Community Futures Development Corporation of Central Interior First Nations and

United Way British Columbia

BC EMERGENT REPONSE AND RECOVERY GRANT

**APPLICATION FORM GUIDELINES**

**TERMS OF REFERENCE**

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Description automatically generated

**JANUARY 2022**

## **What is the purpose of the BC Emergent Response and Recovery Grant?**

The BC Emergent Response and Recovery Grant program is administered by Community Futures Development Corporation of Central Interior First Nations (CFDC of CIFN) and funded by United Way British Columbia (UWBC). The program is to provide a monetary contribution to assist clients, Indigenous owned businesses, entrepreneurs, and First Nation Communities who have experienced business disruption and financial loss due to the *2021 BC Floods*.

The BC Emergent Response and Recovery Grant will range from $500.00 to $7,500.00 per client, business, or entity.

**Who can apply?**

* Indigenous owned businesses impacted by *2021 Floods* and mudslides located within the CFDC of CIFN Service Region
* CFDC of CIFN Loan clients (existing or previous)
* CFDC of CIFN Business Recovery Support clients (businesses that have received business support between the period of June 2021 to present)
* First Nation Communities
* Although CFDC of CIFN Board of Directors and Staff may also be small business owners, they will be exempt from the BC Emergent Response and Recovery Grant

**What are the eligibility criteria?**

* CFDC of CIFN client (Loan or Business Recovery Support)
* Evidence of revenues prior to November 2021
* Evidence of annual revenues from October 2020 to November 2021
* Proof of address, both personal and business
* Proof of goods or services sold

**How to apply?**

* Complete the CFDC of CIFN BC Emergent Response and Recovery Grant application
* Include your revenue amounts (as described above)
* Submit your application by email to [chasity@cfdcofcifn.com](mailto:chasity@cfdcofcifn.com)
* Attach **ALL** supporting documentation

Once email submission is complete, you will receive an acknowledgment within 5 business days. If further information or documentation is required, it will be asked at that time.

**When is the deadline?**

Applications will be accepted until the BC Emergent Response and Recovery Grant fund is fully allocated. Each application will be reviewed on a case-by-case basis, the CFDC of CIFN – Business Recovery Liaison will make recommendations to the General Manager and Grant Committee.

**Contact us:**

For further information or questions, please contact ERRG team, Chasity Jones the ETSI-BC Business Recovery Liaison, chasity@cfdcofcifn.com, and Tina Malkie the CFDC of CIFN Project Coordinator, tina@cfdcofcifn.com.

**Instructions**

1. Complete this form in its entirety – all fields are mandatory
2. Attach financial information of your business operations
3. Attach a void cheque or a deposit form issued by your financial institution
4. Provide proof of address, both personal and business (bank statement, T4, utility bill, etc.)
5. Provide proof of goods or services sold (income statement, invoices, receipts, website link, etc.)
6. Please type your information in MS word document or use Adobe PDF, do not hand write document.

# Emergent Response and Recovery Grant

**Application Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Applicant Information** | | | | | | | | | | |
| First Name: | Last Name: | | | | Title: | | | | Email: | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Work Phone: | Cell Phone: | | | | First Nation Community or Registry N° (Status N°) | | | | | |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | | | |
| **Section 2: Business Information** | | | | | | | | | | |
| Business Name: | | | | | Has your business received Disaster Financial Assistance? | | | | | |
| Click or tap here to enter text. | | | | | Yes or  No | | | | | |
| Name(s) of Business Owners: | | | | | Name(s) of Business Owners: | | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | |
| Business Mailing Address: | | | | | | | | | Located on reserve? | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | **BC** | | Click or tap here to enter text. | | Yes or  No | |
| (Street) | | | (Town/City) | | (Province) | | (Postal Code) | |  | |
| Business Mailing Address (if different from mailing address): | | | | | | | | | Located on reserve? | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | **BC** | | Click or tap here to enter text. | | Yes or  No | |
| (Street) | | | (Town/City) | | (Province) | | (Postal Code) | |  | |
| **Section 3: Client Information** | | | | | | | | | | |
| Are you a Loan Client of CFDC of CIFN? | | | | | | Have you received business support from CFDC of CIFN from the period of June 2021 to present? | | | | |
| Yes or  No | | | | | | Yes or  No | | | | |
| **Section 4: Business & Financial Information** | | | | | | | | | | |
| What was your business’ income prior to November 2021? Please indicate the period of income | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| What was your business’ annual income from October 2020 to November 2021? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| **Section 5: Disaster Impaction Information** | | | | | | | | | | |
| Please summarize how your business was impacted by floods, mudslides, evacuations, and highway closures. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Please summarize your business losses. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| How did the disaster impact employment? | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Number of employees? | | | | | | | | | | |
| 1 to 5 | | | | 6 to 10 | | | | 11+ | | |
| Has your business experienced financial loss caused by emergencies, disasters, or catastrophes ? | | | | | | | | | | |
| Pandemic | | Wildfires | | | | 1 Floods | | | | Other |
| **Section 6: Sources and Uses** | | | | | | | | | | |
| Please describe how the funds will be used. Will the funds be used for repair work, insurance, utilities, etc. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| What is the estimation or actual cost of repairs? | | | | | | Have you completed a business recovery plan? | | | | |
| **$** Click or tap here to enter text. | | | | | | Yes or  No | | | | |

**Required Attachments**

Attach financial information of your business operations (cashflow sheet, balance sheet)

Attach a void cheque or an automatic deposit form issued by your financial institution

Proof of address, both personal and business (drivers’ licence, bank statement, T4, utility bill, etc.)

Proof of providing goods or services (proof of income, invoices, receipts, website link, etc.)

# Declaration & Consent of Application

I hereby acknowledge and certify that:

I have the authority to submit this request for support on behalf of the Applicant.

I have read and understand this request for support and will submit all required information with this submission. I understand incomplete applications cannot be assessed easily and may be deemed incomplete and/or ineligible.

The financial information provided within this application is accurate.

I give permission to photographs and videos, and I grant full rights to CFDC of CIFN and UWBC, full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity, or other purposes to help achieve the group’s aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Designated Representative for the Business OR Name of Applicant** | | | **Title** |
| Click or tap here to enter text. | | | Click or tap here to enter text. |
| **Applicant Signature** | | | **Date** (mm-dd-yyyy): |
| Click or tap here to enter text. | | | Click or tap to enter a date. |
|  | | |  |
| **OFFICE USE ONLY:** | |  |
| **Date Application Received** (mm-dd-yyyy): | **Application Number:** |
| Click or tap to enter a date. | Click or tap here to enter text. |