



INDIGENOUS COMMUNITY BUSINESS FUND FINANCIAL ASSISTANCE APPLICATION

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• Pursuant to the June 22, 2020, Interim Privacy Policy and Directives related to the administration of the *Privacy Act*, Indigenous Services Canada will be subsequently developing and publishing the associated program specific Personal Information Bank.

► **All fields are mandatory. For questions or assistance, see Instructions.**

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 <input type="radio"/> English <input type="radio"/> French	Business' Fiscal Year Start Date (YYYYMMDD) End Date (YYYYMMDD)	

Business Authorized Contact

Family Name	Given Name	Title
Telephone Number	Extension	Email Address



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
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<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

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

If yes, detail financial hardship the business experienced, including inability to secure credit from other institutions and reasons why credit cannot be secured (maximum 1,500 characters; field expands)



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 Annual Operating Costs

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

Cost Category	Total Cost Current Fiscal Year
Specify (max. 50 characters)	
Total Cost	



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

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

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)



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)