

S.U.C.C.E.S.S.
Business & Economic Development Centre
Biz Launch Entrepreneur Program

Profile & Business Plan

Name:	
Business Idea:	
Address:	
Telephone:	
SIN Number:	

Have you included the following? (Please check)

- A copy of your Resume**
- 3 Letters of Reference**
- 3 Letters of Others' Intent to Do Business with you**
- Financial Statement(s)**
- Return to Work Action Plan from Case Manager**
- Samples or Relevant Examples**

Date/time application received: _____

If eligible: interview date/time: _____

Date application status informed: _____

Special Considerations and Notes

We believe that timing is everything. When considering entrepreneurship, you must evaluate whether the timing is right. Look at your personal life, the state of the economy and your product or service. All three aspects must align for you to get the most out of the BLEP. Honestly assess your skills, financial health, and personality traits before applying to BLEP. Not every personality or business can fit the constraints and timelines of this program.

The 8 to 10 week workshop series happens between 9:00 am and 5:00 pm Monday to Friday with some half and free days to develop your business plan. Workshops are mandatory and you are expected to be in attendance. The workshops are conducted in business English and proceed at a fast pace; a Grade 12 comprehension level is required. In addition; you will need a computer, printer and Microsoft Office to complete the assignments in this program. An email account is mandatory to communicate with BLEP staff.

Selection Process:

- ◆ All applications are reviewed however only eligible applicants who meet or exceed the program eligibility are considered. Only those applicants submitting a complete application with mandatory supporting documents will be called for an interview.
- ◆ Interviews will be held 3-6 weeks before the program start date
- ◆ The Program Manager has the right to stop interviewing, once he has satisfactorily evaluated enough viable business concepts. Interviewing for the intake will then be considered complete.
- ◆ The Program Manager will recommend applicants for consideration by the Selection Committee
- ◆ The Program Manager will present the short-listed applications to the Selection Committee with supporting documents including samples
- ◆ The Selection Committee including the Program Manager will recommend 12-16 applicants for the Program
- ◆ Applicants selected by the Committee will be informed by telephone and/or email
- ◆ Applications are then sent to Ministry of Housing and Social Development for final approval
- ◆ Ministry of Housing and Social Development will call all successful applicants approximately 2 weeks prior to the intake start date
- ◆ Applicants meeting the selection process will be advised with a welcome email one to two weeks before the program start date
- ◆ Qualified applicants who were not selected will be advised of their status by email and may be placed on a waiting list or invited to reapply to another intake

The Selection Committee and/or Program Manager reserve the right to accept and refuse BLEP applicants. The depth of your market research, your ability to complete a timely application, your financial health, your work experience and personality are all taken into consideration and affect the weight of your application.

An online version of this application form is available at
[://beyourownboss.org/programs/success.htm](http://beyourownboss.org/programs/success.htm)
You need Adobe Acrobat Reader to complete the application online

We only accept paper (hard-copy) applications

This program is "Funded in whole or part through the Canada-British Columbia Labour Market Development Agreement".

EMPLOYMENT INSURANCE (EI) ELIGIBILITY CHECKLIST

Before applying for the BLEP, you must first determine if you are eligible to participate. Please call the government EI TeleCentre Enquiry Line at 1-800-206-7218. The best time to call is between 8:30 and 10:00 a.m.

Are you presently: Unemployed Self-Employed Working Full Time Part Time

<p>A. For Claimants currently collecting EI Benefits:</p> <ol style="list-style-type: none"> 1. What is my weekly gross benefit rate? 2. What is earliest possible expiry date of my EI Claim? 3. What is the last renewable week on my claim
<p>B. For Clients who EI Benefits ended within the last 36 months (Exhaustees):</p> <ol style="list-style-type: none"> 4. When did my last claim finish?
<p>C. For Clients whose Maternity or Parental claims began within the last 60 months:</p> <ol style="list-style-type: none"> 5. When did my maternity (or parental) claim begin?

EI SPONSORED PROGRAM INFORMATION

Have you participated in any EI-sponsored programs within the last five (5) years?
(i.e.: Project-Based Training, Job Creation, Job Club, etc.) Yes* No

*if yes, please list below:

Program(s)/Course(s)	Date

I declare that the answers to questions 1 to 5 were obtained and validated through the EI TeleCentre Enquiry Line.

Name of Applicant (Print)

Social Insurance Number

Signature

Date of Eligibility Check

PERSONAL INFORMATION

Applicant Name:		
Last	First	M.I.
Address:		
Street Address		Apartment/Unit #
City	Province	Postal Code
Home Phone: ()	Cell Phone: ()	
E-mail Address:		
Birth Date:	Marital Status:	
Language(s): (Spoken)	(Written):	
How did you find out about this program?		
Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Flyers <input type="checkbox"/> Posters <input type="checkbox"/> Friends <input type="checkbox"/> Internet <input type="checkbox"/> Graduate <input type="checkbox"/>		
S.U.C.C.E.S.S. Offices <input type="checkbox"/> Ministry of Housing and Social Development Offices <input type="checkbox"/> Other (please specify) _____		
Claim Type:		
<input type="checkbox"/> Current E.I. claimant <input type="checkbox"/> Has Received E.I. within the last 3 years <input type="checkbox"/> Other:		
Do you have a Case Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, who is your Case Manager?		

Work History: Please attach your most current Résumé with the following information: Educational Background, Career Experience {From (D / M / Y) To (D / M / Y)} listing the latest employment first.

Privacy Statement

S.U.C.C.E.S.S. respects the privacy rights of individuals and complies with the Personal Information Protection Act and the Personal Information Protection and Electronic Document Act (PIPEDA) in the collection, use and disclosure of personal information. Information collected on the registration form is used in the registration, communication and certification by S.U.C.C.E.S.S. Questions? Please contact our Privacy Officer, Francis Chan at 604-408-7237 or francis@success.bc.ca

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ELIGIBILITY AND SELF ASSESSMENT

The purpose for these questions is to help you determine your eligibility for the program and to help you decide if it is for you. Take into account the impact of your personal circumstances on your business and vice versa. Both aspects are related. Please read carefully and answer according to your present personal circumstances.

	YES	NO	MAYBE
1. Are you legally entitled to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently collecting Employment Insurance Commission benefits (EI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your English at a Grade 12 comprehension level or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever received a Self-Employment Grant from anywhere else in Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you prepared to work full time for at least one full year to establish a business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will there be any outside party controlling the business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will there be any partnership in the business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the business be new, independent and not funded on a commission basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a computer, printer, email account and Microsoft Office?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you own/use a computer software program? (QuickBooks or Simply Accounting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you able to invest 25% equity (based on start-up costs) in the business? (Minimum investment is \$4000)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you own an automobile or other motor vehicle if your business requires it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you willing to risk your financial investment in this venture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have support (financial, emotional) from friends/family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

15. Do you have finances to fall back on in the short term? What sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

16. Are you (and those you share your life with, if applicable) prepared to accept a temporary drop in your income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

	YES	NO	MAYBE
17. Are you suited to setting up and running your own business? Your Characteristics: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do people who know you think that you are suited to it? How many have you talked to? Their Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you honestly assessed what your weak points are? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you plan to improve those weaknesses or compensate for them? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. From your own point of view and the point of view of those close to you, is this a good time to start up your own business? Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS CONCEPT

1. Describe your business idea, what are your principal products or services? (please print clearly):

Estimated Start Up Costs: _____

2. Relate your business idea to your interests, skills, experience and abilities:

3. What steps will you take to ensure that the business remains viable after the Ministry of Housing and Social Development support terminates?

Date of information session attended : _____

Signature: _____

DRAFT BUSINESS PLAN

Industry Overview

What industry will your new business be in?

How big is your industry now? (If you know the sales volume of your industry, please indicate.)

What are the current trends and what is your industry's future?

General Company Description

1. Vision Statement
How do you see your company in 5 years?

2. Mission Statement

Describe the image of your business that you would like the community and your clients/customers to have about your business.

3. Business Goals (One and Three Years)

4. Strategic Alliances

Do you have any relationships which may be helpful to your business?

Products and Services

Describe your principal products or services.

What are the unique factors about your business that will account for your success?

How will you price your products or what fee will you charge for your service, or leasing structures?

Marketing Plan

- i) What further research and development is needed before your product or service is ready to market?

- ii) Have you identified suppliers for your business purchases? Who are they?

- iii) What reaction have you received so far about your product or service?

- iv) What secondary research, e.g. internet, survey have you completed?

Customers/Clients

- i) Who will buy from you? Are they the general public, special interest group or B2B (business to business) Describe and define the size of your customer/client group.

- ii) Tell us about possible characteristics of your customer/client: age, annual income level, cultural background, personal interests, type of employment, educational background, location etc

- iii) What is the estimated size of your client base? Is it a local, regional, national, global, online base?

- iv) What makes your business product/service unique? What is your Unique Selling Position (USP) and/or do you have a clear statement reflecting the tangible results client/customers get from using your product or service?

Competition

- i) Who is your competition and what would you have to do to be able to compete?

ii) How many other businesses in your industry have you talked to?

Marketing Strategies

(1) What types of advertising (media) and promotional activities will you do? (Include examples of your guerrilla marketing and online marketing strategies i.e. seminars, mail-outs, sponsorship, trade shows, fairs etc.) Be specific.

(2) Any ideas on how you will market your business to others? Short and long range plans?

(3) What sales method will you use? (e.g. direct, online, mail-order, cold calling, affiliations etc)

(4) Who will the salesperson(s) be?

(5) How will your prices be determined? Please provide a specific example of something you will sell, the price you will charge and all the components that account for the price, including profit.

(6) How will you handle expansion, unexpected success and high demand?

(7) How will you handle unexpectedly low sales, sagging markets, and unanticipated economic shifts that mean fewer sales than you projected?

Operations Plan

What previous experience do you have that is relevant to this business? (Include work and personal interests, transferable skills are valuable assets)

What licenses, permits and/or certification are required? <http://www.bcbizpal.ca/> will help you get started.

What educational background do you have that is necessary for your industry? Certification, seals, etc.

What are your strong points that will help you succeed in this business?

What weaknesses may affect your ability to manage a business? What can you do to offset or overcome these weaknesses?

Evaluate your knowledge and ability in the following management areas:

MANAGEMENT SKILLS	ADEQUATE KNOWLEDGE	ASSISTANCE NEEDED	TRAINING NEEDED
1. Accounting & taxes			
2. Planning			
3. Organization			
4. Financial Management			
5. People Management			
6. Time Management			
7. Personal Selling			
8. Promotion			
9. Decision making			
10. Cost control			
11. Personal policies			
12. Pricing			

Financial Plan

How much must you earn per month to cover your present day to day living and family expenses?

Do you have any other resources you can draw from?

List the capital assets you already own (with a useful life of more than one year) to be used in your business.

List those that you need to acquire:

CAPITAL ASSETS	COST	DATE (TO BE) PURCHASED	USEFUL LIFE (IN YEARS)	YEARLY DEPRECIATION
TOTAL				

Where do you anticipate getting the money to start your business?

PERSONAL CASH OR CREDIT (must be validated)	\$
EXISTING EQUIPMENT	\$
BORROW FROM FRIENDS AND FAMILY	\$
BANK LOAN	\$
PRIVATE INVESTORS	\$
OTHER	\$
TOTAL	\$

Your 25% investment in your start-up must be validated. Please provide receipts of equipment, photos and proof of present market value, bank statements, and letters in kind.

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Cash Flow Forecast

CASH FLOW FORECAST													
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total
Estimate Sales													
CASH RECEIPTS													
Cash from Sales													
Accounts Receivables Collected													
Cash Equity Contribution													
Other Cash (gov't)	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	1200	14400
(A) TOTAL CASH RECEIVED													
CASH DISBURSEMENTS													
Equipment Purchases													
Rental, Maintenance Costs													
Labour Costs													
Management Salaries													
Materials and Inventory													
Insurance, Licences													
Advertising and Promotion													
Selling Expenses													
Office Expenses													
Loan Payments													
Taxes													
Other													
(B) TOTAL CASH DISBURSEMENTS													
NET CASH: TOTAL CASH RECEIPTS (A), LESS TOTAL CASH DISBURSEMENTS (B)													
Monthly net cash surplus (deficit)													
Cumulative cash flow to date													