

APPLICATION FOR FINANCIAL ASSISTANCE



AGRICULTURAL DEVELOPMENT BOARD

Department of Agriculture, Aquaculture and Fisheries
Industry Development Programs
PO Box 6000
Fredericton, NB E3B 5H1

Tel: (506) 457-4911 (Fredericton)
Tel.: (506) 453-8728 (Fredericton)
Fax: (506) 453-7170 (Fredericton)

NOTE: Applications will not be processed until all required information is received. Please attach a copy of your business plan, if available.

A. ASSISTANCE REQUESTED

<u>Amount Requested</u>	<u>Programs</u>
\$ _____	_____ New Entrant Farmer Program
\$ _____	_____ Perennial Crop Development Program
\$ _____	_____ New Land Purchase Program
\$ _____	_____ Livestock Incentive Loan Program
\$ _____	_____ Direct Loan / Loan Guarantee

Describe what the requested assistance will be used for.

B. APPLICANT OR BUSINESS IDENTIFICATION

1. Name of company or person applying: _____

2. Postal address: _____

Tel: _____
Fax: _____
E-Mail: _____

3. Physical address of business: _____
4. Contact Person: _____
Title: _____
5. Legal form of business:
_____ Sole proprietorship _____ Partnership
_____ Incorporated company _____ Cooperative
_____ To be incorporated
6. Business advisors (names and telephone numbers):
a) Banker / Lender: _____
b) Accountant: _____
c) Lawyer: _____

C. BUSINESS PLAN INFORMATION

1. If an existing farming operation, please attach the last 3 years financial statements or income tax returns.
2. Description of business and project. (If an existing operation, include a brief history of the business.)
3. Management's qualifications – education and work experience.
4. Marketing strategy – a brief description of products(s), prices, target markets, promotion plan.
5. Technical and production plans.
6. Financial forecasts – Pro forma income statements and balance sheets for 5 years, monthly cash flow for 1 year.
7. Personal balance sheet of owner or majority stakeholder.

D. LEGAL DECLARATION

1) Describe all outstanding or pending legal actions against the applicant or business.

2) Declaration:

The undersigned does hereby certify that the information and representations contained in this application are true and correct to the best of the knowledge and belief. The undersigned hereby gives its 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.

Signed this _____ day of _____, 20_____

Signature _____

Print name _____