



SIDE HUSTLE MICROGRANT APPLICATION FORM

**Please fill out each section as much as possible. Questions? Contact Charlene at:
cdc@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, Dyslexia, PTSD, Cancer Survivor)

I have stress or anxiety due to the pandemic

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: _____

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 you are 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: _____

If you have questions about your application or are ready to submit - email Charlene at cdc@communityfuturesparkland.ca or call 204-648-3096.