

Bermuda Small Business Development Corporation

BSBDC EEZ Small Business Grant of Technical Assistance and Advice *side A*

Amount Requested \$	What will you be using the grant for? (e.g. business plan, marketing plan, legal advice, architectural work, company incorporation, etc.)
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General Business Information

Name of Business	Business Telephone Number	Business Fax Number
Email Address	Website Address	
Street Address (physical address, not a PO box)		
Mailing Address (if different from street address)		
Date Business Started	Annual Sales	Employer Account # (Payroll Tax ID #)
Owner-Managed <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Payroll \$	Economic Activity <input type="checkbox"/> International business activity <input type="checkbox"/> Public administration <input type="checkbox"/> Community, social & personal services <input type="checkbox"/> Construction <input type="checkbox"/> Retail trade & repair service <input type="checkbox"/> Real estate & rental <input type="checkbox"/> Education, health & social work <input type="checkbox"/> Business services <input type="checkbox"/> Financial intermediation <input type="checkbox"/> Electric, gas & water <input type="checkbox"/> Wholesale trade & motor vehicles <input type="checkbox"/> Agriculture, forestry, & fishing <input type="checkbox"/> Transport & communication <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other <input type="checkbox"/> Restaurant, cafes & bars
Building is <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Terms of Lease Years Months	
Business Structure <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company <input type="checkbox"/> Other		
Briefly describe the products or services rendered by your business. _____		

Business Financial Information

Primary Bank	Insurance Provider	Accounting firm/Accountant
Lawyer/Legal Advisor	Today's Balance in your checking account at your primary bank \$	
Today's Balance in your primary savings account \$	Today's Balance in your business credit card(s) \$	

By the Bermuda Small Business Development Corporation Act 1980, we are empowered to grant monies to businesses who plan to seek (or have sought) financial assistance such as bank loan and/or a BSBDC guarantee. Please confirm whether you plan to seek (or have sought) such financial assistance.

<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list all business debt and corresponding payment information (including bank loans). Attach additional sheets if necessary.

Creditor	Amount owed	< 30 days old	30 – 60 days old	> 60 days old

Bermuda Small Business Development Corporation

BSBDC EEZ Small Business Grant of Technical Assistance and Advice *side B*

Business Financial Information *(continued from side A)*

Please list all accounts receivable and corresponding payment information (including loans). Attach additional sheets if necessary.

Debtor	Amount owed	< 30 days old	30 – 60 days old	> 60 days old

Principal/Owner Information *Please attach:*

Please fill out for every principal/owner. Attach additional sheets for each co-owner. Attach Photo IDs.

Mr.	Mrs.	Ms.	Name	Social Insurance Number
Address (physical address, no PO box)				
Telephone Number		Cell Phone/Pager Number		Email Address
% Ownership in the business		Employee of the Business <input type="checkbox"/> Yes <input type="checkbox"/> No		Check one <input type="checkbox"/> Full time <input type="checkbox"/> Part time

For all applications please attach:

1. \$20 Application fee.
2. Personal financial statements of each principal/owner.*
3. Photo ID

Additionally please attach:

If your business has not started yet

1. A personal reference.*
2. A business reference.*
3. Resume(s) of principal owner(s).
4. Quotes from the service provider evidencing the total amount needed.
5. Interim financial information (copies of bank statements, etc.)

* Samples available at the BSBDC office.

If your business has been in existence for less than 12 months

1. Interim financial information (copies of bank statements, etc.).
2. Business plan according to the BSBDC business plan checklist.

Certification and Authorisation

The authorised signatory certifies that he/she is authorised to execute the application for the business named above, and that the information included in this application and any documentation submitted in connection with the application is complete, true and correct. The signer(s) authorises the BSBDC to verify the information and to obtain personal and/or business credit reports. The signer(s) further agrees to provide additional information upon request and to notify the BSBDC promptly of any change in the information provided in this application.

Authorising Signatory	Business Name	Date
Signature		Title/position in the business
<input type="checkbox"/> I have read and agree to the Grant Terms and Conditions.		

Please deliver the complete application form to:

BSBDC
Sofia House, 48 Church St., Ground. Floor, Hamilton HM12