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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

Canada

NUNAVUT ENTREPRENEURSHIP INCENTIVE (NEI)

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

A - PERSONAL INFORMATION

Last Name	First Name
Banking Information Name of Bank	
Branch Address	
Institution #	Bank Stamp Here (or include a copy of a voided cheque with your application.)
Transit Number	
Account Number	
Name of Account Holder	

B - BUSINESS DEVELOPEMENT STATUS

Have you completed the following:

☐ **Business plan**
Date completed (YY - MM - DD) ____ ____ ____

☐ **Business license**
Date completed (YY - MM - DD) ____ ____ ____

☐ **Business development confirmation letter**
Date completed (YY - MM - DD) ____ ____ ____

C - ELIGIBILITY AND FUNDING DETERMINATION

Are you currently claiming Employment Insurance (EI) Benefits? ☐ Yes ☐ No

Have you applied for EI within the past three years? ☐ Yes ☐ No

Have you received EI for maternity or parental leave in the past five years? ☐ Yes ☐ No

Are you receiving Income Assistance? ☐ Yes ☐ No

Are you receiving funding from any other sources? (This could include Kakivak, KPID, KIA, etc). ☐ Yes ☐ No

Do you currently owe money to the Government of Nunavut? ☐ Yes ☐ No

www.gov.nu.ca

Return to: Your regional Career Development Officers

Qikiqtaaluk: 1-800-567-1514
Career Development
Box 204, Pangnirtung, NU X0A 0RO

Kivalliq: 1-800-953-8516
Career Development
Box 877, Rankin Inlet, NU X0C 0G0

Kitikmeot: 1-800-661-0845
Career Development
Box 20, Cambridge Bay, NU X0B 0C0

D - SPONSORSHIP SUPPORT REQUEST

Check the support categories that you will require.

- ☐ **Childcare**
- ☐ **Utilities**
- ☐ **Equipement**
- ☐ **Fuel for vehicule**
- ☐ **Telephone/Internet/Fax**
- ☐ **Training**
- ☐ **Other:** _____

CLIENT DECLARATION AND CONSENT TO RELEASE INFORMATION

I, _____, _____ hereby declare that:
PRINT NAME SIN

1. The information contained in my application for assistance is complete, accurate and true, to the best of my knowledge.
2. I understand that false or misleading statement may result in legal action, criminal investigation, prosecution and in my eligibility to participate, the termination of my benefits and my repayment of benefits that I have already received.
3. I shall immediately notify the Department of Family Services should the circumstances of my eligibility or participation change.
4. I agree that if I have provided an email address this will be the primary means of communication with me regarding my program.
5. I agree to refund any financial assistance to which I am not entitled; and
6. I authorize and consent to the Nunavut Department of Family Services' release, sharing or verification of information about me and/or my spouse and/or my dependents to any agency, organization or other government department for the following purposes:

    a. Determining my initial and ongoing need, eligibility, or entitlement for programs or services, including financial assistance.

    b. Determining my status in participating, attending or making progress in programs and services; or

    c. Determining the results or outcomes from my participation or enrolment.

Dated this _____ Day of _____ 20 _____

_____ _____
Client signature Witness Signature

Your name: _____

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Canada

Nunavut Entrepreneurship Incentive

REQUEST FOR CHILDCARE ASSISTANCE

IMPORTANT

Your spouse can not be paid as your child care provider.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

A - PERSONAL INFORMATION

Last Name	First Name
Spouse Last Name	Spouse First Name
Spouse Employer	Spouse Employer Phone Number ( )
Number of Dependants	

DEPENDANT CHILDREN NAMES (Dependant children must be financially dependant upon you.)

	GIVEN NAME	LAST NAME	DATE OF BIRTH (YY:MM:DD)	AGE
1				
2				
3				
4				
5				
6				
7				
8				

What are your childcare costs?

# OF CHILDREN ELIGIBLE FOR CHILDCARE	COST PER DAY		COST PER WEEK		COST PER MONTH		Total Anticipated Cost
	$ per child/ day	# of days	$ per child/ week	# of weeks	$ per child/ month	# of months	

Who will be looking after the child? _____

Additional Comments

OFFICE USE:

GN Vendor Number _____ Bank Name _____

Bank Account # _____ Bank Transit # _____