

ELIGIBILITY CRITERIA:

- ☐ Business is established and operates in NB
- ☐ Business is impacted by Covid-19
- ☐ Business has been in operation a minimum of 12 months

CLIENT INFORMATION

Company Name: _____ Company Representative: _____

Telephone: _____

Complete Address: _____

E-mail : _____

What percentage of the business is women owned? _____

BUSINESS STRUCTURE:

- ☐ Incorporated ☐ Partnership ☐ Sole proprietorship ☐ Not-for-profit ☐ Other

Year Business was Established: # of Employees:

Business Profile: (What does the business offer in products and services?)

Please choose ONE category and ONE consultant for your Consultant Advisory Service

Cash flow management

- ☐ C & R Care - Ron Robichaud - <https://ca.linkedin.com/in/ron-robichaud-bb082158>
- ☐ Kensington & Associates - Laurie Bourque - <http://www.kensington-associates.ca/>
- ☐ DirecSys Inc - Marc André Alary - <https://direcsys.com/>

Human Resources

- ☐ DirecSys Inc - Marc André Alary - <https://direcsys.com/>
- ☐ C & R Care - Ron Robichaud - <https://ca.linkedin.com/in/ron-robichaud-bb082158>
- ☐ Kensington & Associates - Laurie Bourque - <http://www.kensington-associates.ca/>

Adapting Technologies and process

- ☐ DB Solutions Marketing - Dominique Babineau - <https://www.dbsolutionsmarketing.com/>
- ☐ FallODesign - Janie Girouard - <http://www.fallodesign.com/>

Market Readiness

- ☐ DB Solutions Marketing - Dominique Babineau - <https://www.dbsolutionsmarketing.com/>
- ☐ DirecSys Inc - Marc André Alary - <https://direcsys.com/>
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I understand that in order to process my application, the local CBDC and/or NB Association of CBDCs and/or Women in Business NB requires my personal information. I hereby consent to this information being collected, used by the local CBDC and/or NB Association of CBDCs and/or Women in Business NB and disclosed to third parties, including, but not limited to banks, Caisses Populaires or Credit Unions, insurance companies, lawyers, provincial and/or federal government, accountants, business consultants, training consultants and affiliated CBDCs, for the purpose of facilitating the development, assessment and approval of my application, as well as determining my eligibility for assistance programs, and providing me with information about training and development opportunities. Funding for this program is made possible by ACOA.

Send completed application to: Audrey.poitras@wbnb-fanb.ca

Applicant's Signature _____ Date _____