Business Plan Implementation
Self Employment Benefit Program

NOVA SCOTIA

Recommendation

This is to certify that:

Name _____

Referral date ____/____/____ (dd/mm/yyyy) Program start date (where applicable) ____/____/____ (dd/mm/yyyy)

- ❑ Has not been recommended to continue benefits under the Self Employment Program as they have failed to provide an acceptable business plan.
- ❑ Has opted out of continuing of the program at this time.
- ❑ Has been recommended to continue benefits under the Self Employment Program.

This is to certify that:

- ❑ An acceptable, completed business plan has been received.
- ❑ The client has demonstrated sufficient equity investment in the proposed business.
- ❑ The client has agreed to provide financial statements for the business on a monthly basis.
- ❑ The client has agreed to monitoring of their business on a periodic basis.
- ❑ The client has agreed to participate in all recommended training.
- ❑ The client has secured all licenses and permits required to operate the business.
  If not, when will the licenses and permits be secured (dd/mm/yyyy) ____/____/____.
- ❑ The client has discussed their personal income requirements and to maintain a sustainable and viable business, the monthly net income for the business must be no less than $_____

❑ **SE Coordinator acknowledgement**

SE Coordinator _____ Date ____/____/____ (dd/mm/yyyy)

Signature _____