

**Self Employment Coordinator Support of  
Business Plan Implementation (Phase 2)**

**Recommendation**

*This is to certify that:*

Name:
SIN:
Referral Date:
Program Start Date (where applicable)

Has not been recommended to continue benefits under the Self Employment Program as he/she has failed to provide an acceptable business plan.

Has opted out of continuing on 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 his/her business on a periodic basis.

The Client has agreed to participate in all recommended training.

DATE

SE Coordinator \_\_\_\_\_