



## Metis Economic Development Fund Investment Application Form

### MEDF Inc. Background

MEDF Inc. (hereafter "MEDF") manages Metis investment equity partnerships for incorporated enterprises headquartered in Manitoba, Canada.

### Investment Criteria

*Key Industries: Life sciences, information and communications technologies, energy and clean technologies, wholesale and distribution, advanced manufacturing, mining and natural resources*

- Corporation owned and controlled by Individuals with a Metis ancestry proven through genealogy who reside in Manitoba. Please attach proof or confirmation of Metis ancestry.
- The Application and/or the corporation must submit a well-developed business plan highlighting the expected opportunity coupled with growth outlook.

#### **Business Plan must clearly outline the following:**

- **Product & Service Offering** - Describe product/service and technology.
  - **Market & Target Market** - Describe market and target market in detail for the product and service offering.
  - **Marketing Strategy** - Applicant needs to define how the product/service is marketed (i.e. through a strategic partner, direct marketing, agents, etc.).
  - **Exit Strategy** – Principal shareholder/group and MEDF Inc. plan to exit the Corporation.
- Investment up to \$500,000 or 35% of the fair value of the Corporation with a clear exit strategy for MEDF.

### Application Form

This Application Form is a preliminary evaluation to assist MEDF in understanding your business requirements for qualifying purposes. All information provided by the Applicant and the Corporation (other than information available to the public prior to this Application or to the extent that disclosure is required by law) will be kept strictly confidential and will be used only for the purpose of performing our evaluation of the Application, the Applicant and the Corporation. If we are required to disclose any such information, we will provide the Applicant with the prompt notice of such requirement so that the Applicant may seek an appropriate protective order, if it deems necessary.

Applicants are reminded to review responses to all sections of this Application Form to ensure that it is complete and that all attachments to this Application Form have been included before submission. Detailed responses are required in order to qualify the business for consideration.

**Application Fee: \$1,000 + GST**

MEDF charges a \$1,000 + GST application fee to an applicant for the costs of reviewing and assessing this Application. Payment of the application fee and/or acceptance of this Application for review does not constitute a commitment on behalf of MEDF to pursue financing arrangements with the Applicant. MEDF may reject this Application without cause and at any time, in its sole and absolute discretion.

**Section 1: Authorized Contact:** The authorized contact must be a member of the senior leadership team with the authority to legally bind the corporation and/or a shareholder of the Corporation.

Name(s) of Main Business Contact (the "Applicant" or "Applicant(s)):		
First Name:	Middle:	Surname:
Phone:	Cell:	Email:
First Name:	Middle:	Surname:
Phone:	Cell:	Email:

**Section 2: Organizational Structure:** indicate that the business must be headquartered in Manitoba and a corporation in good standing under *The Corporations Act* (Manitoba). Add the mailing address option to differentiate between where the business is located versus where mail is delivered. Attach relevant documentation: Articles of Incorporation bylaws, and all filings with the Manitoba Companies Office required for constitution (most recently filed annual returns, for example).

Business Name (hereafter the Corporation):		
Business Location Address:		
Phone:	Fax:	Website:
Years in Business:	Date of Incorporation:	Corporation No.

**Section 3: Business Description:** Applicant must describe the business of the Corporation in a short paragraph.

Business Description (maximum 350 words)

**Section 4: Ownership:** Applicant must identify majority and minority shareholders, Metis ownership, and the role of shareholders in the business. Please list information on separate schedule if required.

Shareholder Name

Type of Shareholder (private, corporation, etc):

Address

Phone:

Fax:

Ownership Position:

Shareholder is a Director and/or Employee (Identify Position and provide brief description of roles and responsibilities)

Shareholder Name:

Type of Shareholder (private, corporation, etc):

Address

Phone:	Fax:	Ownership Position:
Shareholder is a Director and/or Employee (Identify Position and provide brief description of roles and responsibilities)		

**Section 5: Capital Requirements:** Corporation must indicate the requirement for capital.

Purpose for funding (e.g. expansion of plant, acquisition):		
Amount of capital sought:		
When is the capital required?		
What form of capital investment is contemplated (equity vs. debt)?		
Is this the first round of funding? If not, indicate which round of funding and the amount of the last round of funding.		
What other sources of investment have been sought?		
Investor:	Amount Sought:	Date:
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Investor:	Amount Sought:	Date:
Please describe the basic terms and conditions of prior funding secured. Please describe if prior funding arrangements carry restrictions which may have to be satisfied/waived/discharged prior to funding arrangements with MEDF (e.g. rights of first refusal, restrictions on change of control, restrictions on subordinate financing).		

**Section 6: Financial Information:**

<b>Summary of Business Net Worth:</b>	
Assets:	Liabilities:
Cash/Bank Balance	Credit Card Balances:
Real Estate	Mortgages/Term Loans:
Vehicles	Loans- vehicles:
Equipment	Loans- equipment:
Inventory	Accounts Payable:
Tools	Leases:
Other (specify)	Operating Line of Credit (Limit/Balance):
Total Assets	Total Liabilities
Net Worth (Total Assets – Total Liabilities)	

**Section 7: Bank Information**

Bank Name:		
Bank Address:		
Bankers Contact Name		
Telephone:	Fax:	Email:
Account number	Transit number:	Institution number:

## Section 8: Legal Counsel Information

Firm Name:		Lawyers Contact Name:	
Firms Address:			
Phone:	Fax:	Email:	

## Section 9: Accountant Information

Firm Name:		Accountant Contact Name:	
Firms Address:			
Phone:	Fax:	Email:	

## **Section 10: Additional Provisions**

### **Credit Authorization/Due Diligence:**

The Applicant (on its own behalf on behalf of the Corporation) authorizes MEDF to confirm the information contained in this Application, to collect credit, personal and other information about the Applicant or the Corporation("Information") from credit reporting agencies and other parties (including information as to whether the Applicant or the Corporation meets specific criteria), to conduct list editing (the practice of presenting a list of names and a list of criteria to a credit reporting agency to receive back a list of the names that meet the criteria) with respect to the Information, to use the Information collected and to disclose the Information collected to credit reporting agencies and other parties for the following purposes, for a period beginning now and ending two (2) years from the latest of the date the Applicant or the Corporation (i) pays or (ii) otherwise fulfills all of outstanding obligations incurred by the Applicant or the Corporation from time to time with MEDF Inc., to determine its eligibility for the extension of equity or other investment in connection with this Application; to support any proposed business relationship with the Applicant or the Corporation including opening and maintaining a file containing Information; and in connection with the administration of any investment or the fulfillment of other obligations owed by the Applicant or the Corporation to MEDF. The Applicant agrees to provide such additional written consents and authorizations that are reasonably requested by MEDF to complete its due diligence in evaluating this Application and in connection with any potential financing transaction.

### **Applicant Authority:**

The Applicant has been authorized to submit this Application and has the full legal authority to bind the Corporation. MEDF reserves the right to confirm the authority of the Applicant to submit this Application on behalf of the Corporation, and to bind the Corporation to the terms and conditions described herein.

### **Accuracy of Information:**

The statements and information herein and those attached which form part of this Application are for the express purpose of obtaining financial assistance from MEDF and are to the best of my knowledge and belief, true and correct. The Applicant(s) hereby declare(s) that none of the Applicant(s), or the principals or guarantors of the Corporation have the status of an undischarged bankrupt or have any bankruptcy proceedings pending, threatened or in existence with respect to themselves, the Corporation or other businesses which they operate. The Applicant will promptly advise MEDF of any material change of which it is aware, financial or otherwise, relating to the business or affairs of the Applicant, the Corporation and/or its subsidiaries and affiliates, or any change in any material element of any of the information or representations provided to MEDF or any other material change of which the Applicant, its subsidiaries and affiliates, as applicable, or its board of directors, is aware.

### **Right to Publicize:**

The Applicant hereby grants (on its own behalf and on behalf of the Corporation) MEDF the right to make public announcements related to the financing approved, to erect signs or other notices on the site of projects involving construction or expansion of an existing corporation, and in general, may publicize or advertise any details related to the financing approved.

**Administration Fees:**

MEDF will charge an administration fee equal to one (1%) percent of the gross proceeds received by the Corporation through an approved financing (the "Administration Fee") The Applicant and/or Corporation acknowledge and agree that the expenses of MEDF incurred in connection with any potential financing will be the responsibility of the Applicant and/or the Corporation, and that such expenses will be outlined in greater detail in the definitive term sheet for such financing between the Applicant and/or the Corporation and MEDF.

The undersigned hereby acknowledge and accept the foregoing terms and conditions, and confirm that the information contained within this Application is accurate and complete, including without limitation, all attachments, schedules or other documents submitted with this Application, as of the date hereof.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

_____ Applicants Signature	_____ Print Name	_____ Position	_____ Date
_____ Applicants Signature	_____ Print Name	_____ Position	_____ Date
_____ Witness Signature	_____ Print Name	_____ Position	_____ Date



**Checklist:**

When sending your completed application to MEDF Inc, please ensure that you have included the following:

- Application Fee (Cheque made out to MEDF Inc for \$1,000 + GST).
- Completed Application Form.
- Attached a Business Plan completed by an industry professional with a detailed projections of Cash flows, Revenue, and Expenses.
- Attached the last three years Financial Statements (if applicable).
- Any additional information that supports your proposal.
- Attached proof or confirmation of Metis ancestry.

Should you have any questions or concerns regarding this application, please contact our office at:

MEDF Inc.  
340-150 Henry Avenue  
Winnipeg, Manitoba  
R3B 0J7  
Phone: (204) 589-0772 ext 248  
Fax: (204) 589-0791  
Toll Free: 1-800-387-6004  
Email: [info@medf.ca](mailto:info@medf.ca) Website: [www.medf.ca](http://www.medf.ca)