

APPLICATION FOR FUNDING

BUSINESS INFORMATION						
Legal Name of Business:						
Operating Name if different from Legal Name:						
Business Number:						
Date Business Established:						
Select from the drop-down box below to indicate type of organization:						
Select from the drop-down box below to indicate the nature of your organization:						
If other, please specify:						
Address, Street, Unit Number, etc.:						
City:	Province:			Country:	Postal Code:	
Website:						
Has the owner or the business ever been party to any claim or lawsuit, currently owe any back taxes, or declared bankruptcy? Yes No If yes, please identify the source and amount:						
PERSONAL INFORMATION						
First Name:			Last Name:			
Telephone Number: Extension:		: Email:	Email:			
Street Address:	reet Address: City:		Province:	County:	Postal Code:	
Date of Birth:(D/M/Y)	Sin Number: (Optional)		Driver's License Number:			
EMPLOYER INFORMATION						
Present Employer:		Occupa	Occupation:			
Years Employed:		Annual	Annual Income:			
Previous Employer:		Occupation:				
Years Employed:		Annual	Income:			



First Name:		Last Name:				
SIN Number: (Optional)		Date of Birth:(D/M/Y)				
Present Employer:		Occupation:				
Years Employed:		Annual Income:				
PERSONAL FINANCIAL INFORMATION (if married, include finances of both self and spouse)						
Assets	Present Value Liabilities			Balance	Monthly Payment	
Cash		Bank Laons				
Marketable Securities		Lines of Cre	edit			
RRSP/Retirement Accounts		Real Estate	Mortgage(s)			
Real Estate		Other Liabili	ties (specify)			
Other Assets (specify)						
Total Assets:	* • • • •	Total Liabilities:			* • • • •	
	\$ 0.00			\$ 0.00	\$ 0.00	
Regional Relief and R	<u> </u>				OVID-19 economic measurs?	
Recipients of funding from other federal relief measures may still be eligible for funding under the Regional Relief and Recovery Fund if additional funding is required to cover expenses in excess of what you have already received. If yes, please select from the drop-down box below to indicate the COVID-19 economic measure you have recieved or select other for						
programs not listed:						
Measure / Program Name		Δm	ount		Status of Funding	
ivieasure / Progra	am Name		ount d/Received		Status of Funding	
ivieasure / Progra	am Name				Status of Funding	
wiedsure / Progra	am Name				Status of Funding	
ivieasure / Progra	am Name				Status of Funding	
wiedsure / Progra	am Name				Status of Funding	
COVID-19 IMPACT ASS	SESSMENT	Requeste	d/Received			
	SESSMENT	Requeste	d/Received	nat you have already re		
COVID-19 IMPACT ASS	SESSMENT ail the reason(s) yo	Requeste	d/Received			
COVID-19 IMPACT ASS	SESSMENT ail the reason(s) yo	Requeste	d/Received			
COVID-19 IMPACT ASS	SESSMENT ail the reason(s) you	negatively affected	excess of wh):	eceived:	



Are you considering any changes to your business in light of the economic impact of the COVID-19 challenge?				
What is the biggest challenge facing you and your business now, and in the coming months?				
LOAN REQUEST				
Up to \$40,000 loan request are being considered.	\$			
EQUALITY AND DIVERSITY				
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 Community Futures makes a determination on funding decisions. If your organization does not meet the definitions provided or you do not wish to declare your status, leave the fields blank.				
Please indicated if your business is led or majority led by one or more of the following groups: (Optional)				
Women Indigenous People Youth (under 40)	Members of the Official Language Minority Communities			
LGBTQ2 Newcomers to Canada Visible Minorities	Persons with Disabilities			
Please explain how your organization will influence the federal inclusive growth priorities identified above:				
Please estimate the number of full-time equivalent jobs to be maintained as a result of this funding:				
DOCUMENT CHECK LIST				
Applicant must provide the following documentation to accompany this application	on:			
 Historical financial statements for the last 2 years; or internally prepared financial statements Most recent interim financial statement Master Business License or Incorporation documents 2 pieces of Government issued Identification 				

THE APPLICANT UNDERSTANDS AND AGREES

That the terms and conditions of any financing which may be authorized will be set forth in a Letter of Offer, for agreement and acceptance by the Applicant;

The Applicant will instruct any applicable financial institution(s) permitting Community Futures access to full information concerning the Applicant's affairs;

The Applicant will permit Community Futures reasonable access to the business and other premises to verify security;

The Applicant confirms that there is no litigation in course or threatened, nor any proceedings before any court, tribunal, governmental board or agency now in course or threatened, and that there is no unexecuted judgment rendered against the applicant;

The Applicant confirms that there has been no material adverse change in the financial position or operations of the Applicant since the end of the last fiscal year of the Applicant for which a balance sheet and a profit and loss statement have been furnished

DISCLOSURE, RELEASE, AND WAIVER OF LIABILITY

The Applicant acknowledges that the success or failure of the Applicant's business is not the responsibility of Community Futures, and agrees to hold Community Futures, its employees, volunteers, representatives, and agents harmless and herby releases and discharges Community Futures from any actions, damages, claims or demands which may arise, directly or indirectly, as a result of any act or omission by Community Futures in providing information to the Applicant, and to indemnify Community Futures from any such actions, damages, claims or demands which might be suffered by the Applicant's business or any guarantor in connection with any such information, the Applicant's participation in any and all of Community Futures' services, or non-compliance with Federal and Provincial laws and regulations.



ENVIRONMENTAL DECLARATION

The Applicant warrants that any environmental issues or concerns as known to the Applicant have been disclosed to Community Futures, and that activities, as required, are in compliance with all applicable legislation, including the Canadian Environmental Assessment Act and the Canadian Environmental Protection Act.

COLLECTION, USE, AND DISCLOSURE OF PERSONAL AND BUSINESS INFORMATON

The Applicant acknowledges that, as the operation of Community Futures is financially supported by the Government of Canada, representatives of the Federal Economic Development Agency for Southern Ontario (Fed Dev Ontario) are permitted access to the files of Community Futures for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of FedDev Ontario, such information as is acquired by the Ministry will be treated as confidential;

Applicant acknowledges receipt of Community Futures' Privacy Statement and hereby consents to collection, retention and disclosure of the Applicant's personal and business information by Community Futures for the limited purposes set out above. The Applicant understands that consent can be withdrawn at any time prior to the application being approved, by making such request in writing. The Applicant further understands that any information provided by the Applicant is discretional; however, if Community Futures is unable to collect sufficient information to validate the request for financing, the Applicant's application may be turned down.

I/we, the undersigned, certify that the information in this application is a complete and true statement of affairs and that the attached financial statements are a true statement of income, assets and liabilities. I/we acknowledge that the corporation is relying upon the accuracy and completeness of the statements in this application as reflecting the current financial position of the Applicant based on current economic conditions and that these statements are a reliable source in approving a loan. I realize false information given in this application and in any accompanying materials may result in the rejection of this application or the immediate demand for repayment of the loan in full plus interest accrued thereon.

DATED:	Signature	
DATED.	I have authority to bind the	
	Corporation	

