**WEI Regional Relief and Recovery Fund (RRRF)**

**Application for MB Women-Owned and Partnered Businesses**

**APPLICATION DEADLINE**

* Funding is limited and approved on a ***first come, first served basis***
* Email this application ***before*** **June 30, 2021**
* Email a completed Personal Statement of Affairs
* Email your professionally prepared Financial Statements for the **last 2 fiscal years** (including Income Statement and Balance Sheet). If your business has been operational for less than 2 years please submit Financial Statements for the time period the business has been operational
* Email your year-to-date financials as at the date of your RRRF Application
* Email a copy of current government issued photo ID

**Email your completed application and all supporting documents to** [**wecinfo@wecm.ca**](mailto:wecinfo@wecm.ca)

**Email subject line should read: RRRF Loan Application**

**The Regional Relief and Recovery Fund provides funding to support viable businesses that do not qualify for the Canada Emergency Business Account (CEBA) or other government recovery funds.**

Enter the required information in the space provided. An asterisk (**\***) indicates a required field.

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| organization information | | | | | | | |
| Legal name of applicant organization: | | | | **\*** | | | |
| Operating name if different than legal name: | | | |  | | | |
| Email address: | | \* | | Website: | \* | | |
| Telephone: | | \* | | Facsimile: |  | | |
| **Mailing Address** | | | | | | | |
| Mailing address (Including suite, unit, apt #): | | | | **\*** | | | |
| Mailing address line 2: | | | |  | | | |
| City: | **\*** | | Province/Territory: | Manitoba | | Postal Code: | **\*** |
| **Legal Address – [If same as Mailing Address check here ]** | | | | | | | |
| Legal address (Including suite, unit, apt #): | | | | **\*** | | | |
| Mailing address line 2: | | | |  | | | |
| City: | **\*** | | Province/Territory: | Manitoba | | Postal Code: | **\*** |
| How many employees currently work for your organization? | | | | Full Time #: **X.XX \*** Part Time #: **X.XX \*** | | | |
| Estimate the number of jobs created, maintained or expanded over the next year if approved for this loan program? | | | | Jobs created Total Full Time #: \* Total Part Time #: \*  Jobs maintained Total Full Time #: \* Total Part Time #: \* | | | |
| Is the applicant a (select ALL that apply in the column to the right):  Provision of this information is voluntary. Note that this information is collected for statistical purposes and will not impact the loan approval decision. | | | | Women-owned business  Indigenous-owned business  Tourism business (including tourism operators, recreation and  entertainment, transportation, accommodations, food and beverages, and  restaurants, but *excluding retail*)  Youth-owned business (under the age of 30)  Entrepreneur with a Disability-owned business  Francophone-owned business  Visible Minority-owned business  LGBTQ2+-owned business  New Canadian-owned business (Canadian citizen or Permanent Resident  within the last 5 years) | | | |
| **Organization Details** | | | | | | | |
| When did your business commence operations in Canada? | | | |  | | | |

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| ORGANIZATION UNIQUE IDENTIFICATION NUMBERS | | | | | |
| Provide your CRA Business number or GST number (First 9 digits only)  **\*** | |  | | I do not have a CRA business Number | |
| Business Structure | | Sole Propietorship  Partnership  Incorporated | | | |
| Provide incorporation information below: | | | | | |
| Incorporation type: | | Incorporated Federally  Incorporated Provincially  Not incorporated | | | |
| Incorporation Number: | |  | | | |
| In the province of: |  | | Date of incorporation: | |  |

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| PRIMARY CONTACT: The Primary Contact will be contacted for any follow-up to this application. | | | | | | | |
| First name: | **\*** | Last name: | **\*** | | | Title: | **\*** |
| Email address: | **\*** | | | Business  Telephone: | **\*** | Cell: | \* |

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| FUNDING REQUEST | |
| **What amount of loan funding is being requested?** **NOTE:** Maximum request is $40,000 | **$ XXXX\*** |
| **Please identify the amounts to be used within the following expense categories below. The funds from this loan may only be used by the Borrower to pay non-deferrable operating costs for which the applicant *has not previously received assistance from other federal and provincial funding measures.***  **NOTE: Total should equal the amount of funding requested.** |  |
| **Payroll (salaries and benefits)** – **NOTE**: Cannot be used for payroll costs previously supported through the Canada Emergency Wage Subsidy (CEWS). | **$ XXXX\*** |
| **Property taxes** | **$ XXXX\*** |
| **Rent** – **NOTE:** Cannot be used to replace occupancy costs previously supported through the Canada Emergency Commercial Rent Assistance (CECRA). | **$ XXXX\*** |
| **Utilities** | **$ XXXX\*** |
| **Cleaning supplies and additional safety measures** | **$ XXXX\*** |
| **Bank interest / charges** | **$ XXXX\*** |
| **Office supplies and vehicle operating expenses** | **$ XXXX\*** |
| **Lease payments for existing equipment / machinery** | **$ XXXX\*** |
| **Professional Fees** | **$ XXXX\*** |
| **Insurance** | **$ XXXX\*** |
| **Regularly scheduled debt servicing** – **NOTE:** Cannot be used to payoff existing loans | **$ XXXX\*** |
| **Other eligible expenses** (retooling, rethinking workflows, automation, robotics, developing new markets etc.).  **Please describe:** | **$ XXXX\*** |
| **TOTAL (must not exceed $40,000)** |  |

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| **GOVERNMENT OF CANADA COVID-19 SUPPORT MEASURES**  Recipients of funding from the following federal relief measures may not be eligible for funding under the Regional Relief and Recovery Fund: | |
| Has your business applied, received or been deemed ineligible for any of the following federal COVID-19 economic support measures? \* | |
| Canada Emergency Business Account (CEBA) | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| Canada Emergency Wage Subsidy (CEWS) | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| Has your landlord applied for  Canada Emergency Commercial Rent Assistance (CECRA)? | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| Manitoba GAP Protection Program (MGPP) | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| Canada Emergency Response Benefit (CERB) | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| Any other federal of provincial COVID-19 emergency relief programs? | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| If you have selected “Approved” for any of the above programs please state the total amount of funding received and the name of the program(s). |  |

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| **Access to Additional Funds** | |
| Does your business have access to any other forms of credit? (loans, LOCs etc) | Applied  Approved  Rejected  Do not meet eligibility criteria  Did not apply \* |
| If you selected ‘APPROVED” please state the total amount received and who provided it. |  |

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| FINANCIAL INFORMATION | | |
| Enter the amount of revenue generated by your business in 2019. | | **$ XXXX\*** |
| If there is additional information you would like to share detailing your business’s amount of revenue generated in 2019, please list it here. | **(Maximum 500 Characters)\*** | |
| Enter the estimated (%) revenue reduction in 2020 directly related to COVID-19 impacts. | | **XX %\*** |
| Is your business in arrears with CRA? | | Yes  No **\*** |
| Is your business in arrears with any other financial institutions or lenders? | | Yes  No **\*** |
| Is your business in arrears with your landlord? | | Yes  No **\*** |
| **List the estimated total operating costs for your business for the next 12 months.** | | |
| **Category** | | **Total Operating Costs** |
| Utilities | | **$ XXXX\*** |
| Insurance | | **$ XXXX\*** |
| Debt Expense | | **$ XXXX\*** |
| Professional Fees | | **$ XXXX\*** |
| Rent | | **$ XXXX\*** |
| Wages and Salaries | | **$ XXXX\*** |
| Property and Business Taxes | | **$ XXXX\*** |
| Other (explain other costs) | | **$ XXXX\*** |
| **Total** | | **$ XXXX\*** |
| List the estimated total revenue earned by your business for the next 12 months | | **$ XXXX\*** |
| Operating balance (calculation). | | **(Total Operating Costs – Total Revenue)** |
| Email your professionally prepared Financial Statements for the **last 2 fiscal years** (including Income Statement and Balance Sheet). If your business has been operational for less than 2 years please submit Financial Statements for the time period the business has been operational. | | \* |

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| Business information | |
| Provide a description of your organization and its principal business line(s). | **(Maximum 500 Characters)\*** |

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| **EXPECTED IMPACTS** | |
| Describe the impact that COVID-19 has had on your business: **(Maximum 500 Characters)\***  BULLETS | |
| Describe how RRRF funding will assist your business going forward: **(Maximum 500 Characters)\***  BULLETS | |
| Have you had to alter your regular operations to manufacture Personal Protective Equipment (PPE)? | Yes  No **\*** |

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| AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS | | | | | | | |
| The application form must be submitted by a member(s) of your organization with signing power/authority to enter into a legal agreement. | | | | | | | |
| On behalf of the Applicant Organization I declare that:  The organization suffered a financial hardship resulting from COVID-19 pandemic. \*  The information provided in this application is accurate. \*  The organization acknowledges its intention to continue to operate its business in Manitoba.\*  The organization has applied and been declined for Canada Emergency Business Account funding, is not eligible for Canada Emergency Business Account funding, or will not apply for Canada Emergency Business Account funding if their application to the RRRF is successful. \*  An audit may be conducted by the Government of Canada or any of its agents to ascertain the veracity of this attestation and the eligibility of the applicant under the program. \*  The organization will provide the Women’s Enterprise Centre of Manitoba or any of its agents with required financial information.\*  The organization will use any funding received as working capital in the categories outlined in the operating costs section of this application.\* | | | | | | | |
| On behalf of the Applicant Organization, I hereby acknowledge and agree that:   * This application does not constitute a commitment from the Women’s Enterprise Centre of Manitoba for funding. * Any funds received under this program are repayable contributions to the Women’s Enterprise Centre of Manitoba, *less conditionally forgivable portions where and when applicable*. * The terms and conditions of any financing which may be authorized will be set forth in a Letter of Offer, for agreement and acceptance by the Applicant Organization. * By signing this form, you are granting the Women’s Enterprise Centre of Manitoba access to personal information under the Personal Information Protection and Electronic Documents Act (PIPEDA). This information will be protected and used in conformity with PIPEDA and the Privacy Act. Under these Acts, each Recipient has access to their personal information and has the right to demand any modification. This information will be maintained by the Women’s Enterprise Centre of Manitoba.   I authorize the Women’s Enterprise Centre of Manitoba, its officials, employees, agents, and contractors to make enquiries of such persons, firms, corporations, federal, provincial and municipal government departments/ agencies, and non-profit, economic development, or other organizations as may be appropriate, and to collect and share information with them, as the Women’s Enterprise Centre of Manitoba deems necessary in order to assess this application, to administer and monitor the implementation of the subject project and to evaluate the results of the project and related Programs.  **I have read and agree with the above acknowledgements and certify that all statements and information provided in this application are true, complete, and correct to the best of my knowledge.** \* | | | | | | | |
| **Authorizing Official Contact Information** - Official signing affidavit | | | | | | | |
| First name: | **\*** | Last Name: | **\*** | Title: | \* | | |
| Email Address: | **\*** | | | Telephone: | **\*** | Cell: |  |
| Signature: | **\*** | | | Date: | **\*** | | |
| **Second Authorizing Official Contact Information** - Official signing affidavit | | | | | | | |
| First name: | **\*** | Last Name: | **\*** | Title: | \* | | |
| Email Address: | **\*** | | | Telephone | **\*** | Cell: |  |
| Signature: | **\*** | | | Date: | **\*** | | |

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**Email subject line should read: RRRF Loan Application**

The Regional Relief and Recovery Fund is provided with the support of the Government of Canada

through Western Economic Diversification Canada.



**PRIVACY NOTICE AND CONSENT \***

The Women's Enterprise Centre of Manitoba (WECM) values our relationship with you and respects your privacy. We do not sell or barter your information to third parties. There may be times when the information you have provided may be used for statistical or research purposes. Your information will be used in a manner that will ensure its confidentiality.

I/we understand and acknowledge that WECM collects, uses and discloses my personal information on the basis outlined in WECM’s [Privacy Code](https://wecm.ca/privacy-policy/).

By requesting and using WECM’s services, I/we hereby consent to the collection, use and disclosure of

my/our personal information by WECM only as indicated above.

**ACKNOWLEDGEMENT AND RELEASE \***

I/we acknowledge the Women’s Enterprise Centre of Manitoba (WECM) is NOT providing me/us professional

financial or legal advice, butrather offers itself as a source of information, counsel, support and direction to

further resources.

I/we acknowledge that the WECM has advised me/us to seek professional financial and legal advice and to

conduct my/our own investigations into all matters concerning the business. The WECM has advised me/us not

to rely solely on the information and advice provided to me/us by or on behalf of the WECM.

I/we hereby release the WECM, its directors, representatives and employees from responsibility should I/we

choose to act solely on the information and advice provided to me/us by or on behalf of the WECM.

I/we acknowledge as well that the WECM, its directors, representatives and employees have not held

themselves to be expert in any particular field, but rather to be a source of information, support and

encouragement for women in business.

On behalf of myself, the company, partnership or organization that I represent, I acknowledge that I have

read and understood the above.

**APPLICANT DECLARATION \***

I/we declare that all information provided herein is true, complete and correct, to the best of my knowledge.

I/we further consent to the Women’s Enterprise Centre of Manitoba (WECM) retaining copies of any and all

information and documents received from the undersigned, including my business plan and supporting

documents.

On behalf of myself, the company, partnership or organization that I represent, I acknowledge that I have

read, understood and consent to the above Privacy Notice and Consent, Acknowledgement and Release,

and the Applicant Declaration above.