

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/eng/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 (mm/dd/yyyy) :

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/eng/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 :