

Before You Begin

To be eligible for funding under the Self Employment Benefit program you must meet the eligibility criteria for the program. An Employment Nova Scotia Agreement Manager will assess your application to determine your eligibility and advise you of the results of that assessment. Basic eligibility criteria include the requirement to be a Canadian Citizen or Permanent Resident who is currently a resident of Nova Scotia. You must also be unemployed or considered employed less than 20 hours per week (on average over the past year). You must work in conjunction with a Self Employment Service Provider who must approve your Business Concept as well as your Business Plan. There is a requirement under the Self Employment Benefit program that you must also be case managed through an Employment Assistance Service Provider funded through Employment Nova Scotia. There are additional eligibility criteria that will be assessed at the time of application and will inform the funding decision of Employment Nova Scotia. The final page of this form is to be completed by the SEB service provider and must be signed by the recommending staff member. The information you provide in this worksheet and other supporting application documents will be used along with the information which you provide to your case manager to assess your eligibility for the Self Employment Benefit program. Any false or misleading statement provided may result in an overpayment or termination of any consequent agreement.

Please note: If you are subject to a garnishment under the Family Orders and Agreement Enforcement Assistance Act any benefits which you receive from this program are eligible for garnishment. You may wish to contact your Maintenance Enforcement Officer to discuss reducing your garnishment amount for this agreement.

Identification Information

Last name

Date of Birth (yyyy/mm/dd)

First name

Middle initial

ENS Case ID number

Business Information

Business name

How is your business structured?

 Sole Proprietorship Corporation Own 100% of business and has complete control Owner / member of new worker cooperative Partnership: Holds % of business in partnership, major decision maker and holds control of business. Not determined at time of application

Describe the product or service to be offered.

Describe your industry knowledge including details such as competitors, challenges, and future outlook.

What is the location of the business, its geographic target area, and marketing strategy?

Do you have experience related to this business idea? Please describe.

Self Employment Benefit Worksheet

Describe your progress to date. Please outline contacts made, research completed, and compliance with regulations that pertain to your business. Note, you cannot already be in business at time of application.

Has your business already been registered?

Yes

No

If yes, when?

Have you been self employed before? Please explain any relevant business experience.

Yes

No

Do you have any supports to assist you in developing this business? Eg. Investors, Mentor, etc.

Yes

No

If yes, please explain:

Evidence of Client Contribution

Each participant is required to contribute \$3300.00, or 100% of the investment required to launch and operate the business if less than \$3300.00. Please outline the dollar amount, in cash or in-kind, of your personal investment towards the business. Provide proof to Employment Nova Scotia through a bank statement, loan evidence, statement of ownership, etc.

* If the required client contribution will **reasonably** be less than \$3300.00, or where the participant can reasonably demonstrate that financing (i.e. loan or line of credit) will be secured by the implementation stage then proof of contribution may be presented prior to the implementation phase (Phase 2).

Previous Program Participation

List any previous participation in any provincial or federal employment programs and their outcome. If more space is needed please provide an additional document to your case manager with details.

Program Name	Year	Completed	Outcome/Result
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Please record your name and the date you completed this form in the space provided below:

Name:

Your signature:

Date:

Business Activities

THIS SECTION IS TO BE COMPLETED BY THE SELF-EMPLOYMENT PROVIDER ONLY

This business is a New Business Existing business with no prior ownership

There is no evidence that the participant is already in business

Projected start up and overhead costs (if known) at time of application:

Required client contribution will **reasonably** be less than \$3300.00 and will be verified prior to implementation of Business Plan.

The participant can reasonably demonstrate that financing (i.e. loan or line of credit) will be secured by the implementation stage.

Participant has provided proof of required client contribution amount (please ensure client has attached required proof):

Yes

No

Client Endorsement: Select one choice from the options below and explain in the space provided.

I am in support of this client's participation in the Self Employment Program.

I am **NOT** in support of this client's participation in the Self Employment Program.

Explain:

An original signature is required. Please complete the section below.

Organization Name:

Self-Employment Provider Signature

Date: