please refer to page 1 to the Need for Employment Assessment section)
- Résumé which includes your education and work history
- Summary of your Business Concept
- Evidence of a Personal Investment (see Section E)
- Applicant Questionnaire on Environmental Issues
- Other supporting documents(s):

Section G - Declaration - Amounts Owing in Default to the Government of Canada

Note: Completion of this section is required only if the amount of funding requested from SDC is \$25,000 or more, excluding any weekly unemployment benefits, if applicable.

Amount requested is \$25,000.00 or more: Yes No

The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to Section 7 of the Financial Administration Act).

While the completion of this declaration is optional, failure to do so may result in denial of funding.

Do you, the applicant, owe any amounts that are in default to the Government of Canada?

Yes No

If yes, please complete the following chart:

Amount in Default Owing	Nature of the Amount in Default Owing (taxes, penalties, overpayments etc.)	Name of Government Department or Agency to Which the Amount in Default is Owed

Section H - Note to Applicants Regarding Lobbying

Applicants are responsible for ensuring that any person lobbying on their behalf is registered with Industry Canada pursuant to the Lobbyist Registration Act. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from SDC may not pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000.00 or more will be asked to declare that the requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register online with Industry Canada free of charge through the Strategis Web Site. For further information, please contact: 1-800-328-6189.

List any previous participation in SDC funded programs and the outcome of your participation:

Program	Year	Completed		Outcome
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

Declaration

I declare that:

- (a) I have read and understood the information provided in this application package;
- (b) The information I have provided to SDC in this application and supporting documentation is true, accurate and complete in every respect;
- (c) If the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by SDC;
- (d) The information provided, with respect to amounts owing in default to the Government of Canada, is true and accurate. I recognize that amounts payable to me under any future contribution agreement may be deducted from, or set-off against, any such amounts owing to the Government of Canada.

I authorize:

- (a) the Minister of Social Development to disclose all information contained in this application concerning an amount in default owing to a government institution listed in Section G to the institution concerned for the purpose of verifying the amount and status of debt, and
- (b) the government institution listed in Section G to disclose to the Minister all particulars and information relevant to the debt solely for the purposes of the administration of my application in connection with my declaration as to amounts owing to the federal government that are in default.

Name of applicant:

Signature of applicant:

Date:

Application received by SDC _____ Date _____
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Official Use Only: Comments Section