



# INDIGENOUS COMMUNITY BUSINESS FUND FINANCIAL ASSISTANCE APPLICATION



## STREAM 2 - COLLECTIVELY OWNED BUSINESSES

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### Applicant Information

First Nation, Inuit Community or Métis Collective Name		Business Legal Name		Operating Name	
Business Type (e.g. corporation, partnership)		<input type="checkbox"/> Applicant is a subsidiary ► If selected, indicate parent entity name below.			
		Name	City	Province	
Percentage of Business Indigenous Owned and Controlled			Canadian Revenue Agency Business Number (if applicable)		

Brief overview of business' history, including ownership and management team, major products and/or services (maximum 1,500 characters; field expands)

Applicant Location (Number/Street/Apartment/P.O. Box)		City	Province		Postal Code
<input type="checkbox"/> Applicant location is the business' headquarters. If no, provide headquarters address below.					
Headquarter's Location (Number/Street/Apartment/P.O. Box)		City	Province		Postal Code
<input type="checkbox"/> Applicant mailing address is the same as applicant location. If no, provide mailing address below.					
Mailing Address (Number/Street/Apartment/P.O. Box)		City	Province		Postal Code
Website		Preferred correspondence language		Business' Fiscal Year	
		<input type="radio"/> English <input type="radio"/> French		Start Date (YYYYMMDD)      End Date (YYYYMMDD)	

### Business Authorized Contact

Family Name		Given Name		Title	
Telephone Number		Extension		Email Address	



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**Business Financial Contact**

Family Name	Given Name	Title
Telephone Number	Extension	Email Address

**Funding Requested**

Amount of financial support requested

**COVID-19 Support**

Business applied for and/or received recent federal COVID-19 program funding?  Yes  No ► If Yes, complete table below.

Program Name	Application Submitted	Status	Amount Approved
Business Credit Availability Program (BCAP)	<input type="checkbox"/>		
Canada Emergency Business Account (CEBA)	<input type="checkbox"/>		
Canada Emergency Wage Subsidy (CEWS)	<input type="checkbox"/>		
Canada Emergency Commercial Rent Assistance (CECRA)	<input type="checkbox"/>		
Regional Relief and Recovery Fund (RRRF)	<input type="checkbox"/>		
Large Employer Emergency Financing Facility (LEEFF)	<input type="checkbox"/>		
Other Support Targeted at Indigenous Businesses	<input type="checkbox"/>		
Other (Tourism, Agriculture, etc.)	<input type="checkbox"/>		

**Quantifying Impact**

Description of business' hardship due to COVID-19 impact (maximum 1,500 characters; field expands)

Number of jobs impacted in business

Work Type	Indigenous Women	Indigenous Men	Indigenous Other	Non-Indigenous Women	Non-Indigenous Men	Non-Indigenous Other
Full-Time						
Part-Time						
Seasonal						
<b>Total</b>						

Business is unable to access sufficient operating lines/credit facilities from existing bank/commercial lender?  Yes  No



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Business has closed due to public health request or COVID-19 measures? <input type="radio"/> Yes <input type="radio"/> No	If yes, specify date organization closed (YYYYMMDD)	If closed, but since reopened, specify date of re-opening (YYYYMMDD)
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Describe potential outcomes for business if unsuccessful in accessing ICBF funding (maximum 1,500 characters; field expands)

Funding will ►     Avoid Business Layoffs     Avoid Business Bankruptcy

Business is at risk of permanently closing within the next 30 days? <input type="radio"/> Yes <input type="radio"/> No	Financial support being requested is an attempt to avoid permanently closing business? <input type="radio"/> Yes <input type="radio"/> No	Business is currently in arrears on any outstanding debt? <input type="radio"/> Yes <input type="radio"/> No
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### Financial Information

Financials	January 2020 - July 2020	January 2019 - July 2019	Fiscal Year 2019
Total Revenues (from all sources)			
Net Income/Loss			
Current Assets			
Current Liabilities			
Long-Term Assets			
Long-Term Liabilities			
Operating Expenses			
Interest Charges			

### Total Annual Operating Costs

Business' total annual operating costs. Add additional cost categories as needed. Please be specific.

Cost Category	Total Cost Current Fiscal Year
Utilities	
Insurance	
Bank Interest Charges	
Professional Fees	
Rent	
Wages	
Property Taxes	
<input type="checkbox"/> Specify (max. 50 characters)	
<input type="checkbox"/> Add Other Cost	
<b>Total Cost</b>	



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Describe which expenditures financial support would be applied to and outline main activities and objectives of funding (maximum 1,500 characters; field expands)

**Results**

Estimate number of jobs that will be maintained in business resulting from funding.

Work Type	Indigenous Women	Indigenous Men	Indigenous Other	Non-Indigenous Women	Non-Indigenous Men	Non-Indigenous Other
Full-Time						
Part-Time						
Seasonal						
<b>Total</b>						

**Additional Documents**

Provide the following documentation if applicable with this application:

- Most recent interim financial statement (year to date balance sheet and profit/loss statement)
- Incorporation documents

- ▶ Other attachments are permitted as supporting information, but not as replacements for responses to questions on application form.
- ▶ Failure to provide all required documents may lead to delays in the approval process.

**Supporting Documents** (If applicable)

Title	Submission Method
[-]	
[+] Add a Document	

**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 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 revenue and fixed operating costs amounts provided on this application form are accurate.

Name of Officer with Signing Authority for the First Nation, Inuit Community or Métis Collective	Title	Date (YYYYMMDD)
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**INDIGENOUS COMMUNITY BUSINESS FUND  
ATTESTATION**

Businesses, communities and collectives applying to the Indigenous Community Business Fund (ICBF) must attest to the following and include the signed attestation along with the application.

I hereby attest, represent and warrant that:

1. The applicant operates a business in one of the provinces of Canada.
2. The applicant's business has been in operation at minimum since October 1, 2019.
3. The business was solvent, viable and not declared bankrupt prior to the COVID-19 crisis.
4. The applicant's business is a corporation or limited partnership which is at least 51% Indigenous owned and controlled.
5. The applicant plans to continue to operate the business or resume operations.
6. The business is currently, and expects to continue, to operate at a loss (i.e.: to incur ongoing expenses that are higher than incoming revenues), as a direct result of COVID-19.
7. Activities and related costs, for which Indigenous Community Business Fund program funding is being sought, are in accordance with Stream 2 criteria of ICBF Program Guidelines.
8. The applicant attests that they have either applied for federal business support and been declined, in whole or in part, to meet need, or do not qualify under federal business support eligibility criteria. This may include applications to more than one federal program depending on the requested support including, but not limited to:
  - Business Credit Availability Program (BCAP)
  - Canada Emergency Business Account (CEBA)
  - Canada Emergency Wage Subsidy (CEWS)
  - Canada Emergency Commercial Rent Assistance (CECRA)
  - Regional Relief and Recovery Fund (RRRF)
  - Large Employer Emergency Financing Facility (LEEFF)
  - Other federal support programs targeted at businesses
9. The undersigned has the authority to sign on behalf of the organization, and attests that all information provided in this application is true and as accurate as possible based on currently available information. The applicant understands that any information may be subject to audit and verification for accuracy.

Name of Designated Representative for the Business	Title
Signature	Date (YYYYMMDD)