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BOUNDARY BUSINESS ADVISORY PROGRAM APPLICATION FORM

Legal Business Name

Operating as (if different from Legal Name)

Owner(s) Name

Physical Business Address

City

Mailing Address (if different from above)

Business Phone

Cell or Alternate Phone

E-Mail Address

Website Address

Business Structure (Legal Type)

- Sole Proprietor
- Partnership
- C. Corporation
- S. Corporation
- Incorporation
- Co-op
- Not for Profit
- Other

Is your Business in Start up Phase?

- Yes
- No

How long have you been in business?

How long have you operated from your present location?

Is this a year round/full-time business?

Yes

No

What is the nature of your business?

Funding for this program is limited, and we are prioritizing businesses that are directly affected by, and responding to the COVID-19 crisis and May 2018 Freshet event. Please describe in detail, if & how your business was impacted by either or both events.

What key frustrations are you currently experiencing in your business, not related to Freshet/ COVID-19?

Describe what is going well with your business at this time.

If your business is seasonal or part-time describe typical days/months your business is open.

Is your business primarily project based?

of full time Employees

of Part time Employees <21 hrs./wk

of Contractors

Have you had to layoff or reduce employees or contractors in the last

- 18 months?
- 12 months?
- 6 months?

If you have employees or sub-contractors, do you anticipate any layoffs or reduction in contractors in the next 3 months?

- Yes
- No

Do you anticipate any staffing increases in the next 3 months?

- Yes
- No

Do you have a Business Registration Number?

- Yes
- No

Do you currently have business insurance?

- Yes
- No

If no business insurance, please explain why?

Approximately what were your gross sales last year?

What were your gross sales the previous year?

What do you currently have invested into the business? (Dollar value estimate on the following sections)

\$ Land

\$ Equipment

\$ Inventory

\$ Building

\$ Tools

\$ Other Business Assets

Does your business have outside financing?

Does your business have outside financial investors?

I would like further assistance or knowledge in the following areas (tick all that apply)

- New Product Development
- Marketing & Promotions
- Exploring New Markets
- Exporting
- Business Expansion
- Online Sales
- Financial Management/Accounting
- Operations
- Human Resources/Workforce
- Planning (Business/Continuity/Succession)

Do you have a Business Plan?

- Yes
- No

Do you have a Business Continuity Plan?

- Yes
- No

Do you have a Business Succession Plan

- Yes
- No
- Not required at this time

The Boundary Business Advisory Program aims to enhance businesses in the Boundary Region to be more competitive, manage transition, develop risk management strategies and respond to change. Funding for this program is limited, and we are prioritizing businesses that are directly affected by, and responding to the COVID-19 crisis and May 2018 Freshet event.

Acknowledgement & Release

1. I/We acknowledge that Community Futures Development Corporation of Boundary Area (CFB) is not providing me with professional financial or legal advice, but rather offers itself as a source of information direction to further resources.
2. I/We acknowledge CFB has advised me to seek professional financial and legal advice when appropriate and to conduct my own investigations into all matters pertaining to my business plan. CFB has advised me not to rely solely on the information and advice provided to me by or on behalf of CFB.
3. I/We hereby release CFB, its directors, representatives and employees from responsibility should I choose to rely on the information and advice provided to me by or on behalf of CFB.
4. I/We acknowledge as well that CFB, its directors, representatives, and employees have not held themselves out to me to be an expert in any particular field, but rather offers itself as a source of information, support, and encouragement for entrepreneurs, and a source of direction to further resources.

By my signature below I authorize CFB to release this information:

- To a Business advisor, who will contact you to conduct a more in-depth assessment.
- To other business units in CFB to help serve you better
- When permitted or required by law
- To a public authority if, in our reasonable judgement, there appears to be an imminent danger which could be avoided by disclosing the information.

The gathering and disclosing of all information shall be governed by the provisions of the Freedom of Information and Protection of Privacy Act.

_____ Signature

_____ Print Name

_____ Date

Office use only

Referrals:

- Business Advisory Service
- WorkBC Program (CFB)
- COVID-19 - Gov't Grants/Programs
- CFB - Loans/Recovery Relief Program
- Notary Public
- HR Specialist
- Lawyer
- Accountant
- Insurance Agency
- Export Navigator Program
- Webinar/Workshop
- Marketing/Communications
- Regional Chamber of Commerce
- Imagine Kootenay/Venture Connect
- Other