

# Indigenous Community Business Fund (ICBF) Financial Assistance Application Instructions 81-026E

## How to complete the application

- Complete all fields in each section or indicate if a field is not applicable.
- Use the best available information at the time of completion of the application.
- **Supplementary materials other than those identified in the application will not be assessed and should not be submitted.**

Incomplete applications, with missing mandatory information or documentation, will not be assessed and will be considered ineligible for funding.

## Contact Information

For any questions regarding the application, contact ISC regional offices.

Region	Email Address	Telephone
Atlantic	<a href="mailto:aadnc.developpementeconomique-at-economicdevelopment.aandc@canada.ca">mailto:aadnc.developpementeconomique-at-economicdevelopment.aandc@canada.ca</a>	902-426-0663
Quebec	<a href="mailto:aadnc.qctdeledqc.aandc@canada.ca">mailto:aadnc.qctdeledqc.aandc@canada.ca</a>	1-800-263-5592 Extension 6
Ontario	<a href="mailto:aadnc.ledontario.aandc@canada.ca">mailto:aadnc.ledontario.aandc@canada.ca</a>	647-920-9516
Manitoba	<a href="mailto:aadnc.mbppdeconomicdevelopment.aandc@canada.ca">mailto:aadnc.mbppdeconomicdevelopment.aandc@canada.ca</a>	204-250-1801
Saskatchewan	<a href="mailto:aadnc.skecdev.aandc@canada.ca">mailto:aadnc.skecdev.aandc@canada.ca</a>	306-230-2857
Alberta	<a href="mailto:doris.liebrecht@canada.ca">mailto:doris.liebrecht@canada.ca</a>	780-495-2787
British Columbia	<a href="mailto:aandc.bcecdev.aandc@canada.ca">mailto:aandc.bcecdev.aandc@canada.ca</a>	604-562-6865
Northern British Columbia	<a href="mailto:anyes.dimsdale@canada.ca">mailto:anyes.dimsdale@canada.ca</a>	867-334-1502

## Field Definitions:

Field	Definition
<b>Applicant information</b>	
First Nation or Inuit Community, or Métis Collective Name	The name of the First Nation or Inuit community or Métis Collective Name applying for funding.
Business Legal Name	The legal name of the business applying for funding.
Operating name	The name under which the business operates, if it is different from its legal name.
Business Type	The type of business, for example: community or collective-owned, corporation, collective of several First Nations, partnership or other.
Applicant is a subsidiary	Select checkbox if the applicant business is a subsidiary.
If selected, indicate Parent Entity Name, City and Province	If the applicant is a subsidiary, indicate the name and location (City and Province) of the parent entity
Percentage of Business Indigenous Owned and Controlled	The percentage of the business which is owned and controlled by Indigenous owners.
Canada Revenue Agency Business Number	The business number is a unique 9-digit number assigned by the Canada Revenue Agency (CRA), please include it only if applicable.
Brief overview of your business' history, including ownership and management team, major products and/or services (maximum 1,500 characters; field expands)	Provide a brief overview of your business' history, including ownership and management team, major products and/or services. There is a maximum of 1,500 characters permitted.
Applicant Location (Number/Street/Apartment/P.O.Box)	The applicant's location, i.e.; the street number, street name, apartment number and/or Post Office box number.
City	The city in which the applicant is located.
Province	The Province in which the applicant is located.
Postal Code	The postal code where the applicant is located.
Applicant location is the business' headquarters. If no, provide headquarters address below.	Select the checkbox if the applicant location is the business' headquarters.
Headquarters Location (Number/Street/Apartment/P.O. Box)	The headquarters' location, i.e.; the street number, the street name, the apartment number and/or the Post Office box number.
City	The city in which the headquarters is located.
Province	The Province in which the headquarters is located.
Postal Code	The postal code where the headquarters is located.
Applicant's mailing address is the same as the applicant location. If no, provide mailing address below.	Select the checkbox if the mailing address is the applicant location.
Mailing Address (Number/Street/Apartment/P.O.Box)	The applicant's mailing address, i.e.; the street number, the street name, the apartment number and/or the Post Office box number.

City	The city in which the applicant's mailing address is located.
Province	The Province in which the applicant's mailing address is located.
Postal Code	The postal code where the applicant's mailing address is located.
Website	Indicate the website address of the business, if applicable.
Preferred correspondence language	Select the preferred language for correspondence; English or French.
Business' Fiscal Year	The fiscal year for the business' financial reporting.
<b>Business' Authorized Contact</b>	
Family Name	The family name of the business' authorized contact. This person will be the main point of contact regarding the funding request.
Given Name	The given name of the business' authorized contact.
Title	The title of the business' authorized contact.
Telephone Number	The telephone number of the business' authorized contact.
Extension	The telephone extension number of the business' authorized contact.
Email Address	The email address of the business' authorized contact.
<b>Business Financial Contact</b>	
Family Name	The family name of the business' financial contact.
Given Name	The given name of the business' financial contact.
Title	The title of the business' financial contact.
Telephone Number	The telephone number of the business' financial contact.
Extension	The telephone extension number of the business' financial contact.
Email Address	The email address of the business' financial contact.
<b>Funding Requested</b>	Indicate the amount of financial support that is being requested.
<b>COVID-19 Support</b>	
Business applied for and/or received recent federal COVID-19 program funding?	Select Yes or No. If yes, complete the table below.

Program Name	Select if an application has been submitted to any of the listed programs, the status of each (Approved/Declined/In Process/Not Applicable) and the amount approved. 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 Support Targeted at Indigenous Businesses Other (Tourism, Agriculture, etc.)
<b>Quantifying Impact</b>	
Description of business' hardship due to COVID-19 impacts (maximum 1,500 characters; this field expands)	Describe the business' hardship due to COVID-19 impacts. There is a maximum of 1,500 characters permitted.
Number of jobs impacted in business	
Work Type: Full-Time/Part-Time/Seasonal	For each work type, identify the number of individuals impacted for Indigenous and Non-Indigenous Women/Men/Other.
Total	The total of each column will be automatically calculated.
Business unable to access sufficient operating lines/credit facilities from existing bank/commercial lender?	Select Yes or No to whether the business is unable to access sufficient operating lines/credit facilities from existing bank/commercial lender?
If yes, detail financial hardship business (or organizations served) experienced, including inability to secure credit from other institutions and reasons why credit cannot be secured (maximum 1,500 characters; this field expands)	If yes, please provide the detail of the financial hardship the business (or organizations served) has experienced, including inability to secure credit from other institutions and the reasons why credit cannot be secured (There is a maximum of 1,500 characters permitted).
Business has closed due to public health request or COVID-19 measures?	Indicate whether the business has closed due to a public health request or COVID-19 related measures? Select Yes or No.
If yes, specify date the business closed (YYYYMMDD)	If yes, please specify date the business closed in the format of "YYYYMMDD".
If closed, but since reopened, specify date of re-opening (YYYYMMDD)	If business was closed, but has since reopened, specify the date of re-opening in the format of 'YYYYMMDD'.
Describe potential outcomes for business if unsuccessful in accessing ICBF funding (maximum 1,500 characters; field expands)	Describe what would be the potential outcomes for this business if it was not successful in accessing funding through the ICBF economic support funding? There is a maximum of 1,500 characters permitted).
Funding will:	Select whether the funding would 1) Avoid business layoffs and/or 2) Avoid business bankruptcy.

Business at risk of permanently closing within the next 30 days?	Select Yes or No to whether the business is at risk of permanently closing within the next 30 days?
Financial support being requested is an attempt to avoid permanently closing business?	Select Yes or No to whether the financial support being requested is an attempt to avoid permanently closing business?
Is the business currently in arrears on any outstanding debt?	Select Yes or No to whether the business is currently in arrears on any outstanding debt?
<b>Financial Information</b>	
Financials	For each of the following, Total Revenues (from all sources), Net Income/Loss, Current Assets, Current Liabilities, Long-Term Assets, Long-Term Liabilities, Operating Expenses, Interest Charges, enter the financials from previous years for; 1) January 2020 to July 2020, 2) January 2019 to July 2019 and 3) Fiscal Year 2019.
<b>Total Annual Operating Costs</b>	The business' total annual operating costs. Add additional cost categories as needed. Please be specific.
Cost Category	Enter the "Total Cost" for the "Current Fiscal Year" for each of the following: Utilities, Insurance, Bank Interest Charges, Professional Fees, Rent, Wages, Property Taxes, Other: Specify (max. 50 characters).
Expenditures which financial support would be applied to and main activities and objectives of funding (maximum 1,500 characters; field expands).	Describe which expenditures financial support would be applied to and outline the main activities and objectives of the funding. There is a maximum of 1,500 characters permitted.
<b>Results</b>	Estimate number of jobs that will be maintained in business resulting from funding.
Work Type: Full-Time/Part-Time/Seasonal	For each work type, identify the number of individuals impacted for Indigenous and Non-Indigenous Women/Men/Other.
Total	The total of each column will be automatically calculated.
<b>Additional Documents</b> Other attachments are permitted as supporting information, but not as replacements for responses to the questions on the application form	Provide the following documentation if applicable with this application: <ul style="list-style-type: none"> <li>- Most recent interim financial statement (year to date balance sheet and profit/loss statement)</li> <li>- Incorporation documents</li> <li>- Attestation form</li> </ul>
	Other attachments are permitted as supporting information, but not as replacements for responses to the questions on the application form.
	Failure to provide all required documents may lead to delays in the approval process.
<b>Supporting Documents (If applicable)</b>	Include the title and submission method for any additional supporting documents being included.

<b>Certification</b>	The applicant must read and acknowledge this section by including the information requested.
Name of Officer with Signing Authority for the First Nation, Inuit Community or Métis Collective	Specify the name of officer with signing authority for the First Nation, Inuit community or Métis collective
Title	Specify the title of officer with signing authority for the First Nation, Inuit community or Métis collective
Date	Specify the date completed by the officer with signing authority for the First Nation, Inuit community or Métis collective.
<b>ATTESTATION</b>	The applicant must read and attest this section and include the requested information.
Name Designated Representative for the Business	Specify the name of the designated representative for the business.
Title	Specify the title of the designated representative for the business.
Date	Specify the date signed by the designated representative for the business.