## Ocînâs (Community) Program



Application for Community Start-Ups

## Clarence Campeau Development Fund

Find us online at: www.clarencecampeau.com

Welcome! Please fill out all sections. Answer all questions as completely as possible and provide attachments if space is insufficient. Should you require additional information or assistance in completing your application, please contact us directly at 306-657-4870, or Toll-Free at 1-888-657-4870.

Once completed, please mail or email to one of our two locations:

## Saskatoon

2158 Airport Drive, Saskatoon, SK, S7L 6M6 Email: info@clarencecampeau.com Fax: 306-657-4890

## Regina

2380 2nd Avenue, Regina, SK, S4R 1A6 Email: info@clarencecampeau.com Fax: 306-657-4890

Section 1: Applicant Information	
Mailing Address	
Street Name/P.O. Box:	Postal Code:
City/Town:	How Long at Address:
Primary Contact Person:	Secondary Contact Person (if applicable):
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:
Provide a brief descriptions of your communit	ty (population, key economic activities, etc.):

Office Use Only | Date Recieved:

Section 2: Community Background
Why is your community interested in establishing an Economic Development Corporation (EDC)?
What are the strategic goals for the Economic Development Corporation? What Benefits are you hoping to achieve?
How will this funding positively affect your community?
How will you meet the 25% equity requirement?

Section 4: Scope of Support Requested		
Please check the areas where support is needed (chec	k all that apply):	
☐ Review of Corporate Structure		
☐ Establishment of a Board of Directors		
☐ Governance Training		
☐ Asset Inventory		
☐ Development of a Community Profile		
☐ Defining Investment Criteria		
☐ Incorporate Business		
☐ Develop Bylaws		
If there are other areas where your community requires assistance, please describe:		
Section 5: Community Readiness		
Has your community previously explored economic deve	lopment initiatives?	
Are there existing businesses, partnerships, or assets that could support the EDC?		
Is there support from the Town Council, Métis Local, Regional Director, or local leadership for this initiative?		
Section 6: Board Structure		
Total Number of Board Members:	List Names and Roles (if applicable):	
# of Métis Board Members:		
What skills, experience, expertise and/or education will board members be required to have?		

Section 7: Declaration & Signature		
I hereby declare that the information provided in this application is accurate and complete. I understand that funding is not guaranteed and that additional documentation may be requested during the review process.		
Date:		
Authorized Representative Name:	Authorized Representative Name:	
Title:	Title:	
Signature:	Signature:	
Witness:	Witness:	
Application Checklist		
Required Attachments Checklist:		
☐ Complete Ocînâs (Community) Program Application		
☐ Quote(s) for Applicable Eligible Costs		
☐ Confirmation of 25% Equity Contribution (Bank Statement)		
☐ Relevant Community Plans or Economic Development Strategies		
☐ Letters of Support		
☐ Proof of Métis Ownership of the ECD		
☐ Articles of Incorporation & Certificate of Incorporation (if available)		
☐ Consultant Resume or Firm Profile		
Credit Check Requirement Disclaimer		
CCDF requires a personal credit check for the lead representation. Once we receive your funding application, we	·	