



# BUSINESS RECOVERY GRANT

## APPLICATION FORM GUIDELINES

Community Futures Development Corporation of Central Interior First Nations (CFDC of CIFN) through a contribution from Valley First Credit Union is delivering a \$10,000.00 fund through the CFDC of CIFN Business Recovery Grant. This grant will provide non-repayable contributions of up to \$750.00 to small business clients of CFDC of CIFN in response to the economic impacts of COVID-19 and wildfires.

### What is the Purpose of the Business Recovery Grant?

This grant program will provide a monetary contribution that will assist clients who are experiencing business disruption and financial loss due to COVID-19 and wildfires.

Applicants will be required to make application directly to CFDC of CIFN.

Approved grants will be \$500.00 or \$750.00 per business client/entity.

# Business Recovery Grant - Application Guidelines

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## Who can apply?

- CFDC of CIFN loan clients (existing or previous)
- CFDC of CIFN business support clients (those businesses that have received business support between the period of June 2020 – present)

## What are the Eligibility Criteria?

- CFDC of CIFN client (loan or business support)
- Evidence of revenue amounts prior to March 2020
- Evidence of revenue amounts from April 2020 – March 2021

## How to apply?

- Complete the CFDC of CIFN Business Recovery Grant application
- Include your revenue amounts (as described above)
- Submit your application by email to [chacity@cfdcocifn.com](mailto:chacity@cfdcocifn.com)
- Attach a void cheque or electronic deposit form

You will receive an acknowledgment within 2 business days. If further information/documentation is required, it will be asked at that time.

## When is the deadline?

Applications will be reviewed on a first come first serve bases, and approvals will be made until the grant fund is fully allocated.

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## Contact us:

For further information or if you have questions, please contact one of the Business Recovery Liaisons:

**Gail Joe**

[gail@cfdcocifn.com](mailto:gail@cfdcocifn.com)  
(604) 505-7762

**Chasity Jones**

[chacity@cfdcocifn.com](mailto:chacity@cfdcocifn.com)  
(250) 214-9888

# Business Recovery Grant - Application Guidelines



## 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

## Application Form

Section 1: Applicant Information			
First Name:	Last Name:	Title:	
Work Phone:	Cell Phone:	Email:	
Section 2: Business Information			
Business Name:			
Name(s) of Business Owners:		Name(s) of Business Owners:	
Business Mailing Address:			
(Street)	(Town/City)	(Province)	(Postal Code)
Business Address (if different from mailing address):			
(Street)	(Town/City)	(Province)	(Postal Code)
Section 3: Client Information			
Are you a Loan Client of CFDC of CIFN?  <input type="checkbox"/> Yes or <input type="checkbox"/> No		Have you received business support from CFDC of CIFN from the period June 2021 to present?  <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Section 4: Business & Financial Information			
What was your businesses income prior to March 2020? Please indicate the period of income			
What was your business income from April 2020 to March 2021?			

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Section 5: Additional Comments
<p>Please summarize how your business has been affected by COVID-19 or wildfires</p>

## 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 proposal. I understand incomplete applications cannot be assessed easily and may be deemed incomplete and/or ineligible.
- The financial information provided with this application is accurate.

Name of Designated Representative for the Business OR Name of Applicant	Title
Applicant Signature	Date (mm-dd-yyyy):

### OFFICE USE ONLY:

Date Application Received (mm-dd-yyyy):	Application Number: