

City Centre Investment Opportunities Program (CCIOP)

Community Futures Entre-Corp Business Development and CCDA Legacy Fund are continuing an alliance to help new and existing businesses located in Medicine Hat's city centre.

The purpose of CCIOP is to encourage and provide businesses in the City of Medicine Hat core the opportunity to improve the appearance of their premises by utilizing "grant" dollars and interest free loans, (i) to a maximum of \$15,000.00 (\$3000 "grant" or 20% of the project and \$12,000 loan or 80% of the project) and (ii) at a minimum of \$1,000.00 (\$200.00 "grant" or 20% of the project and \$800.00 loan or 80% of the project), per Applicant. Loans have a repayment amortization of 36 months (monthly principal payment equal to the loan amount divided by 36).

Eligible improvements to a business under the CCIOP shall include the following:

- Signage on the front of business locations (in accordance with the Sign Bylaw)
- Restoration of exterior finishes and repainting
- Repair or replacement of storefront windows and doors
- Exterior lighting of the building and signage
- Removal and disposal of broken signage and fixtures
- Installation and design of awnings and signs
- New storefront window openings and new doorways
- Interior window display areas and lighting
- Removal of exterior materials that cover architectural details
- New architectural details such as entryway features and cornices
- Signs that are uniquely designed to integrate into building architecture
- Creation of new retail bays in an existing building
- Addition of patio areas and permanent landscaping elements
- Removal of barriers to access for people with disabilities and mobility challenges
- Interior/Exterior painting
- Interior flooring (carpet, laminate, tile, hardwood)
- Shelving
- Interior counters and display cases
- Interior light fixtures

For further information on CCIOP, please contact:

Community Futures Entre-Corp
#202-556 4th Street SE, Medicine Hat, AB
Phone: (403) 528-2824
Email: BizInfo@albertacf.com



**COMMUNITY FUTURES ENTRE-CORP AND CCIOP
LOAN AND GRANT PROPOSAL**

Client Name (s):	
Business Name:	
Address:	
Phone No:	

Length of time at location: _____ Landlord: _____

Do you have a lease? Yes No Length of lease: _____

If no please describe rental agreement: _____

Project Description: _____

Please list the details of the project as follows:

PROJECT DESCRIPTION i.e. Painting 2 walls	ESTIMATED MATERIAL COST i.e. 10 gal at \$30 each (\$300)	ESTIMATED LABOUR COSTS 10 hours at i.e. \$15/hour (\$150)	ESTIMATED COMPLETION DATE i.e. June 2007	OTHER COMMENTS
	Total material cost :	Total labour cost:		Total cost:

Quotations valid until: _____

Signature: _____ Name: _____

CCIOF LOAN APPLICATION CHECKLIST

Community Futures Entre-Corp Business Development will require the following information or documents in order to process your loan application and reach an informed decision:

New Businesses:

- A personal resume of company principles
- Personal Statement of Affairs** of principles and if applicable, from Guarantor(s)
- Loan application form**
- Financial Projection**
- Project Description**
- Estimates or Invoices**
 - renovations
 - equipment
 - building/construction
- Other _____

If An Existing Business:

- Financial statements/Tax Return for the last year.**
- Personal Statement of Affairs of principles** and if applicable, from Guarantor(s)
- Loan application form**
- Project Description**
- Estimates or Invoices**
 - renovations
 - equipment
 - building/construction
- GST Number**
- Copy of company incorporation/registration**
- Other _____

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In order to process an APPROVED application, the following may be required:

- Verification of personal investment
- If the loan is to an individual or partnership, copies of your identification are required.
(Citizenship Document or Passport)
- Lease agreement (if applicable)
- Copy of trade certificate (if applicable)
- Copy of company incorporation/registration
- Provincial/Municipal license
- Other _____

Personal Statement of Affairs

Full Name:		Home Phone: _____		Work Phone: _____	
S.I.N.		Fax Phone: _____		Cell Phone: _____	
Birth Date: Day ____ Month _____ Year ____		E-mail: _____			
<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated					Dependants:
Present Address:		City	Province	Postal Code	How Long?
Previous Addresses in the past 5 years (use reverse if necessary):					
Present Employer:		Position:	Work #:	Mo. Income:	How Long?
Previous Employer (s) in the past 5 years:					
Spouse's Name:		Birth Date: Day _____ Month _____ Year _____			
S.I.N.					
Spouse's Employer:		Occupation:	Work #:	Mo. Income:	How Long?
Spouse's Previous Employer					
Source of other Income:					
Relative: Name	Address:		Relationship:	Phone #:	
Relative: Name	Address:		Relationship:	Phone #:	
Relative: Name	Address:		Relationship:	Phone #:	
Landlord:			Phone #:	Rent Payment:	
Have you ever declared Bankruptcy or lodged a Proposal under the Bankruptcy and Insolvency Act?			<input type="checkbox"/> Yes _____ / _____ <small>Month Year</small>		
			<input type="checkbox"/> No		

Personal Statement of Affairs

What You Own (List and Describe All Assets)		What You Owe		
DESCRIPTION	CASH	COMPANY	O/S	PAYMENT
Cash on Hand/Deposit:	\$	Credit Cards:	\$	\$
Bank or Trust:				
Name:				
Name:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)		Bank Loans		
1)		1.		
2)		2.		
3)		3.		
4)		4.		
5)		5.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate: 1.		Mortgage(s):		
2.				
		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
Total Assets:	\$	Total Liabilities (add O/S column):	\$	
NET WORTH = \$ _____ (NET WORTH = Total Assets – Total Liabilities)				
I here by certify that the information provided is correct and permission is hereby granted for Entre-Corp Business Development Centre Ltd. to conduct a credit investigation.				
_____ Signature		_____ Date		
_____ Signature		_____ Date		

Additional Information that you feel may be applicable (include contingent liabilities), please add to the back of this form.



APPLICATION FOR CCIOP CREDIT

BUSINESS NAME: _____ _____ ADDRESS: _____ _____ CITY: _____ POSTAL CODE: _____	INCORPORATED: <input type="checkbox"/> CO-OPERATIVE: <input type="checkbox"/> PARTNERSHIP: <input type="checkbox"/> PROPRIETORSHIP: <input type="checkbox"/>	CONTACT: _____ POSITION: _____ Phone: BUS: _____ RES: _____ e-mail: _____
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DESCRIBE TYPE OF BUSINESS, PRODUCTS, SERVICES, MARKETS

HISTORY OF BUSINESS:

BUSINESS #: _____ BUSINESS START DATE: _____

LEGAL NAME: _____

APPLICATION FEES: (NON-REFUNDABLE)

\$ 75.00

OWNERSHIP

FULL NAME: _____ AGE: _____ POSITION: _____ # OF SHARES OR % INTEREST _____

FULL NAME: _____ AGE: _____ POSITION: _____ # OF SHARES OR % INTEREST _____

DESCRIBE PROJECT TO BE FINANCED:

LOCATION OF BUSINESS:

EXPECTED JOBS TO BE CREATED: ___ F.T. ___ P.T. ___ SEASONAL # EMPLOYEES: ___ F.T. ___ P.T. ___ SEASONAL

ESTIMATED PROJECT COSTS

PAINTING	\$ _____
FLOORING	\$ _____
SHELVING	\$ _____
LIGHT FIXTURES	\$ _____
SIGNAGE	\$ _____
OTHERS	\$ _____
TOTAL \$	_____

EXPECTED FINANCING

ENTRE-CORP LOAN	\$ _____
CCIOP GRANT	\$ _____
CLIENT	\$ _____
.....	\$ _____
.....	\$ _____
TOTAL \$	_____

BANK: _____

ADDRESS: _____

WHAT OTHER LENDERS HAVE BEEN APPROACHED FOR THIS FINANCING, AND WITH WHAT RESULTS?

Banking Institution: _____ Financial Officer: _____

Date: _____ This lending program not offered by other financial institutions

OR

Notice of Lender Decline: letter; fax; e-mail; confirmed by phone

I HEREBY AUTHORIZE OUR BANK TO DISCLOSE ALL INFORMATION CONCERNING OUR AFFAIRS TO THE COMMUNITY FUTURES ENTRE-CORP BUSINESS DEVELOPMENT LIKEWISE AUTHORIZED TO DIVULGE INFORMATION CONCERNING OUR AFFAIRS IN RESPONSE TO NORMAL CREDIT INQUIRIES FROM TRADE AND OTHER CREDITORS. COMMUNITY FUTURES ENTRE-CORP MAY MAKE A BRIEF ANNOUNCEMENT OF ANY LOAN WHICH IT MAY SUBSEQUENTLY AUTHORIZE.

SIGNATURE: _____

DATE: _____