



## **BC Centre for Ability Opportunities Fund Program**

### **Application for Self-Employment Financial Assistance**

#### **The Opportunities Fund**

The Opportunities Fund is a program funded by Service Canada and administered by the BC Centre for Ability to assist persons with disabilities to prepare for, obtain and keep employment or become self-employed.

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.

#### **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 disability or mental impairment that restricts your ability to perform daily activities
2. At the time of requiring assistance, you must be unemployed
3. Be legally entitled to work in Canada
4. Require assistance to prepare for, obtain and keep employment

Please note: If you are also eligible to apply for financial assistance under any of the employment programs called Employment Benefits provided by the Canadian Employment Insurance Commission (CEIC) under Part II of the *Employment Insurance Act (EI Act)* or any similar employment programs provided by provinces, territories or Aboriginal organizations under the *EI Act*, you may be required to apply for assistance under one of these programs 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 the BC Centre for Ability prior to starting your business. If you have already started your business, your application will not be considered for approval.

#### **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 the 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 Service Canada may be linked. The information collected will remain with the BC Centre for Ability and disclosed to Service Canada for tracking purposes. The information collected will be administered in accordance with the *Privacy Act*. Under the *Privacy Act*, individuals have the right to protection of access to their personal information.

Applicant Name

**SECTION A – IDENTIFYING INFORMATION**

APPLICANT'S GIVEN NAME		APPLICANT'S SURNAME		SOCIAL INSURANCE NUMBER	
ADDRESS (STREET, CITY, PROVINCE)				POSTAL CODE	
PHONE NUMBER		EMAIL ADDRESS			
MAILING ADDRESS IF DIFFERENT (STREET, CITY, PROVINCE)				POSTAL CODE	
OTHER CONTACT NUMBER					
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		DATE OF BIRTH (YYYY/MM/DD)	VISIBLE MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO	ABORIGINAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> STATUS <input type="checkbox"/> NON-STATUS <input type="checkbox"/> MÉTIS	
ARE YOU A CANADIAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO, ARE YOU A LANDED IMMIGRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU SELF-IDENTIFY AS HAVING A PHYSICAL OR MENTAL IMPAIRMENT THAT RESTRICTS YOUR ABILITY TO PERFORM DAILY ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO  IF YES, HOW DOES THIS PHYSICAL OR MENTAL IMPAIRMENT RESTRICT YOUR ABILITY TO PERFORM DAILY TASKS? PLEASE EXPLAIN:					

Applicant Name

**SECTION B – ELIGIBILITY**

HAVE YOU APPLIED FOR OR ARE YOU CURRENTLY IN RECEIPT OF EMPLOYMENT INSURANCE BENEFITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU HAD A CLAIM THAT ENDED IN THE PAST 36 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No
DO YOU CURRENTLY HAVE EITHER: <ul style="list-style-type: none"> <li>• AN ORDER OR JUDGEMENT FOR FAMILY MAINTENANCE, ALIMONY OR FAMILY FINANCIAL SUPPORT AGAINST YOU, OR</li> <li>• 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 <i>FAMILY ORDERS AND AGREEMENTS ENFORCEMENT ASSISTANCE ACT</i>?</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> 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.

ITEM	WILL NEED	ALREADY HAVE
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 HOME-BASED BUSINESS, ESTIMATE THE PORTION OF YOUR LIVING SPACE THAT WILL BE ALLOCATED TO YOUR BUSINESS AND PLACE AND ANNUAL VALUE ON IT)		
OTHER INVESTMENTS AND FINANCIAL INFORMATION		
TOTAL		

Applicant Name

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

<b>PART 1 – MONTHLY NET INCOME</b>	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		
SUB-TOTAL		
<b>TOTAL PART 1</b>		
<b>PART 2 – OTHER ANTICIPATED SOURCES OF FUNDING</b>		AMOUNT
SAVINGS		
FAMILY/PARENT/GUARDIAN		
ANY OTHER SOURCES OF INCOME NOT LISTED ABOVE		
<b>TOTAL PART 2</b>		
<b>PART 3 – MONTHLY EXPENSES</b>		AMOUNT
RENT/MORTGAGE/ROOM AND BOARD		
PROPERTY TAXES		
UTILITIES		
TELEPHONE		
FOOD		
TRANSPORTATION		
CHILD CARE (AFTER SUBSIDY)		
INSURANCE (CAR, LIFE, HOUSE)		
CLOTHING		
ENTERTAINMENT		
CREDIT CARD/LOAN PAYMENTS		
ALIMONY/CHILD SUPPORT		
EXPENSE FOR DISABILITY NEEDS (SPECIAL DEVICE, COST OF INTERPRETATION OR TRANSCRIPT OF TEXT INTO BRAILLE ETC.)		
ANY OTHER EXPENSES NOT LISTED ABOVE		
<b>TOTAL PART 3</b>		

HAS YOUR BUSINESS NAME ALREADY BEEN REGISTERED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHEN?	
ARE YOU CURRENTLY ACTIVE IN THIS BUSINESS OR ANY OTHER BUSINESS VENTURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant Name

**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 SUPPORT ASSOCIATED WITH SELF-EMPLOYMENT**

<b>FINANCIAL SUPPORT MAY BE PROVIDED TO COVER ALL OR PART OF THE INCREMENTAL COSTS OF PARTICIPATION IN THE OPPORTUNITIES FUND SELF-EMPLOYMENT PROGRAM (REIMBURSEMENTS ARE BASED ON ACTUAL COSTS. RECEIPTS CAN BE REQUESTED TO CONFIRM COST)</b>	AMOUNT OF CLIENT CONTRIBUTION	AMOUNT OF FUNDING REQUESTED FROM THE BC CENTRE FOR ABILITY
COST FOR ENTREPRENEURIAL INSTRUCTION		
DEPENDENT CARE (SUPERVISION FOR CHILDREN UNDER THE AGE OF 14)		
DISABILITY NEEDS		
TRANSPORTATION		
OTHER PERSONAL SUPPORTS (E.G. SAFETY EQUIPMENT, FOOTWEAR, UNIFORMS, ETC.)		
LIVING AWAY FROM HOME		
<b>TOTAL</b>		

**SECTION F – SUPPORTING DOCUMENTATION**

The following documents must be attached to support your request from the Opportunities Fund Self-Employment assistance (please verify that each item is attached to this application):

- Action Plan that identifies any employment participation and the appropriateness of the Opportunities fund Self-Employment as the intervention to address the barrier (please refer to page 1 to the Need for Employment Assessment Section)
- Attestation and rationale from a Self-Employment Coordinator (where applicable)
- Resume which includes your education and work history
- Summary of your Business Concept
- Evidence of a Personal Investment (see Section E)
- Other supporting document(s)

Applicant Name

**SECTION G – DECLARATION OF AMOUNTS OWING IN DEFAULT TO THE GOVERNMENT OF CANADA**

Amount Requested \$

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 TO THE GOVERNMENT OF CANADA	NATURE OF THE AMOUNT IN DEFAULT OWING (TAXES, PENALTIES, OVERPAYMENTS, ETC.)	NAME OF GOVERNMENT DEPARTMENT OR AGENCY TO WHICH THE DEFAULT AMOUNT IS OWED

Do you, the applicant, owe any amounts that are in default to the BC Centre for Ability or any other agency that has provided training or wage subsidy funding?  Yes  No

If yes, please complete the following chart:

AMOUNT IN DEFAULT	NATURE OF THE AMOUNT IN DEFAULT OWING (OVERPAYMENT ETC.)	NAME OF AGENCY TO WHICH THE AMOUNT 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 Service Canada 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 the requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register online with Industry Canada free of charge through the Office of the Commissioner of Lobbying of Canada. For further information please contact 1-800-328-6189 or visit <http://ocl-cal.gc.ca>.

List any previous participation in Service Canada funded programs and the outcomes of your participation.

PROGRAM	YEAR	COMPLETED		OUTCOME
		YES	NO	

Applicant Name

**I declare that:**

1. I have read and understood the information provided in this application package.
2. The information I have provided to Service Canada in this application and supporting documentation is true, accurate and complete in every respect.
3. If the information described is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the BC Centre for Ability.
4. 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:**

1. The Service Canada project officer to disclose all information contained in this application concerning an amount in default owing to the government institution listed in Section G to the institution concerned for the purpose of verifying the amount and status of debt, and
2. 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 BC Centre for Ability

Date \_\_\_\_\_