



INDIGENOUS COMMUNITY BUSINESS FUND 2021/22 FINANCIAL ASSISTANCE APPLICATION

Privacy Statement

The collection, use and disclosure of personal information by the Lands and Economic Development Program is authorized under the [Indian Act](https://laws-lois.justice.gc.ca/eng/acts/i-5/) (https://laws-lois.justice.gc.ca/eng/acts/i-5/) and the [Department of Indigenous Services Act](https://laws-lois.justice.gc.ca/eng/acts/l-7.88/index.html) (https://laws-lois.justice.gc.ca/eng/acts/l-7.88/index.html), and is in accordance with the requirements of the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). Information collected will be used exclusively for the purpose of administering the Indigenous Community Business Fund. Personal information is required for your participation in the program and will be retained pursuant to the *Privacy Act* and its Regulations. Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at aadnc.upvp-ppu.aandc@canada.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, you can consult the Privacy Commissioner of Canada at 1-800-282-1376.

• 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.

PROGRAM IDENTIFICATION

Stream 2: Indigenous Community Business Fund (ICBF)

Indigenous Community Business Fund provides non-repayable contributions where community-owned business revenues have been negatively affected by the COVID-19 pandemic, resulting in businesses having insufficient funds to cover daily operating and /or adaptation costs. The intent of the funding is to ensure that businesses continue to operate post-pandemic.

British Columbia Region

Tourism and Hospitality businesses: Submit your application to our delivery partner Indigenous Tourism Association of BC to Gail@IndigenousBC.com

All other businesses: Submit your application to aadnc.bcecdev.aandc@canada.ca

► All fields are mandatory.

Applicant Information

| | | |
|---|--|--|
| First Nation, Inuit Community or Métis Collective Name | Business Legal Name | Operating Name |
| Business Type (e.g. corporation, partnership, unincorporated) | <input type="checkbox"/> Applicant is a subsidiary ► If selected, indicate parent entity name below. Name | Percentage of Business Indigenous Owned and Controlled % |

Brief overview of business' history, including financial position, ownership and management team, major products and/or services.

| | | | |
|--|-------------|-----------------|--------------------|
| Business Address (Number/Street/Apartment/P.O. Box) | City | Province | Postal Code |
|--|-------------|-----------------|--------------------|

Mailing address, if it differs from business address.

| | | | |
|---|-------------|-----------------|--------------------|
| Mailing address (Number/Street/Apartment/P.O. Box) | City | Province | Postal Code |
|---|-------------|-----------------|--------------------|

| | | |
|----------------------------|--|--|
| Website of Business | Preferred correspondence language <input type="radio"/> English <input type="radio"/> French | Business' Fiscal Year Start Date (YYYYMMDD) End Date (YYYYMMDD) |
|----------------------------|--|--|



First Nation Contact

| | | |
|------------------|------------|---------------|
| Family Name | Given Name | Title |
| Telephone Number | Extension | Email Address |

Business Authorized Contact

| | | |
|------------------|------------|---------------|
| Family Name | Given Name | Title |
| Telephone Number | Extension | Email Address |

Business Financial Contact (if different from Business Authorized Contact)

| | | |
|------------------|------------|---------------|
| Family Name | Given Name | Title |
| Telephone Number | Extension | Email Address |

Funding Requested

Identify which type of support the business is applying for. Check all that apply.

| Support | Description | Amount |
|--|--|--------|
| <input type="radio"/> Operating Costs | Expense a business incurs through its normal business operations such as salaries, rent, insurance, interest etc. where the business has demonstrated operating losses. | |
| <input type="radio"/> Adaptation Costs | An extraordinary (a unusual cost as a result of the pandemic) or necessary expense (example a repair) that is essential to business operations, but there is insufficient cash to cover the expense. | |
| <input type="radio"/> Principal Debt Repayment | Support for regularly scheduled principal payments of an existing debt that is not related to other federal COVID-19 financial support. | |

Outline the main activities and objectives of funding as they concern operating costs, adaptation costs, and / or principal debt

Estimate number of jobs that will be maintained as a result of funding: Full-time: ____ Part-time: ____

Quantifying Impact

Description of business' hardship due to COVID-19 impact and potential outcomes for business if unsuccessful in accessing ICBF (eg. expand on revenue losses, arrears on debt, risk of permanent closures, etc. (maximum 1,500 characters; field expands)

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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(s) organization closed (YYYYMMDD) | If closed, but since reopened, specify date(s) of re-opening (YYYYMMDD) |
|--|--|---|

COVID-19 Support Funding



Business applied for and/or received recent federal COVID-19 program funding? Yes No

► If Yes, complete table below.

| Program Name | Application Submitted (YES/NO) | Status Approved/Declined/Under Review | 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 | | | |
| Please specify: | | | |
| Other (Tourism, Agriculture, etc.) | | | |
| Please specify: | | | |

To ensure the application is complete, please include these additional documents (checklist):

Provide the following documentation if applicable with this application:

- 2018/19, 2019/20 & 2020/21 Financial statements to demonstrate the decrease in revenue that covers the period of the application request;
- Current Year-to-date consolidated financials; and,
- Principal debt repayment schedule for the eligibility period

For businesses applying for adaptation costs, please also provide the following:

- Table itemizing all adaptation costs that are being applied for; and,
- Quotes to substantiate costs (multiple quotes may be required for quotes above \$25,000)

- 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

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.

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| 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 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 the 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) |