

**Regional Relief and Recovery Fund  
APPLICATION FOR FUNDING**



Questions with an asterisk \* are mandatory.

**APPLICANT INFORMATION**

1. Legal name of Applicant *			
Is operating name same as legal name? * <input type="radio"/> Yes <input type="radio"/> No			
Operating name (if different from legal name)			
Type of Business or Organization			
<input type="checkbox"/> Sole Proprietorship      Partnership <input type="checkbox"/> Incorporated Company <input type="checkbox"/> Co-operative			
Are you a full-time business? <input type="radio"/> Yes <input type="radio"/> No			
2. Is the Applicant a subsidiary? * <input type="radio"/> Yes <input type="radio"/> No			
If yes, identify the parent entity and its location (City/Country):			
3. Business Number *			
4. Please indicate the nature of your business or organization. *			
<input type="checkbox"/> Accommodation and Food Services <input type="checkbox"/> Administration & Support Services <input type="checkbox"/> Agriculture & Agri-Food <input type="checkbox"/> Amusement & Recreation Industries <input type="checkbox"/> Business or Other Professional Services <input type="checkbox"/> Construction <input type="checkbox"/> Education		<input type="checkbox"/> Finance, Real Estate & Management of Companies <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Manufacturing (Please specify below) <input type="checkbox"/> Transportation Services <input type="checkbox"/> Warehousing, Postal Services, Couriers & Messengers <input type="checkbox"/> Wholesale & Retail <input type="checkbox"/> Other	
<i>If you selected Manufacturing, please select the type of manufacturing your business does</i>			
<input type="checkbox"/> Food & Beverage <input type="checkbox"/> Textiles & Clothing <input type="checkbox"/> Printing, Paper & Wood Products <input type="checkbox"/> Chemical & Pharmaceutical Products <input type="checkbox"/> Metal & Metal Products		<input type="checkbox"/> Automotive & Transportation Equipment <input type="checkbox"/> Furniture <input type="checkbox"/> Medical Supplies <input type="checkbox"/> Machinery, Computers, Electronics, Appliances & Other <input type="checkbox"/> Electronic Equipment <input type="checkbox"/> Other	
5 Please select one of the following priority areas that align with the nature of your business or organization.			
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Technology <input type="checkbox"/> Tourism <input type="checkbox"/> N/A			
Please explain how your business or organization is aligned with the priority area that has been selected. ( maximum 200 characters)			
6. Provide a brief overview of your business/organization's history, including ownership and management team, major products and/or services. * (maximum 3,500 characters)			
7.Applicant Location: Street, Unit Number, etc. *			
City *	Province *	Country *	Postal Code *
	Ontario	Canada	
8. Is the Applicant Location the headquarters of the business or organization? *      Yes      No			
9. Is the Applicant Mailing Address the same as Applicant Location? *      Yes      No			
Applicant Mailing Address: Street, Unit Number, etc. (if different from Applicant Location)			
City	Province	Country	Postal Code
	Ontario	Canada	
Website			
10. Official Language Preferred for Correspondence *      English      French			

11. Date of Incorporation (YYYY-MM-DD): *	12. Your business or organizations fiscal year end:  Month: Day:	13. Number of full-time employees in Canada: *  Number of full-time employees outside of Canada: *
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### AUTHORIZED ORGANIZATION CONTACT

14. First Name *	Last Name *	Title *
Business Telephone Number *	Extension	Email *
Date of Birth* (DD/MM/YYYY)	Social Insurance Number*	

### FINANCIAL CONTACT WITHIN ORGANIZATION

15. First Name *	Last Name *	Title *
Business Telephone Number *	Extension	Email *

### COVID-19

16. Has your business or organization applied for or received any federal or provincial funding in the last year, including any recent COVID-19 economic measures? \*

Yes No

Please indicate the COVID-19 relief measure received.

**Recipients of funding from other federal relief measures may not be eligible for funding under the Regional Relief and Recovery Fund.**

Measure / Program Name	Amount Requested	Status of Funding

17. Is your business, organization (or organizations you support) experiencing undue hardship due to the impacts of the COVID-19 pandemic? \*

Yes No

If yes, please detail the hardship that you (or the organizations you support) are experiencing: (maximum 2,500 characters)

18. Is your business or organization (or organizations you support) unable to access sufficient operating lines or credit facilities from your existing bank/commercial lender? \*

Yes No

If yes, please detail the financial hardship that you (or organizations you are serving) are experiencing, including your inability to secure credit from other institutions and reasons why this credit cannot be secured: (maximum 2,500 characters)

19. Has your business/organization (or organizations you are serving) had to close or cease operations due to a public health request or COVID-19 measures? \*

Yes No

If yes, specify the date that your business closed or ceased operations: (YYYY-MM-DD)

If you were closed, but have since re-opened, please specify date of re-opening: (YYYY-MM-DD)

Quantifying the Impact		Number of Full-Time Equivalent Jobs Impacted	Number of organizations impacted (If Applicable)
20. With this financial support being requested, are you attempting to avoid layoffs in your business, organization (or organizations you support)? *	Yes No		
21. With this financial support being requested, are you attempting to avoid bankruptcy in your business, organization (or organizations you support)? *	Yes No		
22. Is your business/organization at risk of permanently closing within the next 30 days? *			Yes No
23. With this financial support being requested, are you attempting to avoid permanently closing your business/organization (or organizations you support)? *			Yes No

24. Is your company pre-revenue? *	Yes	No
Has your company raised angel or venture capital investment?	Yes	No
Please identify the investor and the amount: (maximum 500 characters)		
25. Is your business or organization currently in arrears on any outstanding debt? *	Yes	No
26. What will the requested funding be used for? * (maximum 200 characters)		
27. Please describe the main activities that you will undertake with the requested financial support and outline the objective(s) of the funding. * (maximum 2,500 characters)		

## TOTAL ANNUAL OPERATING COSTS

28. Please identify your business or organization's total annual operating costs below. \*

Cost (maximum 50 characters)	Total Costs 2020-2021
Utilities	
Insurance	
Bank Interest Charges	
Professional Fees	
Rent	
Wages	
Property Taxes	
Other	
<b>Total Cost</b>	

## RESULTS

### Economic Benefits

29. Please estimate the number of full-time equivalent jobs to be maintained as a result of this funding: \*

## EQUALITY AND DIVERSITY

30. The Government of Canada recognizes that many under-represented groups face unique economic challenges and may be disproportionately affected by the COVID-19 crisis. Filling in the following sections may have a bearing on how Grand Erie Business Centre makes a determination on funding decisions. If your business or organization does not meet the definitions provided or you do not wish to declare your status, leave the fields blank.

	If applicable, please indicate if your business or organization is led or majority led by one or more of the following under- represented groups:	If applicable, please indicate if your organization will influence any of the following federal inclusive growth priorities:
Women		<input type="checkbox"/>
Indigenous Peoples		
Members of Official Language Minority Communities	<input type="checkbox"/>	<input type="checkbox"/>
Youth		<input type="checkbox"/>
Persons with Disabilities		
Newcomers to Canada		
Visible Minorities	<input type="checkbox"/>	
LGBTQ2+		
Other (maximum 200 characters)		

Please explain how your business or organization will influence the federal inclusive growth priorities identified above. (maximum 500 characters)

- Applicants that are sole proprietors/partnerships must provide the following documentation to accompany this application:
  - Copy of Driver's License(s)
  - Copy of Master Business License
  - T2125 Statement of Business or Professional Activities
  - Historical financial statements for the last two (2) fiscal years
  - The most recent interim financial statement
  - Statement of Account of latest Canada revenue Agency Source Deduction Form (RP)
  - Statement of Account of latest Canada Revenue Agency HST Form (RT)
- Applicants that are Incorporated/Co-operatives must provide the following documentation to accompany this application:
  - Historical financial statements for the last two (2) fiscal years
  - The most recent interim financial statement
  - Articles of Incorporation
  - Completed Officer's Certificate

Other attachments are permitted as supporting information, but not as replacements for responses to the questions on the application form.

## CERTIFICATION

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

- (a) I have read and understand this request for support and will submit all the required information with this proposal. I understand incomplete applications cannot be assessed easily and may be deemed ineligible.
- (b) I have authority to submit this request for support on behalf of the Applicant.
- (c) The information provided herein is complete, true and accurate. I make this attestation acknowledging that making a false statement or providing misleading information may result in the Minister exercising any remedy available to him/her at law.
- (d) Any other information given in the future in connection with the carrying out of the activities will also be complete, true and accurate.
- (e) The information provided regarding funding from other federal COVID-19 support measures/programs is accurately recorded in this application.
- (f) The operating costs amounts provided on this application form are accurate.
- (g) Financial assistance from Grand Erie Business Centre is a significant factor in the decision to proceed, and I authorize Grand Erie Business Centre to make credit checks or other inquiries it deems necessary to evaluate this request. I agree to provide any further information that may be required for Grand Erie Business Centre to make a decision.
- (h) Costs incurred by the Applicant in the absence of a signed agreement with Grand Erie Business Centre are incurred at the sole risk of the Applicant and any such costs may not be considered eligible for Grand Erie Business Centre assistance.
- (i) Grand Erie Business Centre, its officials, employees, agents and contractors may share this request for support and/or make inquiries of such persons, firms, corporations, federal, provincial and municipal government departments/agencies, and not-for-profit, economic development or other organizations as may be appropriate, and to share information with them, as Grand Erie Business Centre deems necessary in order to assess this request for support or to refer the application.
- (j) I provide consent that in order for Grand Erie Business Centre to review and assess this application, it can request and receive the credit assessments and analysis done by the Business Development Bank of Canada (BDC) on my company's funding requests made to BDC.
- (k) Information provided to Grand Erie Business Centre will be treated in accordance with the *Access to Information Act* and the *Privacy Act*. These laws govern the use, protection and disclosure of personal, financial and technical information by federal government departments and agencies. Information provided to Grand Erie Business Centre is secured from unauthorized access.
- (l) The Applicant has not engaged any person to solicit financial assistance for a commission, contingency fee or other form of consideration dependent upon the approval of this application for financial assistance.
- (m) Any person who has been lobbying on behalf of the Applicant to obtain financial support as a result of this request is registered pursuant to the *Lobbying Act* and was registered pursuant to that Act at the time the lobbying occurred. Where the lobbying duties of the employees of the Applicant constitute a significant part of the employee's duties, the Applicant is in compliance with the *Lobbying Act*.
- (n) Any former public office holder or public servant employed by the Applicant is in compliance with the provisions of the *Values and Ethics Code* for the Public Sector, the *Policy on Conflict of Interest and Post-Employment* and the *Conflict of Interest Act*.
- (o) The Applicant agrees to comply with the *Official Languages Act* as may be required, specifically where activities involve services to or activities with the public.
- (p) As part of its assessment process, Grand Erie Business Centre requires that all applicants conform with the *Impact Assessment Act* (2019).
- (q) As a sole proprietor, I attest that my taxes are up to date.

I Agree \*

## Disclosure and Release Statement \*Important- read thoroughly before signing\*

1. Are you related to any Director or Employee of Grand Erie Business Centre or Community Futures Development Corporation? YES NO
2. Are you or any closely related individual, or the company involved in any legal action? YES NO
3. Are you liable as a co-signor or guarantor? YES NO
4. Are you now or have you ever been bankrupt? YES NO
5. If financial assistance is approved, would you allow the Grand Erie Business Centre and/or Community Futures Development Corporation to make a public announcement regarding your project/business? YES NO
6. To assist with the PIPEDA requirements, may we share your information with other financial institutions, the credit bureau, or government department in order to assist in getting you the best product/service to suit your needs? YES NO

The statements made herein are for the express purpose of obtaining financing from the Grand Erie Business Centre (GEBC), Community Futures Development Corporation (CFDC), and are to the best of my/our knowledge and belief true and correct. The applicant understands that additional information, if required in support of this application, must be supplied to the Corporation before adequate consideration can be given to this application. The applicant consents to the GEBC CFDC making any inquiries of such persons, firms or corporations as it deems necessary in order to reach a decision on this application. The applicant agrees to reimburse the GEBC CFDC any legal costs incurred in the registration of documentation related to loan security. Should the applicant withdraw his request for funds after legal documents have been registered and costs incurred, the applicant shall be responsible for these costs.

Name of Officer with Signing Authority for the Organization \*

Title \*

Date (YYYY-MM-DD) \*