



Client Inquiry Form
Business Grant Program 2026/27

1. First and Last Name:
2. Business Location:
3. Email:
4. Phone Number:
5. Beneficiary (N) #:
6. Are you at least 18 years of age? Yes No
7. Which category best describes your proposed project funding request:

Start-up

Growth

Diversification

General Operations

Other

8. Is your business registered on the NG Inuit Business Registry?

Yes

No

Other

9. If your business is registered, list IBR #

10. Do you have a business banking account?

Yes

No

I need help getting one

11. Is your business operational within the NG fiscal year (April 1 – March 30) that you are applying?

Yes

No

Other

This form will be reviewed to determine your company's eligibility for the Business Grant Program.

If eligible, a Business Grant Program application will be sent via email for your completion.

If not eligible, our team may be able to assist with outstanding requirements to qualify your business for the Business Grant Program application.

If you have questions, please reach out to:

Mary "Binky" Andersen

Email: mary.tamma@nunatsiavut.com

Phone: 709-922-2942, ext. 250