



Community Futures Development Corporation  
of Central Interior First Nations

#215 – 345 Yellowhead Hwy.

Kamloops, BC V2H 1H1

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Thank you for considering the Self Employment Benefit Program offered through Community Futures Development Corporation of Central Interior First Nations.

This program is targeted for those who are:

- ✓ *currently on EI*
- ✓ *have been on regular EI benefits in the past three years*
- ✓ *Maternity/paternity benefits within the past five years.*
- ✓ *have a viable full time (35 hours per week) business concept*

For those wanting to start a business but have been hesitant due to a fear of not making enough revenue to put a roof over your head and food on the table this program is for you. When approved you may be eligible for 52 weeks of financial benefits at \$333.00/week. (if your current claim is more than 333/week, you will receive the higher amount). The paperwork here is necessary to be completed, if you need assistance filling them out – I can do that too.

In addition to the application package you are required to do the following:

A business concept paper approximately 1 or 2 pages must be included:

◆ **Business Description:**

Who you are, Location of business, What you are providing a product or service, and what makes it unique.

◆ **Operations/Management:**

Who is all involved in your business

◆ **Marketing:**

Who you will be selling to, and How you will be selling.

◆ **Financing:**

How much money you will need and what you have to contribute to your business

◆ **Business goals etc**

◆ **Must Include a Current Resume.**

Give me a call and lets discuss your plan, my number is 250-828-9727. We will accept collect calls!!

In Friendship

*Jackie Bandura*

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Web : [www.cfdfcofcifn.com](http://www.cfdfcofcifn.com)

Phone: (250) 828-9833 Fax: (250) 828-9972

# SUPPORT SERVICES

There are five types of support that are provided to First Nations people who are unemployed or under employed to become self employed. This will be achieved by providing income support, training counseling and technical support to eligible individuals to a maximum of 52 weeks during business start up.

## 1. INCOME SUPPORT

- × Employment Insurance active clients will continue to receive their EI benefits;
- × Eligible Reachback clients will receive an allowance of up to \$333.00/week

## 2. TECHNICAL SUPPORT

The following equipment is available but monitored by staff. Registered participants in the program can arrange an appointment to access the services.

- ⇒ Facsimile Machine
- ⇒ Photocopier
- ⇒ Computer and Printer
- ⇒ Internet
- ⇒ Scanner
- ⇒ Resource Library

## 3. TRAINING

Utilizing First Nations trainers, a six-week training course may be implemented in a central location of the participants. Not all participants will be require the training.

The training consists of:

- Module #1 - Introduction to Business
- Module #2- Developing your skills as an Entrepreneur
- Module #3- Communications: Personal and Business
- Module #4- Starting a Business
- Module #5- Business Financial Structures
- Module #6- Introduction to Community Development

## 4. REFERRALS

Although the staff are available to provide assistance to participants, there are areas that staff does not provide any advice or feedback, such as legal, accounting, taxation and personal counseling. In these cases, staff can refer the client to another source of information.

## 5. BUSINESS COUNSELLING

The staff of Community Futures Development Corporation of Central Interior First Nations will be available to provide business counseling

<b>SELF EMPLOYMENT CHECKLIST</b>		
	<b>Yes</b>	<b>No</b>
Are you prepared to work long hours in order to earn sufficient money?		
Can you accept the responsibility and uncertainty of being your own boss?		
Are you good at getting things done?		
Do you know who and where your customers are?		
Do you have the skills and equipment to start a business?		
Are you a good communicator?		
Can you make decisions and handle criticism?		
Are you resilient enough to keep going even when times get tough?		
Can you work alone?		
Are you prepared to take risks?		
Do you have support of friends and family in your new venture?		
Have you decided on a product or service that you plan to sell?		
Have you a high commitment to the project?		
Are you competitive enough to survive in the harsh world of business?		

**IF YOU ANSWERED MORE YES'S THAN NO'S – GREAT! – YOU ARE WELL ON YOUR WAY TO SUCCESSFUL SELF-EMPLOYMENT.**



# ARE YOU ELIGIBLE?

## SELF-EMPLOYMENT BENEFIT PROGRAM

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

SOCIAL INSURANCE # \_\_\_\_\_

BUSINESS CONCEPT: (include proposed location of business)

\_\_\_\_\_  
\_\_\_\_\_

Is your business seasonal or year round? \_\_\_\_\_

1. Are you an active EI claimant? YES  NO  If yes was it tax exempt? YES  NO

If yes, when was your EI start date: \_\_\_\_\_

2. Have you been on EI in the past 3 years? YES  NO

3. Have you been on EI due to maternity/paternity leave within the past 5 years? YES  NO

4. Are you currently on Social Assistance? YES  NO

If yes, please provide name of contact person, address and phone #

Contact person: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

5. Have you been on a self employment benefit program within the past 5 years? \_\_\_\_\_

6. Status  Non-Status  Metis  Other

If Status:

Band number: \_\_\_\_\_

Band Name: \_\_\_\_\_

\*\*\*\*Please note that information gathered regarding income shall be kept confidential until prior consent is received from applicant.



# Self Employment Assistance Program

## SELF-ASSESSMENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

BUSINESS CONCEPT & LOCATION:

\_\_\_\_\_  
\_\_\_\_\_

### A. SELF EMPLOYMENT OPTION

1. Why are you interested in being self-employed?

- To be my own boss
- To be independent
- To work irregular hours
- To work at home
- To work in an area I enjoy
- To earn a good income
- To continue to care for my family while I work
- To get off welfare/Employment Insurance

2. What assistance would you require to start a business or become self-employed? (Check all that apply)

- Training in how to start a business
- Training in how to manage a business
- Training in a specific skill (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- One-on-one business counselling
- Personal Counselling
- Help find money for start up costs
- Childcare
- Continued Employment Insurance while starting a business
- Other (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Help in making business contacts
- Help with building self-confidence

**B. Describe steps already taken to become self-employed?**

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**C. POTENTIAL BUSINESS**

1. Describe your business concept and why you chose this particular business.

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2. List your skills &/or experience related to your business concept.

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3. List and briefly describe:

a. Any previous business development training received

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b. Business counselling received

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5. What are the drawbacks/selling features of the product/service?

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6. List primary concerns about starting a business.

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7. What amount of time, do you see yourself putting into the business?

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8. Have you previously owned a business? YES  NO

9. Additional comments about starting a business?

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**3. INDIVIDUAL ANALYSIS** (Please put a ✓ for each item in the appropriate category)

	<b>Below Average</b>	<b>Average</b>	<b>Very Well</b>	<b>Above Average</b>
<b>Communication skills</b>				
<b>Stress Management</b>				
<b>Organizational Skills</b>				
<b>Administer/accept direction</b>				
<b>Time Management</b>				
<b>Supervisory Skills</b>				

What are your.....

<b><u>Hobbies and Interests</u></b>
<b><u>Special talents</u></b>
<b><u>Life goals</u></b>

## 10. ESSENTIAL SUPPORT

Each section is left open to allow you to freely express your ideas on where you would like assistance in.

a. Individual

- Ie Training, Counselling (Business, Personal), other

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b. Business

- Financial, Technical, Pre/Post Business Operation, Other

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c. Social

- Is your family aware of your business intentions? Do you have their support?

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Other than family is there someone you can turn to, if there are any problems or difficulties?

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## 11. COMMENTS/SUGGESTIONS

Any comments or suggestions are welcomed and will be followed up on.

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Community Futures Development Corporation of Thompson Country

101-286 St. Paul Street  
Kamloops, B.C. V2C 6G4

## AUTHORIZATION FOR DISCLOSURE OF INFORMATION

*To be completed by client:*

I, (please print surname & given name) \_\_\_\_\_, authorize HRCC

Kamloops to disclose the information below with regard to my Employment Insurance Benefits to

**Community Futures Development Corporation of Thompson Country.** This information may be

used to determine my eligibility for Human Resources Development Canada program.

This consent shall remain in effect for one year.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

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Requested by:

Name Self Employment Program @ CFDC of TC Tel: 828-8772 Fax: 828-6861

*Please Note:*

**By declaring client eligible for Self Employment Benefits, it is hereby indicated that the following are confirmed:**

- HRIF eligibility to participate in all facets, including SE financial benefits, of the SE Program**
- That there is no legal, EI or other unresolved EI-related issue(s); nor is there any other information known, that could preclude, or delay, client from participating in the Program and receiving SE Benefits.**

**Eligibility Assessment** – to be completed by HRCC Kamloops

Eligible for Re-Employment Benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ E.I Status - ***On Claim?*** Yes \_\_\_\_\_ No \_\_\_\_\_

E.I. Benefit Rate: \_\_\_\_\_/week Income Tax: \_\_\_\_\_/week E.I. Entitlement \_\_\_\_\_/weeks

E.I. paid up to \_\_\_\_\_. '***On Claim***' Status ends: (date – month,day,year) \_\_\_\_\_.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Tel: 372-2515 Fax: 372-0761



Community Futures Development Corporation  
of Central Interior First Nations

## BANKING INFORMATION

Do you currently have a savings account set up with a financial institution?

Do you currently have a chequing account set up with a financial institution?

If you do not have an account...  
are you able to open an account at a financial institution?  Yes  No  N/A

If no, please explain:

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Direct Deposit Authorization**

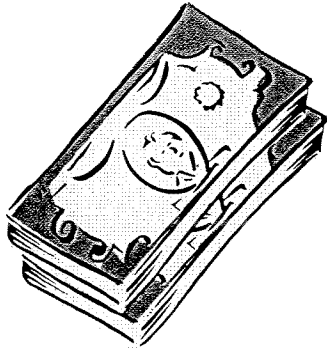
To have your Self-Employment Benefits payment deposited directly to your Bank or other Financial Institution, please complete the following:

Name:		Signature:
Address:		
City	Postal Code:	

Please deposit the benefits payable to me directly to my account, details of which are below:

<b>Details of the Account to which payments are to be deposited:</b>	
Bank or Financial Institution:	
Address of Branch:	
City:	Postal Code:

<b>Direct Payment Routing Number</b>	
Institution No. / / / /	Branch Transit No. / / / / / /
Account Number / / / / / / / / / / / /	*Please attach a sample cheque marked "VOID"



Community Futures  
Development Corporation of  
Central Interior First Nations

## EQUITY STATEMENT

The following is a list of assets that will be directly used for the business.

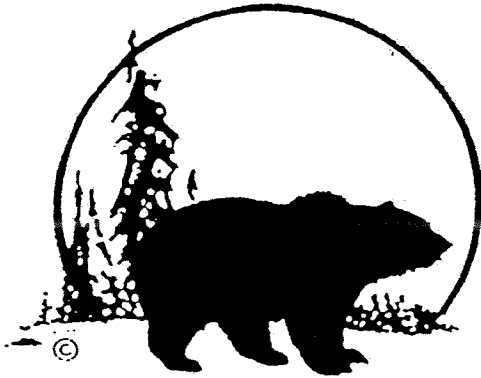
**Cash equity contribution into the business includes:**

Equipment	\$ _____		
Vehicle(s)	\$ _____		
Real Estate	\$ _____	Reserve:	ON _____ OFF _____
Existing Inventory	\$ _____		
Space/Building(s)	\$ _____		
Preparatory Work**	\$ _____		
Capital Dollars	\$ _____		
Other Assets	\$ _____	Please list	_____
			_____
			_____
<b>Total Assets:</b>	\$ _____		

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Self Employment Benefit Program

**Consent For Exchange of Information**

\_\_\_\_\_  
Date

Client's Name: \_\_\_\_\_  
S.I.N.# \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the release of relevant information to the following agencies:

- Community Coordinator
- Human Resource Centres of Canada
- Community Futures Development Corporation of Central Interior First Nations – Self Employment Assistance Program.
- Other: \_\_\_\_\_

I understand that such communications, should they be considered necessary, will adhere to strict standards of confidentiality, and will solely relate to relevant issues.

\_\_\_\_\_  
Client (Signature)

\_\_\_\_\_  
Self – Employment Coordinator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name



**Community Futures Development Corporation  
of Central Interior First Nations**

**SELF EMPLOYMENT ASSISTANCE PROGRAM**

**CONSENT FOR EXCHANGE OF INFORMATION**

**Date:** \_\_\_\_\_

**Clients Name:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of relevant information to the following family members or friends.

<b>NAME</b>	<b>RELATION</b>	<b>ADDRESS</b>	<b>PHONE</b>

**I understand that such communications, will adhere to strict standards of confidentiality, and will only relate to relevant issues.**

\_\_\_\_\_  
**Client (Signature)**

\_\_\_\_\_  
**Self Employment Coordinator**

\_\_\_\_\_  
**print name**

\_\_\_\_\_  
**print name**

# CLAIMANT REFERRAL SECTION 25 OF THE EI ACT - COMMUNITY COORDINATOR

The purpose of this form is to document:

1. your referral to the employment activity described in Part B below for the purposes of section 25 of the Employment Insurance (EI) Act, and
2. your agreement to be referred to the employment activity.

## PART A - CLAIMANT INFORMATION

SURNAME			GIVEN NAME AND INITIALS			SOCIAL INSURANCE NUMBER		
PERMANENT RESIDENCE - ADDRESS					TEMPORARY RESIDENCE - ADDRESS (IF APPLICABLE)			
PROVINCE	POSTAL CODE	AREA CODE & TELEPHONE NO. ( ) -		PROVINCE	POSTAL CODE	AREA CODE & TELEPHONE NO. ( ) -		

## PART B - DESCRIPTION OF EMPLOYMENT ACTIVITY

COMMUNITY COORDINATOR'S NAME			CC AGREEMENT NO.		AREA CODE & TELEPHONE NO. ( ) -			
<input type="checkbox"/> RETURN TO WORK ACTION PLAN - Attached			<input type="checkbox"/> Community Coordinator's intent to support the claimant to an employment activity, including the date that the client requested assistance from the CC. (Attached)					
<input type="checkbox"/> SELF - EMPLOYMENT - COMMUNITY COORDINATOR								
<input type="checkbox"/> SKILLS DEVELOPMENT - COMMUNITY COORDINATOR								
Name of Institute: _____				Course Name: _____				
START OF INTERVENTION			YEAR		MONTH		DAY	
_____			_____		_____		_____	
END DATE OF INTERVENTION			YEAR		MONTH		DAY	
_____			_____		_____		_____	

## PART C - CERTIFICATION AND AGREEMENT

I certify that I have read and understand the information on the reverse side of this form explaining the conditions of my entitlement to receive EI benefits while I am participating in the employment activity described above in Part B if I am referred to the activity by the Canada Employment Insurance Commission. I agree to be referred by the Canada Employment Insurance Commission to the employment activity.

CLAIMANT'S SIGNATURE			DATE		
_____			YEAR MONTH DAY _____		

### OFFICIAL USE

EI TYPE	FINANCIAL CONTROL	OPTION CODE	INPUT DATE IN OLIS	YEAR	MONTH	DAY	START DATE OF Section 25 Referral	YEAR	MONTH	DAY	END DATE OF Section 25 Referral	YEAR	MONTH	DAY
AMENDMENTS ONLY		START DATE: YEAR MONTH DAY			END DATE: YEAR MONTH DAY			REASON CODE						
EI CLAIM		GROSS WEEKLY BENEFIT RATE						EI BENEFIT PERIOD END DATE YEAR MONTH DAY						

For the purposes of section 25 of the Employment Insurance Act, the claimant is hereby referred to the employment activity described above in Part B of this form.

Approved  Not approved

\_\_\_\_\_  
SIGNATURE FOR THE COMMISSION

\_\_\_\_\_  
DATE

GENERAL INFORMATION AND CONDITIONS  
FOR SECTION 25 REFERRAL TO EMPLOYMENT ACTIVITY

General Information

If you are a claimant and wish to participate in an employment activity under an Employment Benefit, you MUST be referred to the employment activity by the Commission in order to maintain your eligibility to continue receiving EI benefits during your benefit period while participating in the employment activity. Under section 25 of the EI Act and the EI Regulations, a claimant is considered unemployed, capable of, and available for work, and therefore eligible to receive EI benefits, when the claimant is:

- a) attending a course or program of instruction or training at the claimant's expense, to which the Canada Employment Insurance Commission ("the Commission"), has referred the claimant; or
- b) participating in an employment activity under the Self-Employment and Skills Development Employment Benefits to which the Commission has referred the claimant.

You will maintain your eligibility to receive EI benefits while you participate in the employment activity in accordance with your Return-To-Work Action Plan, but only to the end of your EI benefit period. If your entitlement to EI benefits has not expired at the end of your intervention, you may continue to receive such EI benefits under the same conditions that prevailed before you were referred under section 25.

Conditions

You must carry out the employment activity described in your Return-to-Work Action Plan.

The provisions of the EI Act stipulate that you may be disqualified from receiving EI benefits if:

- a) the Commission, with your agreement, referred you to a course or program of instruction or training or any other employment activity for which assistance has been provided under employment benefits; and
- b) the Commission has terminated the referral because
  - (i) without good cause, you have not attended or participated in the course, program or employment activity, or
  - (ii) without good cause you have withdrawn from the course, program or employment activity, or
  - (iii) the organization providing the course, program or employment activity has expelled you from it.

Privacy/Access to Information

The information provided on this form will be administered in accordance with the *Privacy Act* and/or the *Access to Information Act* and is to be used for the administration of the Employment Insurance Act. The information will be retained in the Personal Information Bank Number: HRDC PPU 293 and/or Program Record Number: HRDC HRI 293. Instructions for making requests pursuant to the *Privacy Act* and the *Access to Information Act* are given in Info Source, publications which are found in federal government offices, including all Human Resource Centres of Canada or on the internet through the Treasury Board Secretariat website. The information 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 HRDC may be linked.

While the completion of this form is optional, failure to do so may result in non-referral under section 25.