**APPLICATION**

**Business Plan Coaching and Development (STEP 1)**

Updated March 2022

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| The B.C. Indigenous Agriculture Development Program supports Indigenous peoples’ success in the food and agriculture sector. Business Plan Coaching and Development (Step 1 of the program) for Indigenous Entrepreneurs provides:   * Up to $3,000 of business development and coaching services from a Qualified Business Consultant to develop a business plan and/or enhance your existing business plan.   Please carefully review the Program Guide for important information on eligibility and program guidelines necessary to prepare your application. **The Program Guide and all other program documents, including a list of Qualified Business Consultants, are available for download on the** [**B.C. Indigenous Agriculture Development Program webpage**](https://www2.gov.bc.ca/gov/content/industry/agriculture-seafood/programs/indigenous-agriculture-development-program)**.** |

# Applicant Instructions:

# Identify and approach a Qualified Business Consultant to work with you on your project and application.

# Complete this application in collaboration with your Qualified Business Consultant. Please note, incomplete applications will not be accepted.

# You, the Applicant, must submit your completed application in Word File Format to: [AgriBusiness@gov.bc.ca](mailto:AgriBusiness@gov.bc.ca)

***If you have any questions regarding your project idea or application, please contact the Program using the e-mail address above.***

# Application Checklist:

To be completed by the Applicant:

**Section 1:** Applicant Information

**Section 3**: Business Overview and Applicant Self-assessment

**Section 5:** Consent of Applicant

To be completed by the Consultant:

**Section 2:** Consultant Information

**Section 6:** Declaration and Consent of the Qualified Business Consultant

To be completed jointly by the Qualified Business Consultant and the Applicant:

**Section 4:** Project Proposal and Budget

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| **SECTION 1: APPLICANT INFORMATION** | |
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| Full name (last, first) | Click here to enter text. |
| Position/job title | Click here to enter text. |
| Legal name of business | Click here to enter text. |
| **Address and contact information** | |
| Street or PO Box | Click here to enter text. |
| City/Province | Click here to enter text. |
| Postal code | Click here to enter text. |
| Telephone number (Preferred) | Click here to enter text. |
| Alternative telephone number | Click here to enter text. |
| E-mail address | Click here to enter text. |
| **Alternate application contact, if applicable** | |
| Full name (last, first) | Click here to enter text. |
| Position/job title | Click here to enter text. |
| Telephone number | Click here to enter text. |
| E-mail address | Click here to enter text. |

**SECTION 2: CONSULTANT INFORMATION**

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| **SECTION 2: CONSULTANT INFORMATION**  Note: If more than one consulting company is involved, please provide information for each and clearly identify in Section 4.2 which company is responsible for supporting which aspects of the project and for providing which deliverables. See the Program Guide for more details. | | | | |
| **Lead Consultant Information** | | | | |
| Company name | Click here to enter text. | | | |
| Lead consultant | Full name | Click here to enter text. | | |
| Position/Title | Click here to enter text. | | |
| Telephone number | Click here to enter text. | | | |
| E-mail address | Click here to enter text. | | | |
| **Supporting Consultant information (if applicable)** | | | | |
| Company name | Click here to enter text. | | | |
| Consultant name | Full name | Click here to enter text. | | |
| Position/Title | Click here to enter text. | | |
| Is the Supporting Consultant a Qualified Business Consultant for the Agri-Business Planning Program? | | | Yes | No  (Complete Section 2.1A) |
| **SECTION 2.1A: Use of a Supporting Consultant**  If the Supporting Consultant is not a Qualified Business Consultant for the Agri-Business Planning Program and they are completing more than 10% of the proposed project (as defined by a percentage of the budget), please complete the following section. Any sub-contracting through the optional Community Engagement Top-up Fund does not need to be specified here but must be explained in the project proposal and budget. | | | | |
| If they are not a Qualified Business Consultant, will they complete more than 10% of the proposed project? | | | Yes | No |
| If they will complete between 10-40% (as defined by a percentage of the budget) of the proposed project:   1. Provide a rationale for their inclusion, including why it was not possible to hire an Agri-Business Planning Program Qualified Business Consultant: Click here to enter text. 2. Submit a copy of their resume with this application.   Yes, I confirm I have included a copy of the Supporting Consultant’s resume as part of the application submission package. | | | | |

**SECTION 3: BUSINESS OVERVIEW AND APPLICANT SELF-ASSESSMENT**

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| **SECTION 3.1: BUSINESS OVERVIEW** | | | | |
| Please provide a brief description of your business (e.g., what kind of business you are in, year of establishment, size of operation, etc.)  (Maximum 100 words): Click here to enter text. | | | | |
| # of full-time employees/people working in the business (including family members or yourself) | Click here to enter text. | | # of part-time employees/people working in the business (including family members or yourself) | Click here to enter text. |
| To understand the scale of your operation, please select which best describes your previous year’s approximate total gross income: | | | Less than $10,000  Between $10,000 and $30,000  Between $30,000 and $70,000  Between $70,000 and $150,000  Over $150,000 | |
| What is the primary crop you grow, and/or the primary livestock you raise, and/or the primary product you process? (Primary is defined as category that provides the majority, or more than 51%, of gross revenues.) | | | | |
| Primary crop: Choose an item. | | Other crops: Click here to enter text. | | |
| Primary livestock/poultry: Choose an item | | Other livestock/poultry: Click here to enter text. | | |
| Primary processed product: Choose an item. | | Other processed products: Click here to enter text. | | |

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| **SECTION 3.2: APPLICANT PURPOSE AND MOTIVATION** | | |
| 1. What is your motivation for applying for a Business Plan Coaching and Development project through the Indigenous Agriculture Development Program for Indigenous Entrepreneurs? Click here to enter text. | | |
| 1. What do you anticipate the benefits will be for you and your business in undertaking a Business Plan Coaching and Development project? Click here to enter text. | | |
| 1. Do you currently have a written business plan?   **If yes,** which of the following best describes its status?  In early draft (e.g. some ideas on paper, but with significant gaps)  In progress (e.g. some components are drafted or developed, while others may be missing or in need of additional work)  In need of updating (e.g. plan was put together in the past, but has not been updated as the business has changed over time)  Complete, but would benefit from in-depth and/or specialized development of key areas  Complete, up to date and accurate  Other, please describe: Click here to enter text. | Yes | No |

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| **SECTION 3.3. SELF-ASSESSMENT OF BUSINESS PLANNING NEEDS AND PRIORITIES** | | | | | | | |
| Please answer the series of self-assessment questions below. These cover different areas of business planning and management and are intended to help you reflect upon the status of your business planning and management knowledge, identify your priorities, and provide a summary of these to share with your Qualified Business Consultant.  Business planning and management areas that you identify as ‘high priority’ are ones you will likely want to prioritize in your project.  **Instructions:**   1. Read each statement below and select the ‘traffic light’ rating (green, yellow, red) that best applies to you and your business.    1. Green is an area of strength (e.g. I have a strong working knowledge of this and/or I feel extremely comfortable with my knowledge in this area, as it pertains to my business)    2. Yellow is an area of caution, where improvements can be made (e.g. I have done some work in this area and/or I feel comfortable with my level of knowledge in this area, but I see room for improvement)    3. Red is an area of weakness (e.g. I haven’t done much work in this area and/or I feel I lack important knowledge in this area) 2. Once you have selected the most appropriate rating, next indicate for yellow and red statements whether this issue is a high, medium or low priority for your food/agriculture business. | | | | | | | |
| **Key business planning needs considerations** | | **“Traffic light” self-assessment rating** (e.g. of level of understanding, skill, etc.) | | | | **For yellow and red rated statements:** What priority do you give this area for you and your food/agriculture business? | |
| Business Planning Area | Self-assessment reflection statement |
| **Green** (Strength) | **Yellow** (Caution) | **Red** (Weakness) | **N/A** | **High, medium or low priority** | |
| Business Strategy | 1. I have a good idea of what my business goals are. |  |  |  |  | Choose an item. | |
| 1. I have a good idea of what I would like my food/agriculture business to offer (e.g. what I would like to grow/produce/make). |  |  |  |  | Choose an item. | |
| 1. I can easily list the reasons why I am interested in running/starting a food/agriculture business. |  |  |  |  | Choose an item. | |
| 1. I am confident that my business is compliant with all local bylaws and zoning regulations. |  |  |  |  | Choose an item. | |
| Business Structure | 1. I understand my business’ legal structure and know it meets all of my business needs. |  |  |  |  | Choose an item. | |
| 1. I have an up-to-date, written business and lease agreements, all of the business owners understand the agreements and how they apply to the business. |  |  |  |  | Choose an item. | |
| Marketing Strategy | 1. I know my unit cost of production and my product pricing options are informed by it. |  |  |  |  | Choose an item. | |
| 1. I have a clear understanding of the range of marketing options that are available to me (e.g. retail/supply contracts, direct farm marketing, etc.). |  |  |  |  | Choose an item. | |
| 1. I have a clear, detailed understanding of the regulations that impact the marketing of my products. |  |  |  |  | Choose an item. | |
| 1. I know who my customers and/or potential customers are and I follow relevant markets to know what products are valued by consumers. |  |  |  |  | Choose an item. | |
| 1. I know what the different quality characteristics of my product are (i.e. what makes it unique, special or sought after by my customers) and how my business management practices might impact those characteristics. |  |  |  |  | Choose an item. | |
| Human Resources | 1. I understand the human resource needs of my business and have a human resource plan in place to obtain and retain employees that considers the labour, skills and training needs of my operation. |  |  |  |  | Choose an item. | |
| 1. I have a written job description for each family member, business partner and employee and each understands their responsibilities and our expectations. |  |  |  |  | Choose an item. | |
| Financial Management and Production Economics | 1. I have researched and/or developed projected costs and returns for my business and review these on a regular business to ensure I am meeting my profitability targets. |  |  |  |  | Choose an item. | |
| 1. I have set annual production goals and have a record keeping system in place to keep complete production accounts of my annual production. |  |  |  |  | Choose an item. | |
| 1. I am confident in my knowledge of the fixed and variable operating costs of my business, including costs of production. |  |  |  |  | Choose an item. | |
| 1. I have and maintain a detailed financial record keeping system and understand the financial status of my business at any given time. |  |  |  |  | Choose an item. | |
| 1. My business is prepared for any food safety, certification (e.g. organic) or other regulatory inspection or quality assurance that applies to my business and/or my sector. |  |  |  |  | Choose an item. | |
| 1. We consult with our tax advisors on a regular basis and constantly revise our plan to minimize tax implications over time. |  |  |  |  | Choose an item. | |
| Social Responsibility | 1. We consider the environmental impacts of our operation and adjust our farm management practices to minimize potential impacts. |  |  |  |  | Choose an item. | |
| 1. I am a member of and/or aware of the farm, marketing and commodity organizations in my community/geographic area and the services they offer, such as liability insurance, cooperative purchasing and mentorship. |  |  |  |  | Choose an item. | |
| Risk Assessment | 1. I have considered in detail various risks (e.g. production, market, financial, environmental, etc.) that might impact my business and have contingency plans in place, including insurance, to manage and/or mitigate them. |  |  |  |  | Choose an item. | |
| Other | 23. Are there other areas not address above (e.g. transition/succession planning) that are a high or medium business planning and/or management priority for you and your business?  **If yes,** please describe: Click here to enter text. | | | | | Yes | No |

**SECTION 4: PROJECT PROPOSAL**

**(To be completed jointly by Consultant and Applicant)**

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| SECTION 4.1: PROJECT DETAILS | |  |
| Project timeline | | |
| Start Date | **End Date** (maximum of 90 to 150 days after Start Date) \* | |
| Click here to enter text. | Click here to enter text. | |
| \* Please note that, as per program guidelines, we ask Consultants to submit the project report to the Applicant and Ministry for review and feedback a minimum of two weeks prior to the project End Date. Should revisions be requested by the Applicant, we ask the Consultant to complete the revisions and get approval from the Applicant prior to submitting the final project report, invoice and signed claims form to the Ministry at the end of the project. | | |

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| SECTION 4.2: DETAILED DESCRIPTION | | |
| Project plan summary: Please provide an overview of the project plan that includes:Description of the anticipated balance of business plan coaching and business plan development services;What priority areas for coaching have been identified;Estimated number of planned coaching sessions; and,How the applicant will be involved in the development of the basic business planClick here to enter text. | | |
| Specific outcomes: Please list each deliverable (product) that will result from your proposed project. Complete as many rows as necessary to list all deliverables (see Program Guide for details on minimum deliverables). | | |
| **#** | **Description of deliverable**  (e.g. Coaching services, business plan development services, etc.) | **Methods**  (e.g. in-person meeting, video/telephone conferencing, market analysis, business case study, etc.) |
| 1 | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. |

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| **SECTION 4.3: BUDGET** | | | |
| In the same order as Section 4.2, please provide the following information for each planned deliverable. Add as many budget lines as needed to detail the project costs. \*\* | | | |
| **Deliverable** | **ASSOCIATED BUDGET** | | |
| **Unit (hours /days)** | **Unit price (Canadian dollars)** | **Total (Canadian dollars)** |
| 1. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  | **TOTAL** | Click here to enter text. |

\*\* Please note, no work begun on a project prior to receiving approval from the B.C. Ministry of Agriculture, Food and Fisheries will be eligible for reimbursement or payment. Also, be aware that no travel outside of B.C. will be reimbursed. Travel costs should be reasonable and in general no greater than 20% of the project cost.

**SECTION** **5: APPLICANT CONSENT**

**By selecting “I Agree” below, I [**enter name of applicant/duly authorized representative:Click here to enter text.**] of [**enter city/town: Click here to enter text.**], B.C.:**

* represent that I am the applicant or the duly authorized representative of the applicant;
* declare that I have not knowingly submitted any false or misleading information and that the information provided in this application is true and correct in every respect to the best of my knowledge;
* declare that the applicant has not successfully applied more than once for either Business Plan Coaching and Development (Step 1) or Specialized Business Planning and Management (Step 2) of the B.C. Indigenous Agriculture Development Program for Indigenous Entrepreneurs (the “Program”);
* declare that the applicant has not received funding through the B.C. Agri-Business Planning Program (except for the Disaster Recovery Stream) between 2018-2023;
* understand that failing to comply with all application requirements may delay the processing of this application or may make the applicant ineligible for receiving assistance under the Program;
* acknowledge that the British Columbia Ministry of Agriculture (the “Ministry”) reserves the right to require further documentation to demonstrate that the applicant meet(s) the eligibility requirements for the Program;
* acknowledge that completion and submission of this application form does not oblige the Ministry, its agents or employees to provide funding for the services herein;
* acknowledge that work started on Program projects prior to receiving approval from the Ministry is not eligible for funding under the Program;
* agree to participate in an evaluation and/or audit of the Program;
* understand that personal information on this form is collected by the Ministry (or its employees) under Section 26(c) and (e) of the *Freedom of Information and Protection of Privacy Act* for the purpose of facilitating my/ the applicant’s participation in the Program and for the purpose of planning and evaluating the Program and the Canadian Agricultural Partnership;
* understand that should I or the applicant have any questions about the collection, use and disclosure of this information, I or the applicant can contact: Program Manager, Partnerships and Outreach, BC Ministry of Agriculture, Food and Fisheries, Ph. 1-888-221-7141, or PO Box 9409 Stn Prov Govt Victoria, BC V8W 9V1;
* have read, understand and agree to the terms and conditions of the Program as set out in this application and in the Program Guide; and,
* confirm that the applicant has reviewed and accept the project proposal (Section 4) as detailed above
* acknowledge that completion and submission of this application form does not oblige the Ministry, its agents or employees to provide funding for the service herein; those who have never accessed the program and/or require disaster recovery support may be prioritized.

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| I Agree | I DO NOT Agree |
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| Date: | Click here to enter text. |

**Disclaimer:** Under no circumstances will the Government of British Columbia, the British Columbia Ministry of Agriculture, Food and Fisheries, or Agriculture and Agri-Food Canada, their officers, servants or agents be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any participation in the B.C. Indigenous Agriculture Development Program or arising from any advice, operation or any other activity related to the B.C. Indigenous Agriculture Development Program, including, without limitation, any lost profits, business interruption, or loss of programs or information, even if the Government of British Columbia, the British Columbia Ministry of Agriculture, Food and Fisheries, or Agriculture and Agri-Food Canada has been specifically advised of the possibility of such damages.

**SECTION 6: CONSULTANT CONFIRMATION AND DECLARATION**

Please review and answer the following three questions before signing the application form.

1. By selecting “I Agree” below, I declare that in my opinion the project proposal meets the minimum deliverables as per the B.C. Indigenous Agriculture Development Program’s Program Guide.

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| I Agree | I DO NOT Agree |
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1. Conflict of Interest - please select one of the following statements:

|  |  |
| --- | --- |
|  | No, I have no conflict of interest to declare. |
|  | Yes, I have a conflict of interest to declare. |
| If yes, please describe the conflict of interest:  Click here to enter text. | |

1. By selecting “I Agree” below, I confirm that the proposed work, as outlined in the project proposal, is within my areas of professional expertise and that, if during the course of the project, it is discovered that all or part of the project is outside my areas of professional expertise that I will take appropriate measures, including contacting the program manager and hiring a supporting consultant, necessary to ensure the quality and integrity of the project. I understand that failure to do so may result in a warning or in my removal from the B.C. Ministry of Agriculture, Food and Fisheries’ Qualified Business Consultant list for the Business Development Programs.

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| I Agree | I DO NOT Agree |
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| --- | --- |
| Consultant Name | Click here to enter text. |
| Date: | Click here to enter text. |

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