

ALBERTA WOMEN'S ECONOMIC RECOVERY – CAPITAL GROWTH INITIATIVE

| Eligibility Assessment | | | | |
|------------------------|--|-----|----|--|
| Pre | -Application Questionnaire | | | |
| 1 | Please describe your business. (General overview) | | | |
| 2 | Alberta Women's Economic Recovery – Capital Growth Initiative loans range from \$10,000-\$75,000. What loan amount are you requesting? | | | |
| 3 | Is the business majority-owned and operated by a woman/women? (Greater than 50.1%) | | | |
| 4 | What community is your business operating in: (Please note, your business must be operating in a community outside of Calgary or Edmonton incl. St. Albert & Fort Saskatchewan to qualify for our loan program.) | | | |
| 6 | Have you applied elsewhere for a business loan? | Yes | No | |



| 7 | If yes, please list the lender that you have approached for a business loan and the outcome. | | |
|----|--|---|--|
| 8 | Are all owners permanent residents of Canada or Canadian citizens? | Canadian citizens Permanent residents None of the above | |
| 9 | Is your credit in good standing? Please note, if you proceed to the Loan Application, we may review your Credit Score. | Yes No | |
| 10 | Do all owners live in Alberta? | Yes No | |
| 11 | What is the best phone number and email to reach you at? | Phone: Email: | |
| 12 | Do you identify as a/an: (Note: You may choose not to answer this question, it is voluntary. You may also select multiple that apply. This information is collected to help us better understand the needs of our community.) | Trancoprione | |



PRIVACY AND PROTECTION OF PERSONAL INFORMATION

We are committed to protecting the privacy and confidentiality of the personal information which you provide to us, and to limiting the collection, use and disclosure of your personal information for required business and legal purposes only. We would like to collect, use and disclose personal information from you, for the purposes of establishing and managing our relationship with you; providing you with programs, resources, and services; and complying with applicable law.

INFORMATION COLLECTION NOTICE AND AUTHORIZATION:

When you become a client of Community Futures or when you apply to become a client, we will collect the information and use it to:

- Confirm your identity
- Check your credit history
- Open an account with our office
- Provide ongoing services

We may disclose your personal information:

- To a person who we are satisfied is requesting information on your behalf
- To other business units in Community Futures to help serve you better
- To Government departments for program compliance and reporting requirements
- To our Legal Counsel
- To a credit reporting agency
- When permitted or required by law
- To a public authority if, in our reasonable judgment, there appears to be an imminent danger which could be avoided by disclosing the information.

The gathering and disclosing of all information shall be governed by the provisions of the Personal Information Protection Act (PIPA).

I consent to the collection and disclosure of the information provided in this questionnaire:

| Date: | Print Name: | Signature: |
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