



## MMF Covid-19 Business Support Program

### GRANT APPLICATION for small businesses including; Artisans, Musicians, and Fishers

#### **About the Program:**

The Manitoba Metis Federation (MMF) is providing business supports to Métis owned businesses whose revenues have been negatively affected by the COVID-19 pandemic. The MMF Covid-19 Business Support Program will provide a ***non-repayable financial contribution (grant) up to \$10,000*** to strengthen operations and increase business viability during the COVID-19 pandemic, with the goal of positioning businesses for recovery.

#### **Who can Apply:**

To apply for the following criteria must be met:

- The business must be Metis owned and controlled
- Applicants must provide a clear copy of your MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis owners
- Applicant must be 18 years of age or older
- Business must have been in operation since October 1, 2019
- Business must be located within Manitoba

#### **Funding:**

*Examples of possible funding activities may include but are not limited to:*

- Capital lease payments for existing equipment and machinery
- Salaries and benefits
- Utilities
- Professional fees
- Monthly insurance payments
- Rent or mortgage payments
- Operating costs or capital expenditures related to adapting the business and services for recovery

#### **Please attach the following to your application and send prior to March 31, 2021:**

1. Clear copy of your MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis owners.
2. Business Registration or Incorporation Documents
3. Proof of activity documentation such as a business license, invoice of recent work, sales receipts; or a signed validation certificate from your local or regional executive.
4. Bank Information: Please attach a VOIDED cheque for processing purposes
5. COVID Impact Questionnaire – We will email you the required questionnaire to be completed.

Please email your fully completed application before with all attachments to: [\*\*info@lrcc.mb.ca\*\*](mailto:info@lrcc.mb.ca).

If you have any questions about the non-repayable financial contribution (grant), please email [\*\*info@lrcc.mb.ca\*\*](mailto:info@lrcc.mb.ca) or call us toll free at **1 (800) 387-6004** or local at **(204) 589-0772**.



## MMF Covid-19 Business Support Program

### FINANCIAL ASSISTANCE APPLICATION FOR MICROBUSINESS INCLUDING; ARTISANS, MUSICIANS, AND FISHERS

To be completed by the Manitoba Metis business owner applying on behalf of any and all business owners and the business or corporation. *NOTE: If you require more room you may attach additional pages.*

#### Section 1: Applicant Information (to be completed by business applicant)

1. Full Name of Manitoba Metis applicant:

\_\_\_\_\_

**First Name**

**Initial**

**Surname**

**SIN #**

2. Address:

3. Age Category: Please mark the box that applies

18 to 29

30 to 54

55+

4. MMF Citizenship Card Number:

5. MMF Region:

6. Name of Business:

7. Phone Number:

8. Email Address:

9. Website:

10. Have you or your business received other COVID-19 Support funding? NO  YES

If YES, please identify the source and the amount. \_\_\_\_\_

11. What is your business type: (circle one) Sole Proprietor, Partnership, Corporation

12. What is the Metis percentage (%) of ownership? \_\_\_\_\_

13. How many years have you been operating your business? \_\_\_\_\_ years

14. Pre-COVID number of employees: \_\_\_\_ Full-Time \_\_\_\_ Part-Time

Pre-COVID annual sales in dollars (\$): \_\_\_\_\_

15. Current number of employees: \_\_\_\_ Full-Time \_\_\_\_ Part-Time

Expected annual sales in dollars (\$): \_\_\_\_\_



## MMF Covid-19 Business Support Program

**16. How will the funds help you and your business, and/or how will the funds assist your business towards recovery following COVID-19?**

**17. Identify a short list of your operating and other costs that you will be applying the contribution funds towards.**

### Section 2: Collection use and Disclosure of Personal and Business Information:

By signing this form, I agree to the following:

- a)** That the terms and conditions of any financial contribution which may be authorized will be set forth in an approval letter.
- b)** That in applying for this financial contribution, I authorize the MMF to obtain personal credit information about me and my business from any sources. By executing this application, I understand that personal and confidential business and credit information may be requested from me and/or collected from third parties that have information about me or my business and personal financial status for the purposes of determining my eligibility for the financial contribution.
- c)** That by submitting this application to the MMF, I agree to notify the MMF immediately of any application pending and under consideration by another financial contributor or lender, or if negotiations are entered into, or an offer of financing is received during MMFs consideration of this application.
- d)** I acknowledge that the MMF will protect personal and business information and that limited basic business information will only be provided to others where contractually or legally required.
- e)** *That the information provided in this application is true, complete and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered enough cause for refusal of this application for the MMF Covid-19 Business Support Program. In the event it is verified that you have made false or misleading statements or submitted a fraudulent application, you will be required to make immediate repayment of any funding provided through this program as well as any legal costs that may have been incurred through the recoupment process.*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of Applicant \_\_\_\_\_

(Print Name)

(Signature)