

**APPLICATION FOR FINANCIAL ASSISTANCE**  
**REGIONAL RELIEF AND RECOVERY FUND (RRRF)**  
**Community Futures Stream**

**By completing and signing this application, you attest that all information herein is true and may be subject to verification.**

- All questions are mandatory unless stated otherwise + .

A. APPLICANT AND CONTACT INFORMATION											
1. Business Legal Name:			Operating name of Business, if different:								
2. Legal Name of Applicant 1			DOB (DD/MM/YYYYY)								
3. Applicant 1 Home Address			City	Postal Code							
4. Legal name of Applicant 2:			DOB (DD/MM/YYYYY)								
5.Applicant 2 Home Address			City	Postal Code							
6. Provide description of your organization or business and its mandate:											
7.Business Location (Street, Unit Number, etc.):											
Country: Canada		Province: Ontario		City:	Postal code:						
Business telephone number: (       )		E-mail:		Website:							
8. Last name of person who will be the authorized contact:			First name:								
Title:											
Business telephone number: (       )		Extension:	Mobile telephone number: (       )								
E-mail:			Is this person an authorized signing officer of the Applicant <span style="float: right;">Yes    No</span>								
9. Last name of person who will be an alternate contact:			First name:								
Title:											
Business telephone number: (       )		Extension:	Mobile telephone number: (       )	Fax telephone number: (       )							
E-mail:			Is this person an authorized signing officer of the Applicant? <span style="float: right;">Yes    No</span>								
10. Type of legal entity: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> corporation <input type="radio"/> Social Enterprise Corporation											
11. Official language preferred for correspondence: <input type="radio"/> English <input type="radio"/> French											
Date of incorporation or of Master business registration (YYYY-MM-DD):			Applicant business number (9-digit business identifier provided by Canada Revenue Agency):								
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

## A.1 EMPLOYEE AND FINANCIAL OVERVIEW

A1.1 Number of employees:	# Full Time Jobs	#Part Time Jobs

### A1.2 Financial Overview

Based on Your Fiscal Year	Fiscal Year 2020 (If available)	Fiscal Year 2019	Fiscal Year 2018
Total Revenues from all sources (A)			
Total Expenses (B)			
Net Income(A-B)			

### A1.3 Status of Current Operation

Since the beginning of the COVID-19 pandemic mid-March, have your current revenues decreased? (compared to the same period last year)	<input type="radio"/> Yes <input type="radio"/> No
If yes, by how much?	\$
Has your business been closed, voluntarily or involuntarily, in response to the COVID-19 pandemic?	<input type="radio"/> Yes <input type="radio"/> No
If yes, when was the business closed? (YYYY-MM-DD)	

B.1 Please provide more detail on how you are experiencing undue hardship due to the impacts of the COVID-19 pandemic? For example, has the outbreak caused your business to record losses or to foresee losses in the near future? Please provide any other details that demonstrate the negative impacts. (i.e. disruption to supply chains) (maximum 3,500 characters)

B.2 Is your organization unable to access sufficient operating line or credit facilities from your existing bank/commercial lender?  Yes  No

B.3 What steps are you / will you be taking to ensure long-term sustainability? (maximum 3,500 characters)

**B.4. AMOUNT OF FINANCING REQUESTED:** \$

B5. The purpose of this funding is help support fixed operating costs of SMEs, where business revenues have been affected by the COVID-19 pandemic. Please describe how the funds requested will support your organization operating liquidity deficiencies during the 6-month period. (Please note that only those Operational Expenses not supported from COVID-19 Financial Assistance in Section C are eligible for support.)

Bridge Support Cost Item	TOTAL Amount (\$)	Period Covered (Mar 15th – Sept 15th)
1. Commercial Rent / Mortgage		
2. Utilities		
3. Property Taxes		
4. Insurance		
5. Salaries		
6. Bank charges, Interest and Loan Repayments		
7. Professional Fees		
8. Cleaning Supplies		
9. Additional Safety Measures		
10. Vehicle operating expense		
11. Other (please describe)		
+		
-		
<b>TOTAL \$</b>		

**C. HAVE YOU REQUESTED COVID-19 FINANCIAL ASSISTANCE FROM OTHER PROGRAMS \* ?**

Department or Agency	Program Name	Applied? (Yes / No / Not Eligible)	\$ Requested	Application Status (In Progress, Approved, Rejected, Waiting for Decision)
Business Development Bank of Canada and Export Development Canada	<a href="#">Business Credit Availability Programs</a>			
Your financial institution	<a href="#">Canada Emergency Business Account</a>			
FedNor	<a href="#">FedNor Regional Relief and Recovery Fund</a>			
Canada Revenue Agency	<a href="#">Canada Emergency Wage Subsidy</a>			
Canada Revenue Agency	<a href="#">10% Temporary Wage Subsidy for Employers</a>			
Service Canada	<a href="#">Work-Sharing Program</a>			
Farm Credit Canada	<a href="#">Credit Line</a>			
Canada Revenue Agency	<a href="#">Canada Emergency Response Benefit</a>			
National Aboriginal Capital Corporations	<a href="#">Aboriginal Financial Institution (AFI) Financing</a>			
Your Landlord	<a href="#">Canada Emergency Commercial Rent Assistance</a>			
NRC-IRAP	<a href="#">Wage Subsidy Program</a>			

Other \* +

+				
-				

\* Other federal, provincial or municipal programs aimed at COVID-19 assistance

C.2 Comment on other COVID-19 funding received (if applicable) (maximum 3,500 characters) +

## D. EQUALITY AND DIVERSITY

D.1 The Venture Centre/ Le Centre de développement is committed to equality and diversity so that all Canadians have the opportunity to participate in and contribute to the growth of the economy. If your organization does not meet the definitions or you do not wish to declare your status, leave the fields blank.

	Is your business owned or majority owned by one or more of the following under-represented groups	
Women	<input type="radio"/> Yes	<input type="radio"/> No
Indigenous Peoples	<input type="radio"/> Yes	<input type="radio"/> No
Visible Minorities	<input type="radio"/> Yes	<input type="radio"/> No
Youth	<input type="radio"/> Yes	<input type="radio"/> No
Persons with Disabilities	<input type="radio"/> Yes	<input type="radio"/> No
LGBTQ2+	<input type="radio"/> Yes	<input type="radio"/> No
Members of Official Language Minority Communities	<input type="radio"/> Yes	<input type="radio"/> No

On behalf of the Applicant, I hereby acknowledge and/or certify that:

- (a) I have authority to submit this application on behalf of the Applicant and evidence of this authority will be provided upon request.
- (b) The Applicant is under no obligation or prohibition, nor is it subject to, or threatened by any actions, suits or proceedings, which could or would affect its ability to implement this proposed project.
- (c) The information provided herein is complete, true and accurate and I undertake to provide any further information that may be required for the CFDC to render a decision in a timely manner.
- (d) I attest that the operating requirements identified in section B.5 above were not eligible for, or supported by, other COVID 19 financial assistance.
- (e) I further attest that I will notify South Temiskaming CFDC immediately should I become eligible and receive future financial support through the Canada Emergency Business Account (CEBA). I understand and acknowledge that should I become eligible and receive future financial support through CEBA, any RRRF funding received from the CFDC will become unconditionally repayable with no forgivable component to the loan.
- (f) By submitting this application, I certify that the CFDC funding is required in order for the project to proceed, and agree that the CFDC may make the enquiries it deems necessary to evaluate the application.
- (g) That the statements made herein are for the express purpose of obtaining financing from the CFDC and are to the best of the Applicant's knowledge and belief true and correct. The Applicant understands that additional information in support of this application must be supplied to the CFDC, if requested, before adequate consideration can be given to this application. The Applicant realizes that any present or future indebtedness of the Applicant, or the Applicant's business, to the CFDC may become due and payable if any information provided by the Applicant to the CFDC proves to be inaccurate or incomplete.
- (h) I authorize the CFDC to obtain personal credit information about me from any source. By executing this statement, I acknowledge as notice in writing, the CFDC's intent to obtain this information and I authorize each source to provide this information to the CFDC.
- (i) That in applying for this financing and, in the event that the CFDC approves such application, the Applicant's personal and confidential business information will be requested from the Applicant and/or collected from third parties that have information about the Applicant's business and personal financial status for the purposes of determining the Applicant's eligibility for financing and reporting to Innovation, Science and Economic Development Canada (ISED).

## F. Disclosure, Release and Waiver of Liability

- (a) The Applicant acknowledges that he or she is solely responsible for the success or failure of his/her business, and that any information that is provided to the Applicant by representatives of the CFDC is for the Applicant's understanding only. It is the Applicant's responsibility to verify the accuracy of such information or to seek additional information concerning any aspects of the Applicant's proposed business.
- (b) The Applicant further agrees to hold the CFDC harmless and hereby releases and discharges the CFDC from any actions, damages, claims or demands which may arise, directly or indirectly, as a result of any act or omission by the CFDC in providing information to the Applicant, and to indemnify the CFDC from any such actions, damages, claims or demands which might be suffered by the Applicant's business or any guarantor in connection with any such information.
- (c) The Applicant acknowledges that, as the operation of the CFDC is financially supported by the Government of Canada, representatives of ISED are permitted access to the files of the CFDC for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of ISED and that, such information as is acquired by the Ministry will be treated as confidential.
- (d) The Applicant acknowledges receipt of the CFDC's Privacy Statement and hereby consents to his or her personal and business information being collected, used, retained, and disclosed by the CFDC for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the CFDC and knows to refer to the CFDC's Privacy Policy or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information

**Submitting Your Application:**

For more information, or to submit your proposal for funding, please email the completed application and supporting documentation (see checklist below) to [neoip@southtemiskaming.com](mailto:neoip@southtemiskaming.com). Once your application has been received by in the SADC South Temiskaming Sud CFDC, you will receive a confirmation email within one business day. Please ensure you have correctly noted your contact information on this form.

Name	Title
Name of Officer with Signing Authority for the business	Date (YYYY-MM-DD)

**SUBMISSION CHECKLIST**

Applicant must provide the following documentation to accompany this application:

- Most recent financials for the past two (2) fiscal years, as available
- Articles of Incorporation or Master Business Licence, as available
- Photocopy or picture of two (2) pieces of ID for each applicant (one (1) must be birth certificate or passport)

Please confirm that the mandatory documentation, as described above, is attached to this application.

Yes

Signature: \_\_\_\_\_

I have authority to sign on behalf of the organization.