

Please note!

Before sending your request, make sure that all the required documents are attached and that it is duly signed in the two required places. **The document must be completed and signed with Adobe Acrobat Reader**, not in your web browser. You will find a tutorial at the following address which explains how to open the form, complete it, attach the required documents and send it to the SADC or CAE of your territory.

<http://ciril.qc.ca/~admin/FOV2-000291E4/Form%20Tutorial.pdf>

ELIGIBILITY FORM FOR THE REGIONAL RELIEF AND RECOVERY FUND OF THE SADC AND CAE

IMPORTANT : If your business is located in one of the following major centers: Montreal, Laval, Gatineau (urban area), Sherbrooke, Saguenay (Chicoutimi and Jonquière sectors), Quebec and Lévis, please contact Canada Economic Development (CED) <https://dec.canada.ca/fra/covid-19.html>

SECTION 1.

TYPE OF ASSISTANCE REQUESTED

What kind of help does your business need? (Both can apply)

Loan for working capital

How much are you asking for ? _____

This financial aid will cover what types of expenses (insurance, wages, rent, etc.)?

REQUEST FOR FINANCING

Cash requirements :

Start date: _____

End date : _____

Technical assistance and/or specialized expertise

In which areas ?

* Please note that the period is a maximum of six months and must be between March 15, 2020 and December 31, 2020 (at the latest).

For a technical assistance request only, complete sections 3, 4, 5, 6
For a loan request (working capital) complete sections 2, 3, 4, 5, 6

SECTION 2.

ELIGIBILITY CRITERIA

Is your organization based in Quebec province?	Yes	No
Is your company less than 1 year old?	Yes	No
Are you self-employed?	Yes	No
Does your business have a payroll of less than 20 000\$	Yes	No
Has your organization been negatively impacted by the Covid-19 pandemic?	Yes	No

Is your organization eligible for any of the following federal government assistance measures implemented under COVID-19?

Canada Emergency Business Account (CEBA) EDC/ BDC/BDC guaranteed loans to banks	Yes	No
Emergency funds for culture, heritage and amateur sport organizations	Yes	No
Financial assistance to Aboriginal SMEs	Yes	No
NRC IRAP Innovation Assistance Program	Yes	No
Canada Economic Development (CED) Program FARR part 1	Yes	No

Subsidy for commercial rents (can be complementary to RRRF program)	Yes	No
Canada Emergency Wage Subsidy (can be complementary to RRRF program)	Yes	No
Have you been declared eligible for any of these measures?	Yes	No
Have you received financial assistance from any of these measures, if yes, which one?	Yes	No

And what is the amount received? _____

I confirm that the information provided above is correct. The SADC or the CAE is not responsible for the consequences that could arise if you provide inaccurate information.

The Government of Canada reserves the right to verify this information.

Signature:

Date:

** If your organization has applied for assistance for all of these assistance measures and is not eligible, you can complete the **RRRF** application form.*

** If you do not meet these criteria, consult the Canada Economic Development site for their RRRF component 1 program: <https://dec.canada.ca/fra/covid-19.html>*

Before you start filling out the form, make sure you have the documents you need to process your request on hand. Each document below must be attached to the request.

- JOIN** Last year and most recent interim financial statements
- JOIN** Copy of check specimen with the mention "canceled" for direct deposit
- JOIN** Evidence of rejection of other federal emergency measures
- JOIN** Bank statements for the last two months
- JOIN** Your company's statutes and regulations
- JOIN** Other document (specify): _____

SECTION 3.

COMPANY INFORMATIONS

Legal name of the company : _____

10 digit Quebec Enterprise number (NEQ) : _____

9 digit business number assigns by Canada Revenue Agency (CRA) : _____

Operating name (if different from legal name) : _____

Company civic address : _____

Name of company representative : _____

Title of representative : _____

City : _____ Postal code : _____

Company phone number : _____

Company email : _____

Website: _____

Annual turnover before the Covid-19 crisis: _____

In wich sector (and sub-sector) of activity does your company operate:

Primary

Secondary	Transformation Assembly
Tertiary	Retail Wholesale Services
Value-added tertiary	Biotechnology Software and derivative products

Legal status of the company:

- Self-employed
- Cooperative
- Registered company
- Incorporated company
- General partnership
- Joint venture
- Non-profit organization

If incorporated		If registered :	
Shareholders	%	Owner	
Name		Name _____	
Name			

Number of employees before the Covid-19 crisis

Description of the organization and activities:

Please indicate whether your organization is predominantly owned or serves the following groups by checking the relevant categories:

Women

Aboriginal people

Anglophones (members of official language minority communities)

Young (40 years old)

People with disabilities

Visible minorities

SECTION 4.

IMPACT OF COVID-19 ON YOUR ORGANIZATION

Please describe the impact of Covid-19 on your organization (expectations should be based on estimates informations you currently have) :

Decrease in income	Yes	<input type="checkbox"/>	No
Anticipated decrease in revenues	Yes	<input type="checkbox"/>	No
Missed business opportunities or lost con-tracts	Yes	<input type="checkbox"/>	No
Immediate layoffs	Yes	<input type="checkbox"/>	No
Temporary cessation of the organization's activities and closure of the organization	Yes	<input type="checkbox"/>	No
Actual and anticipated job losses	Yes	<input type="checkbox"/>	No
Difficulties in filling job losses	Yes	<input type="checkbox"/>	No
Other:	Yes	<input type="checkbox"/>	No
If yes, specify :			

SECTION 5.

Expected results :

Job retention	Yes	No
Continuation of the organization's activities	Yes	No
New contracts	Yes	No
New clients	Yes	No
New activities	Yes	No

Comments (if none of the above scenarios match your situation)

SECTION 6.

AUTHORIZATION AND COMMITMENT

I confirm that the information provided and mentioned in this form is complete and accurate.

I agree that the contacted party may disclose the information it has about the organization and the project to government departments and agencies.

I agree to provide, without charge, without delay and in the form requested, all the information required to complete the assessment of the request for financial assistance.

Signature :

Date :