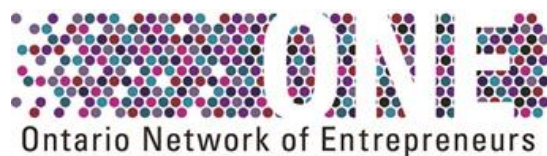


# Starter Company Plus Program Application

**We Can Help You Turn Your  
Business Idea into Reality!**



## **Program Overview**

The Starter Company Plus Program is an entrepreneurship program designed to help people in Ontario to start, expand or buy a small business. The program is funded through the Provincial Ministry of Economic Development and Growth and the Ministry of Research, Innovation and Science. The Starter Company Program is delivered by Small Business Enterprise Centres across Ontario as part of the Province's Ontario Network of Entrepreneurs. In the Dufferin County area, the program is administered by the Orangeville & Area Small Business Enterprise Centre.

Participants must be at least 18 years of age.

Starter Company Plus provides:

- Training and business skills development;
- Mentorship and guidance;
- Guidance with Business Plan development
- Opportunity to receive a micro-grant up to \$5,000;

## **Application Process**

1. Complete and submit a Starter Company Plus application and business concept paper outlining information about you, your business and how you plan to turn your idea into a business. Your application package must include:
  - Completed Application Form + Business Concept Paper
  - Resume
  - Copy of professional license or designation (if applicable)
2. Attend an interview. If your business concept paper demonstrates a viable business idea, you will be invited to attend an interview. If accepted into the program you will be well on your way to turning your business idea into reality.

Please submit your completed Starter Company Plus application package in person or via email to:

Starter Company Plus Program Coordinator  
Orangeville & Area Small Business Enterprise Centre  
Town of Orangeville  
200 Lakeview Court (Upper Level)  
Orangeville, ON L9W 5J7

Email: [sbec@orangeville.ca](mailto:sbec@orangeville.ca)

If you have any questions about the Starter Company Plus Program or this application form, please contact the Orangeville & Area Small Business Enterprise Centre at 519-941-0440 Ext 2286.

## **Client Application Form**

### **A. Applicant Information**

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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home/Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### **Canadian Resident Status:**

Canadian Citizen

Permanent Resident

Other

**B. Starter Company Plus Program:**

Why are you interested in the Starter Company Plus Program?

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1. Are you currently working or attending studies full-time or part-time?

Yes  No  If yes, how many hours per week? \_\_\_\_\_

2. Do you plan to seek full-time or part-time employment in the next year?

Yes  No  If yes, how many hours per week? \_\_\_\_\_

3. Why do you want to run your own business instead of being employed full-time?

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4. Are you committed to working a minimum average of 35 hours per week to run your own business? Yes  No

5. If selected into the program, are you prepared to attend required monthly meetings and mentorship sessions for a minimum of four (4) months after the start or assumed ownership of your business? Yes  No

6. How did you hear about the Starter Company Plus Program?

- Program brochure/flyer
- Town of Orangeville website
- SBEC office
- Social media
- Community organization: (please specify) \_\_\_\_\_
- Other: (please specify) \_\_\_\_\_

## **C. Business Concept Paper**

Please review the following questions carefully and provide the required information about your business concept.

### **1. About your Business Idea**

Please provide information about your business idea.

a) Is your business:

- A new business
- Expansion of an existing business
- Buying an existing business

b) What type of business do you currently operate or plan to start?

- |   |  |
|---|--|
| <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Retail                 | <input type="checkbox"/> Transportation                                      |
| <input type="checkbox"/> Wholesale/Distribution | <input type="checkbox"/> Services (i.e. professional, scientific, technical) |
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Hospitality/Food       | (please specify)   |

c) Briefly describe your business.

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d) If you are successful in receiving the grant funding, what would you spend it on?

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## 2. Business Ownership

1. Have you registered the business? Yes  No
- a) What form of business ownership did/would you register?
- Sole Proprietorship  Partnership  Corporation  Not sure
- If a partnership, how many partners? \_\_\_\_

## 3. Location

- a) Where is the business located?
- |   |   |
|---|---|
| <input type="checkbox"/> Orangeville    | <input type="checkbox"/> Grand Valley/East Luther |
| <input type="checkbox"/> Shelburne      | <input type="checkbox"/> Mulmur                   |
| <input type="checkbox"/> Mono           | <input type="checkbox"/> Melancthon               |
| <input type="checkbox"/> Amaranth       | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> East Garafraxa |   |
- b) Where do you plan to / or currently physically operate your business from?
- Home office
- Lease/Shared office space outside of the home
- Store front (i.e. retail store)
- Commercial property/building
- Other: \_\_\_\_\_ (please specify)

## 4. Your Business Experience

- a) What specific technical skills/expertise/education would you bring to this business?

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- b) Do you require a license or professional designation to run this business?

Yes  No

If yes, what is the name of the license/designation(s)? \_\_\_\_\_

(Please attach a copy of your license/designation to this application)

Starter Company Plus Program  
**Application and Business Concept Paper**

c) Have you been self-employed before? Yes  No

If yes, what type of business did you own and operate? \_\_\_\_\_

Years in operation: From: \_\_\_\_\_ To: \_\_\_\_\_

d) Please **rank** your entrepreneurial abilities from 1- 8 (1 being your strongest skill, 2 your second strongest etc.). Please use each number only once.

<b>Skill/Attribute</b>	<b>Ranking 1- 8</b>
Finances and Bookkeeping	
Customer Service	
Social Networking and Online Marketing	
Organizational Skills and Time Management	
Knowledge Specific to your area of Business	
Legal Requirements of Businesses	
Business Plan Development	
General Marketing	

## **5. Business Target Market**

1. Who will buy your product/service? Briefly describe your target markets/customers.

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2. Approximately how many of these potential customers have you identified and where are they located?

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3. In your opinion, why would these potential customers want to buy your product or service? Please list five (5) main reasons:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

## **6. Business Competition**

1. Please identify three (3) main competitors of your proposed business.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_



**Application and Business Concept Paper**

2. How do you plan to make your business different than your competitors?

What would you do differently? What niche market could you develop?

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**7. Marketing Plan - Promoting Your Business**

1. How do you plan to promote your business? (Please check all that apply)

- Advertisements (e.g. newspapers, magazines, online)
- Brochures/Flyers
- Direct Mail
- Social Media (e.g. Facebook, Instagram, etc.)
- Word-of-mouth/Networking
- Other: \_\_\_\_\_

2. Do you plan to have a website to promote your business?

Yes  No

3. Other comments?

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## 8. Your Business Cash Flow and Finances

1. How will your business make money? What are the key steps you will take to generate revenue and achieve a profit?

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Financial Information: (you may be asked to provide financial statements, if applicable).

2. How much money do you need monthly to be self-sufficient/cover personal monthly expense? \_\_\_\_\_.
3. Do you have the required 25% of the potential micro-grant of up to \$5,000 to contribute to your business? (May include up to \$1,250 in cash or an asset-based in-kind contribution, at fair market value, such as equipment or machinery required to run the business).  
Yes  No
4. How much money do you have to invest into your business start-up and how much money do you anticipate you will need? (Please provide your information in the chart on the following page.)

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Starter Company Plus Program  
**Application and Business Concept Paper**

<b>A. Investment into Business</b>	<b>Total</b>
Personal savings (list only the portion you plan to invest in the business)	
Friends/Family financial support	
Credit Card – available credit	
Other available funds:	
<b>Total Funds Available</b>	
<b>B. Start-up costs</b>	
Business registration	
Business bank account fee	
Insurance	
Business tax, fees, licences, dues, memberships, and subscriptions	
Marketing	
Rent / lease of business location	
Computer equipment / software	
Other equipment	
Telephone and utilities	
Inventory	
Office supplies (e.g. business cards, stationary, etc.)	
Website Development / hosting / maintenance	
Legal, accounting, and other professional fees	
Salaries, wages, and benefits (including employer's contributions).	
Other costs	
<b>Total Expected Start-up Costs</b>	

Starter Company Plus Program  
**Application and Business Concept Paper**

Thank you for your application to the Starter Company Plus Program with the Province of Ontario and the Orangeville and Area Small Business Enterprise. We will review your application and contact you to set up an interview.

Please take a moment to:

- Review the application and make sure all information is complete and accurate.
- Please also ensure that you submit an up to date resume.
- Please sign below indicating your consent to receive email communication from the SBEC (in accordance with the Canada Anti-Spam Legislation).

I \_\_\_\_\_, give consent to receive e-communications from the Orangeville & Area Small Business Enterprise Centre.

Thank you,  
Orangeville and Area Small Business Enterprise