



YOUTH SIDE HUSTLE MICROGRANT APPLICATION FORM

Please fill out each section as much as possible. Questions? Contact our Program Coordinator at projects@communityfuturesparkland.ca

Name: _____

Age: _____

Address: _____

Contact phone: _____

Email address: _____

Check all identities that apply to you:

I am Indigenous

I identify as female or a woman

I have a disability (ex. Diabetes, Anxiety, Dyslexia, PTSD, Cancer Survivor)

I am a newcomer to Canada (In Canada for less than two years)

I am an immigrant in the Parkland Region (In Canada for more than two years)

I am none of the above but would like to submit my concept for future intakes or opportunities

Applicants under the age of 18 must have a legal guardian sign off on their application.

I certify I am at least 18 years of age

I have a legal guardian who will be supervising my Side Hustle Program and funding

Name of Legal Guardian: _____

Contact of Legal Guardian: _____

Registered or Proposed Business name: _____

Statement of Intent. Write one to two sentences that describe the service or product your business provides and why customers would choose your service or product over another.

Business Description. Tell us a few details about your business idea - how will it work? _____

Business location and/or site(s) of operation: _____

What will your requested funds be used for? _____

Amount requested from Community Futures (up to a max of \$500):

If your request is successful, please indicate who the cheque should be made payable to:

Amount the applicant is contributing to the business (such as cash or previous purchases towards your business idea, please explain if applicable):

Could you require additional funds in the form of a loan through Community Futures Parkland to finance your business idea? (Community Futures Loan Program can finance up to \$10,000 for successful applicants who complete the Intro to Side Hustle programming.)

Yes ___ No ___

If yes, may we share your contact with our Business Account Manager?

Yes ___ No ___

Tell us where you heard about the Side Hustle Program:

- Facebook
- Word of mouth (Friends or family)
- Organization, counselor, worker
- Poster
- Postcard
- Newspaper
- Other Please List: _____

Email your completed application to projects@communityfuturesparkland.ca. If you require in person pickup or drop off at our Grandview or Dauphin locations, please contact our Program Coordinator via email or phone at (204) 648 - 6193 to arrange a time. Please be aware some Covid-19 restrictions may be in place for in - person pickup and drop off.