

ENADMAAGEHJK

OPERATING AS WIKWEMIKONG DEVELOPMENT COMMISSION

Wiikwemkoong Business Recovery Fund

In response to the Coronavirus Pandemic and Wiikwemkoong's effort to provide financial assistance to businesses that have been significantly impacted by COVID-19. WDC is offering a one-time grant to the maximum of \$5,000.00. Funding is limited and is only available for 2020-2021 or until the Wiikwemkoong Recovery Fund is exhausted.

Funding is only available to Private Businesses only, business must have a Wiikwemikoong Business Permit and owner must have a Wiikwemikoong Status number.

Business must have been in operation on October 01, 2019.

1. Applicant Details

Name	
Address	
Telephone	
Email	
Wiikwemkoong Status number	

2. Business Details

Business Name	
Business Permit No.	
Business Address	
Business Start Date	
Business telephone	
Business Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated, Incorporation Number: _____ Date of Incorporation: _____

Qualifying Impact

Briefly describe your business hardship due to Coronavirus Covid-19 and recovery plan

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3. Business Impact

Number of Employees affected	
Business at risk of closing permanently?	Yes or No: _____ Date: 30 days, 60 days, etc.: _____
Business is currently in arrears on any outstanding debt?	Type: _____ Amount: \$ _____
Funding will Avoid business layoffs	Yes or No: _____
Funding will avoid bankruptcy	Yes or No: _____

4. Funding Requesting

Amount of financial support requesting	\$ _____
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5. Allocating Funding Support

Rental	
Supplies	
Health & Safety Supplies	
Utilities	
Other Leases(equipment)	
Other (insurance)	
Total	

6. Financial Information

Financials	January to March 2020	January to March 2019	April to July 2020	April to July 2019
Revenue				
Profit				
Loss				
Operating Expenses				

7. Business applied for and/or received recent federal COVID-19 Program Funding? YES ___ NO ___ If Yes, complete table below:

Program Name	Date of Application	Status (not approved, in process, approved)	Amount Approved
Business Credit Availability program			
Canada Emergency Business Account			
Canada Emergency Wage Subsidy			
Canada Emergency Commercial Rent Assistance			
Regional Relief and Recovery Fund			
Other Support Targeted at Indigenous Businesses			

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8. Additional Supporting Documents, please attach with application, if applicable. (Letters from landlord/Suppliers/Creditors), please list:

1. _____
2. _____
3. _____
4. _____

Certification

I hereby acknowledge and certify that:

- a) 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 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 revenue and fixed operating costs amounts provided on this application form are accurate

Businesses applying for the Wiikwemkoong Business Recovery Fund must attest to the following:

I hereby attest, represent, and warrant that:

1. The applicant operates a business within Wiikwemkoong with a valid business permit
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 plans to continue to operate the business or resume operations
5. 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
6. The undersigned has the authority to sign on behalf of the organization, and attest that all information provided in the application is true and as accurate as possible based on currently available information. The applicant understand that any information may be subject to audit and verification for accuracy.

Name of Designated Representative for the Business	Title
Signature	Date (YYYY/MM/DD)