



**Women in Business
Femmes en affaires**
New Brunswick | Nouveau-Brunswick

Women in Business Consultant Fund Application Form

ELIGIBILITY

To be eligible for the WBCF, the business must:

- ☐ be owned by one or more women (51% owned, and involved in the day to day operation of the business)
- ☐ be registered in New Brunswick (proof of ownership to be included with application form)
- ☐ have been in operation since December 31st, 2019
- ☐ be in good standing with the Canada Revenue Agency

CLIENT INFORMATION

Company Name: _____

Company Representative: _____

Title: _____

Telephone: _____

Complete Address: _____

E-mail : _____

FORM OF ORGANIZATION

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

BUSINESS INFORMATION

Year of Business Establishment: _____

of Employees: _____

Gross Annual Revenues: _____

SECTOR OF BUSINESS (please specify) : _____

BUSINESS PROFILE | What does the business offer in products and services?

CHECK APPLICABLE PRODUCT

- ☐ support your business operations, such as human resources advice, procurement assistance, business recovery or growth planning;
- ☐ assist business transformations, such as how to develop a strategy in order to pivot your business as well as develop an occupational health & safety plan that includes social distancing;
- ☐ provide advice related to recovery measures, such as how to restart your business, revise your growth plan, rehire and retrain employees, or use alternative supply models;
- ☐ undertake market readiness/export potential objective assessment to determine the export readiness and identify areas that requires enhancements to successfully enter the export market.

Objectives for WBCF and what are you asking the consultant to do?

I understand that in order to process my application, Women in Business New Brunswick (WBNB) requires my personal information. I hereby consent to this information being collected, used by WBNB and disclosed to third parties, including, but not limited to banks or Credit Unions, insurance companies, lawyers, provincial and/or federal government, accountants and business consultants, for the purpose of facilitating the development, assessment and approval of my application, as well as for reporting purposes to the Atlantic Canada Opportunities Agency (ACOA) and the Newfoundland and Labrador Organization of Women Entrepreneurs (NLOWE).

I certify that the information given is, to the best of my knowledge and ability, complete, true and correct and this will also apply to all information given in the future in connection with the Women in Business Consultant Fund.

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

Applicant's Signature _____ Date _____