



**APPLICATION FOR FINANCIAL ASSISTANCE
REGIONAL RELIEF AND RECOVERY FUND**

PROTECTED B WHEN COMPLETED

CONFIDENTIALITY: The information provided in this application may be accessible under the [Access to Information Act](#). No commercially confidential information which you submit to us will be disclosed unless authorized by you; required to be released by law; or required to be released by the Minister for the purpose of the [Atlantic Canada Opportunities Agency Act](#) for the purposes of the conduct of an international dispute in which Canada is a party or a third party intervener. Please consult the federal government's [Access to Information Act](#) for additional details.

Any information that you consider confidential should be annotated accordingly.

PART A – APPLICANT ATTESTATION

I HEREBY ATTEST, REPRESENT AND WARRANT THAT:

1. MY BUSINESS/ORGANIZATION IS STILL ACTIVE OR WAS ACTIVE UP TO AND UNTIL MARCH 15, 2020 YES NO

2. THE OBJECTIVE OF THE REGIONAL RELIEF AND RECOVERY FUND (RRRF) IS TO PROVIDE LIQUIDITY SUPPORT TO BUSINESSES AND ORGANIZATIONS THAT ARE NOT ELIGIBLE OR WERE REJECTED FOR OTHER RELIEF MEASURES UNDER THE CANADA COVID-19 ECONOMIC RESPONSE PLAN OR FOR THOSE THAT CONTINUE TO BE IMPACTED BY THE COVID-19 PANDEMIC. APPLICANTS MUST HAVE APPLIED FOR OR BEEN DEEMED INELIGIBLE FOR OTHER ASSISTANCE UNDER THE CANADA COVID-19 ECONOMIC RESPONSE PLAN. APPLICANTS THAT HAVE NOT DONE SO WILL NOT BE CONSIDERED FOR ASSISTANCE UNDER THE RRRF. PLEASE ATTEST TO THE FOLLOWING:

PROGRAM NAME	DID YOU APPLY?	WHAT WAS THE OUTCOME?
BUSINESS CREDIT AVAILABILITY PROGRAM (BCAP)		
CANADA EMERGENCY BUSINESS ACCOUNT (CEBA)		
CANADA EMERGENCY WAGE SUBSIDY (CEWS)		
CANADA EMERGENCY COMMERCIAL RENT ASSISTANCE (CECRA)		
WORK-SHARING PROGRAM		
CAPITAL BRIDGE FINANCING PROGRAM		
IRAP INNOVATION ASSISTANCE PROGRAM		
CANADA EMERGENCY RESPONSE BENEFIT		

RRRF ASSISTANCE IS LIMITED TO ONE (1) PROJECT PER APPLICANT

HAVE YOU APPLIED FOR OTHER COVID-19 RELATED FINANCIAL ASSISTANCE, EITHER FEDERAL, PROVINCIAL OR MUNICIPAL? YES NO

IF YES, PLEASE SPECIFY WHICH PROGRAM(S) AND THE RESULTS OF YOUR APPLICATION (IF APPROVED, SPECIFY - AMOUNTS & COSTS COVERED / IF REJECTED, SPECIFY REASON)

3. IF YOU HAVE RECEIVED ASSISTANCE FROM ANY OF THE PROGRAMS LISTED ABOVE BUT ARE STILL EXPERIENCING LIQUIDITY ISSUES, PLEASE EXPLAIN WHY (E.G. LIMITED MARKETS, SUPPLIER ISSUES, RESSOURCE ISSUES, ETC.)



PART B – APPLICANT INFORMATION

1. OFFICIAL LANGUAGE PREFERRED FOR CORRESPONDENCE		ENGLISH	FRENCH
2. ARE YOU AN EXISTING ACOA CLIENT?		YES	NO
3. PLEASE INDICATE IF THE APPLICANT IS MAJORITY-OWNED BY ANY OF THE FOLLOWING GROUPS (OPTIONAL)			
INDIGENOUS	WOMEN	OTHER UNDERREPRESENTED GROUP	
4. LEGAL NAME OF APPLICANT			
5. BUSINESS OR OPERATING NAME (IF DIFFERENT FROM LEGAL NAME)			
6. TYPE OF LEGAL ENTITY			
CORPORATION	SOLE PROPRIETORSHIP	NOT-FOR-PROFIT ORGANIZATION	PARTNERSHIP
MUNICIPALITY OR OTHER GOVERNMENT ENTITY		INDIGENOUS ORGANIZATION OR CORPORATION	
OTHER (SPECIFY):			
7. DATE OF INCORPORATION OR REGISTRATION		8. APPLICANT BUSINESS NUMBER (9 DIGIT BUSINESS IDENTIFIER PROVIDED BY CANADA REVENUE AGENCY)	
9. PLEASE PROVIDE A BRIEF DESCRIPTION OF THE APPLICANT'S PRODUCTS OR SERVICES (MAXIMUM 200 CHARACTERS)			
10. NUMBER OF EMPLOYEES (FULL TIME AND PART TIME):		11. APPLICANT FISCAL YEAR END (YYYY/MM/DD)	
ON OR BEFORE MARCH 15, 2020: FULL TIME: PART TIME:			
AT DATE OF APPLICATION: FULL TIME: PART TIME:			
12. MAILING ADDRESS			
13. CITY	14. PROVINCE	15. COUNTRY	16. POSTAL CODE
		CANADA	
17. BUSINESS PHONE NUMBER	18. FAX NUMBER	19. E-MAIL	
() -	() -		
		20. WEBSITE	

PART C - AUTHORIZED REPRESENTATIVE

AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT IS A PERSON WHO HAS THE AUTHORITY TO BIND THE APPLICANT. THIS INCLUDES THE AUTHORITY TO MAKE REPRESENTATIONS AND ENTER LEGALLY BINDING DOCUMENTS FOR AND ON BEHALF OF THE APPLICANT.

1. FIRST NAME		2. LAST NAME	
3. TITLE		4. EMAIL	
5. BUSINESS TELEPHONE NUMBER	6. MOBILE TELEPHONE NUMBER	7. FAX NUMBER	
() -	() -	() -	
8. IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT? YES NO			



PART D - REQUESTED ASSISTANCE

ELIGIBLE APPLICANT (PLEASE CHOOSE)

COMMERCIAL APPLICANT (INCLUDES FOR-PROFIT AND NOT-FOR-PROFIT ENTITIES UNDERTAKING COMMERCIAL ACTIVITIES)
 NOT-FOR-PROFIT ENTITY PROVIDING TECHNICAL SUPPORT TO BUSINESSES TO ASSIST THEM IN MITIGATING COVID-19 IMPACTS

ASSISTANCE

- ASSISTANCE UNDER RRRF IS TO COVER CASH FLOW FOR UP TO SIX MONTHS
- ACTUAL AMOUNT OF POTENTIAL ASSISTANCE UNDER THE RRRF WILL BE DISCUSSED WITH AN ACOA PROGRAM OFFICER
- ACOA ASSISTANCE UNDER RRRF WILL ONLY COVER ELIGIBLE COSTS FOR WHICH THE APPLICANT HAS NOT RECEIVED ANY OTHER ASSISTANCE FOR EMERGENCY RELIEF.

AMOUNT REQUESTED BY THE APPLICANT UNDER THE RRRF, BROKEN DOWN AS FOLLOWS:

ELIGIBLE COST	AMOUNT
RENT	
RENT OR LEASE OF EQUIPMENT AND MACHINERY	
SALARIES AND BENEFITS	
PROPERTY TAXES	
UTILITIES	
CLEANING SUPPLIES	
ADDITIONAL SAFETY MEASURES	
BANK INTEREST CHARGES	
INTEREST PORTION OF LOAN PAYMENT	
OFFICE SUPPLIES	
VEHICLE OPERATING EXPENSES	
PROFESSIONAL FEES	
INSURANCE	
OTHER FIXED OVERHEAD COSTS	
ONE TIME STABILIZATION EXPENDITURES	
TOTAL:	

HOW WILL THIS FUNDING ASSIST YOUR BUSINESS/ORGANIZATION IN BRIDGING THE GAP BETWEEN THE CURRENT PANDEMIC AND EVENTUAL RECOVERY?

BRIEFLY DESCRIBE WHAT SPECIFIC ACTIONS YOU ARE PLANNING TO UNDERTAKE FOLLOWING THE COMPLETION OF THIS PROJECT TO ENSURE A SUCCESSFUL RECOVERY FROM THE COVID-19 PANDEMIC:



PART E – REQUIRED INFORMATION AND DOCUMENTS (Please attach with application)

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE COMPLETED AND SIGNED APPLICATION:

FINANCIAL STATEMENTS (EXTERNALLY PREPARED) FOR THE LAST TWO YEARS (2018 & 2019)
 PROJECTED CASH FLOW FOR SIX MONTHS
 COPY OF ARTICLES OF INCORPORATION, WHERE APPLICABLE
 ALL OTHER DOCUMENTATION RELEVANT TO THIS REQUEST

PART F - DISCLOSURES

YES NO

<p>1. LITIGATION IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS INVOLVING THE APPLICANT BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?</p>		
<p>2. ARE THERE ANY JUDGMENTS OUTSTANDING AGAINST THE APPLICANT?</p>		
<p>3. MATERIAL CONTRACTS IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?</p>		
<p>4. TAXES IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETC.?</p>		

IF YOU ANSWERED YES TO ANY QUESTION, PLEASE PROVIDE DETAILS:



PART G - CONSENT AND CERTIFICATION

1. THE INFORMATION ENTERED IN THIS APPLICATION AND ALL ATTACHED DOCUMENTS, AS WELL AS ANY OTHER INFORMATION COLLECTED BY OR ON BEHALF OF THE ATLANTIC CANADA OPPORTUNITIES AGENCY (ACOA) TO PROCESS APPLICATIONS FOR GRANTS AND CONTRIBUTIONS, IS COLLECTED PURSUANT TO THE ATLANTIC CANADA OPPORTUNITIES AGENCY ACT AND THE FINANCIAL ADMINISTRATION ACT.
2. THERE IS NO OBLIGATION TO PROVIDE THE REQUESTED INFORMATION BUT FAILURE TO DO SO MAY PREVENT ACOA FROM CONSIDERING THE APPLICATION.
3. A PROJECT DETERMINED TO BE A DESIGNATED PROJECT UNDER THE IMPACT ASSESSMENT ACT MAY BE SUBJECT TO AN IMPACT ASSESSMENT. FOR THE PURPOSE OF COMPLIANCE WITH THIS ACT, PROJECT INFORMATION PROVIDED TO ACOA, INCLUDING SCIENTIFIC INFORMATION, MAY BE SHARED WITH THE IMPACT ASSESSMENT AGENCY OF CANADA AND MADE PUBLICLY AVAILABLE THROUGH THE CANADIAN IMPACT ASSESSMENT REGISTRY. IN ADDITION, A REPRESENTATIVE FROM PUBLIC SERVICES AND PROCUREMENT CANADA MAY CONTACT YOU TO DISCUSS THE PROJECT.
4. THE NAMES OF SUCCESSFUL APPLICANTS, THE AMOUNT OF FUNDING APPROVED AND A DESCRIPTION OF THE PROJECT ARE INCLUDED IN PUBLIC RECORDS AND DISCLOSED ON ACOA'S WEBSITE IN ACCORDANCE WITH THE GOVERNMENT'S PROACTIVE DISCLOSURE PRACTICES.
5. ACOA MAY CONTACT ANY PERSON LISTED IN THIS APPLICATION TO INQUIRE ABOUT THE APPLICANT.

ON BEHALF OF THE APPLICANT

6. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHED DOCUMENTS IS, TO THE BEST OF MY KNOWLEDGE AND ABILITY, COMPLETE, TRUE AND CORRECT, AND THAT THIS WILL APPLY TO ALL INFORMATION PROVIDED IN THE FUTURE IN CONNECTION WITH THE EVALUATION OF THE PROJECT. FURTHERMORE, I WILL PROMPTLY NOTIFY ACOA IF ANY OF THE INFORMATION CHANGES.
7. I AUTHORIZE ACOA TO MAKE ANY ENQUIRIES REQUIRED, INCLUDING OBTAINING CORPORATE AND BUSINESS INFORMATION ABOUT THE APPLICANT, TO ASSESS THIS APPLICATION.
8. I AUTHORIZE ACOA TO MAKE INQUIRIES TO ANY PERSONS, FIRMS, CORPORATIONS, FEDERAL AND PROVINCIAL GOVERNMENT DEPARTMENTS, AGENCIES, AUTHORITIES, INSTITUTIONS AND NON-PROFIT ECONOMIC DEVELOPMENT ORGANIZATIONS TO ASSESS THIS APPLICATION TO ADMINISTER AND MONITOR THE IMPLEMENTATION OF THE PROJECT AND TO EVALUATE THE RESULTS OF THE PROJECT AND I CONSENT TO THE COLLECTION AND SHARING OF INFORMATION BY THE AGENCY FOR THIS PURPOSE.
9. I CONSENT TO THE SHARING OF THE APPLICANT'S INFORMATION WITH OTHER FEDERAL AND PROVINCIAL DEPARTMENTS AND AGENCIES FOR PURPOSE OF THE ADMINISTRATION OF THE GRANTS AND CONTRIBUTIONS PROGRAMS.
10. I CONSENT TO THE USE OF THE APPLICANT'S INFORMATION FOR POLICY ANALYSIS, RESEARCH AND/OR EVALUATION OF ACOA PROGRAMS.
11. THIS APPLICATION FOR FINANCIAL ASSISTANCE CAN BE USED BY ACOA TO DETERMINE ELIGIBILITY FOR FUNDING UNDER ANY OTHER OF ITS GRANTS AND CONTRIBUTIONS PROGRAMS WHERE ACOA DEEMS IT APPROPRIATE.

PART H - SIGNATURES

I AM AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION AND MAKE THE ABOVE CONSENTS AND CERTIFICATIONS ON BEHALF OF THE APPLICANT. EVIDENCE OF THIS AUTHORITY WILL BE PROVIDED TO THE AGENCY UPON REQUEST. I HAVE READ AND UNDERSTOOD THE ABOVE CONSENT AND CERTIFICATION. ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND AS ACCURATE AS POSSIBLE BASED ON CURRENTLY AVAILABLE INFORMATION. I VOLUNTARILY CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF INFORMATION PROVIDED. I MAKE THE CERTIFICATIONS STATED AND AUTHORIZE THE ACTIONS INDICATED, ON BEHALF OF THE APPLICANT.

BY PROCEEDING WITH AN ELECTRONIC SIGNATURE AND/OR AN ELECTRONIC IMAGING AND TRANSMISSION OF A HANDWRITTEN SIGNATURE I AGREE THAT SUCH IS A RELIABLE SIGNATURE METHOD AND IS BINDING ON THE APPLICANT, WILL HAVE THE SAME FORCE AND EFFECT AS AN ORIGINAL HANDWRITTEN SIGNATURE AND WILL BE DEEMED THE ORIGINAL FOR ALL PURPOSES.

(PLEASE KEEP A SIGNED COPY OF THIS FORM FOR YOUR RECORDS.)

SIGNATURE OF AUTHORIZED OFFICIAL

SIGNED AT (LOCATION): _____

PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL

SIGNATURE DATE: _____