



## 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 March 31, 2020
- 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:**

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/Incorporation Documents or other documentation proving proof of business operation.
3. Your most recent 3 months of bank statement for your business operation.
  - a. If you do not have a separate business bank account please send bank statements for your personal account that provide an overview of transactions related to your business.
4. Bank Information: Please attach a VOIDED cheque for processing purposes

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.*

<b>Section 1: Applicant Information (to be completed by business applicant)</b>			
<b>1. Full Name of Manitoba Metis applicant:</b>			
_____	_____	_____	_____
<b>First Name</b>	<b>Initial</b>	<b>Surname</b>	<b>SIN #</b>
<b>2. Address:</b>			
<b>3. MMF Citizenship Card Number:</b>		<b>4. MMF Region:</b>	
<b>5. Name of Business:</b>		<b>6. Phone Number:</b>	
<b>7. Email Address:</b>		<b>8. Website:</b>	
<b>9. Have you or your business received other COVID-19 Support funding? NO <input type="checkbox"/> YES <input type="checkbox"/></b>			
If YES, please identify the source(s) and the amount(s). _____			
_____			
<b>10. What is your business type:</b> (circle one) Sole Proprietor, Partnership, Corporation			
<b>11. # of Owners:</b> ___ <b>Male Owners:</b> ___ <b>Female Owners:</b> ___ <b>Other Owners:</b> ___			
<b>What is the Metis percentage (%) of ownership?</b> _____			
<b>12. How many years have you been operating your business?</b> _____ years			
<b>13. Pre-COVID number of employees:</b> ___ Full-Time ___ Part-Time			
<b>Pre-COVID annual sales in dollars (\$):</b> _____			
<b>14. Current number of employees:</b> ___ Full-Time ___ Part-Time			
<b>Estimated annual sales in dollars 2021 (\$):</b> _____			



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**16. Provide a brief description of your business operation and details on how your business continues to be affected by the COVID-19 Pandemic. (attach a separate document if needed).**

**17. Identify a list of your fixed monthly operating costs. Please include the name of the expenses and the associated amounts. Examples are rent, utilities, insurance, wages, loan payments, etc.**

**18. Provide details on how additional funding would be used to help your business survive the COVID-19 Pandemic. (Eg. Cover operating expenses, increased marketing, etc.)**



## MMF Covid-19 Business Support Program

### 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 MMF's 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\_\_\_\_.  
(location)

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

(Print Name)

(Signature)