

Application Eligibility

Project Eligibility

To be eligible for funding businesses must identify and describe a project/expense for which you need funding assistance. The project/expenses must be specific to helping your business recover from COVID-19 impacts. Funding can not be used as revenue lost during the COVID-19 pandemic.

To be eligible for funding, applicants must declare that:

1. The business has been in operation for at least one calendar year
2. The business has been solvent, financially viable, and not declared bankrupt prior to COVID-19 disruptions
3. The business currently is and expects it will continue to operate with a reduction in revenues over the coming months as a result of COVID-19
4. The financial support will help prevent layoffs, bankruptcy, or permanent closure
5. They have not received any other nonrepayable COVID-19 business funding. Ex: Federal relief from Canadian government, ITAC Stimulus Grant.

Eligible Businesses

Eligibility for this program is limited to small businesses owned by members of Qalipu First Nation. A valid Indian Registration number must be included within your application. Businesses must be a sole proprietorship, incorporated entity, or a family-owned microbusiness with minimal staff.

Assessment process

Applications will be reviewed in the order they are received. They will be screened for eligibility, using the criteria above, before proceeding to an assessment to determine the amount of eligible funding.

Decisions will be shared with applicants as they become available. Applicants who are unable to clearly demonstrate that they meet all eligibility requirements will be declined.

At any time during the intake and assessment process, a Qalipu representative may contact the applicant for additional information, including missing or incomplete documentation. Delays in responding to requests for additional information within 5 business days may result in a delayed or declined decision.

Funding Available

There are limited funds available and therefore the funding amount for any one applicant cannot exceed \$10,000. Please note that an offer less than the full requested amount may be considered.

In addition to meeting the above criteria, your application must include the following:

- Completed application form
- One page written project summary
- Completed budget template

Business Owner

Name: _____ Band number: _____
Job title: _____ Phone number: _____
Email: _____

Business Information

Name: _____
Business number: _____ Date established (dd/mm/yyyy): _____
Business website: _____
Street address: _____
City: _____ Province: _____ Postal code: _____

What goods or services does your business currently offer?

Is the business at least 51% Indigenous owned/controlled?

- Yes
- No

Indigenous business type:

- Wholly Owned Business: (100% owned by an Indigenous entrepreneur, community, or economic development corporation).
- Joint Venture/Partnership: (joint venture or partnership between a company with 51% ownership by an Indigenous Entrepreneur, Community or Economic Development Corporation).
- Entrepreneur Owned Business: (business owned by [a] person[s] from an Indigenous community – First Nations, Metis or Inuit).

In the last year how many employees did your business employ at peak season? _____

Amount of funding requested (up to \$10,000)? _____

COVID-19 and the Effects on Business Operations

What impact has COVID-19 had on your Indigenous business since March 2020?

- | | |
|---|--|
| <input type="checkbox"/> Revenue loss | <input type="checkbox"/> Bankruptcy |
| <input type="checkbox"/> Layoffs of permanent employees | <input type="checkbox"/> Closure due to Provincial/Territorial restrictions to my business |
| <input type="checkbox"/> Layoffs or part-time employees | <input type="checkbox"/> Closure due to my community being closed to external visitors |
| <input type="checkbox"/> Inability to hire seasonal staff | |

Is your business currently tracking financial losses due to COVID-19?

- Yes
- No

What is the estimated amount of financial loss anticipated for your business in 2020 due to COVID-19? _____

Has your business had to decrease the number of employees because of COVID-19?

- Yes
- No

Will you access other provincial support to assist with COVID-19 recovery?

- Yes
- No

Project Details

Select the activities you will use this funding for to maintain jobs within your company:

- Creating and/or revising a Community Job Action Plan
- Employing youth, elders, differently abled
- Hiring and training full-time/parttime staff
- Increasing skills and knowledge for existing staff
- Maintaining or re-establishing jobs list because of COVID-19
- Creating virtual tours, and online offerings
- Finding new ways to generate business as markets recover
- Product/experience analysis
- Refine or develop online booking platform
- Understanding new markets for development
- Business planning
- Collaboration/partner development
- Financial planning and emergency management
- Improving market or export readiness
- Marketing materials
- Capacity development or training for myself/staff
- Expand marketing assets
- Hosting familiarization tour(s)
- Infrastructure upgrades to improve guest experience
- Infrastructure upgrades to meet visitor expectations
- Invest in branding and marketing collateral
- Meet licensing, insurance, and legislative requirements
- Update pricing structure and engage travel trade partners
- Use funding to support marketing intelligence
- Reopening while implementing new Health & Safety requirements
- Other: _____

What support(s) would help your business survive post-COVID-19 and plan for recovery?

- Financial / administrative advisor to help operations
- Marketing / business advisor to help with readiness standards
- Need more project funds (cash) to invest towards standards
- Need more time to be able to work on business planning
- Reference materials and guides to read and follow
- Staff Training to improve visitor experience/staff retention
- Other: _____

Please attach a one page written project summary.

Declaration & Signature

In signing this application form I _____, hereby declare that the information contained in this application form and all supporting documents to my application for the Qalipu First Nation COVID-19 Small Business Relief Fund is true. I declare that I have not received any Federal COVID-19 relief funding prior to the signing of this application.

Signature

Date (dd/mm/yyyy)