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Kakivak Association

APPLICATION FORM
QIKIQTANI COVID-19 BUSINESS RELIEF PROGRAM

This application is for the Qikiqtani COVID-19 Business Relief Program that can provide relief funding to a maximum of $25,000 to eligible applicants. The program is designed to provide support funding to help with eligible expenses over the three (3) month period commencing April 15th to June 30th 2021. A list of eligible expenses is included in this application form. An expenditure report will be required within six (6) months of funds being approved and a Letter of Offer for a Grant accepted.

Part 1: The Applicant

Contact last name:		**First name:**
The contact listed is	☐ **the applicant**	☐ **an agent for the following business:**
Business name:		
Post office box #:	**House # or street:**	
Municipality:		
Territory/Province:		**Postal Code:**
Home Telephone:		**Work Telephone:**
E-mail address:		**Facsimile:**
The main commercial activity of this business is:		

Part 2: Eligibility of the Applicant

a) Please check one box which best describes the applicant.

☐ The **individual** applying is Inuk and operates a business the Qikiqtani Region.
☐ The **partnership** applying is at least 51% Inuit owned and controlled.
☐ The **corporation** applying is at least 51% Inuit owned and controlled.
☐ The **cooperative** applying is Inuit controlled.

b) For individual applicants or partnerships, please complete the following for each and every applicant (attach additional applicant information if necessary).

Last name:	**First name:**
Birth (m/d/y):	**NTI #:**
% ownership of the business:	**SIN # (optional):**

Last name:	**First name:**
Birth (m/d/y):	**NTI #:**
% ownership of the business:	**SIN # (optional):**

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Box 1419, Iqaluit, Nunavut XOA OHO
Tel: (867) 979-0911 Fax: (867) 979-3707
Toll Free: 1-800-561-0911

Part 3: Business Status

☐ The Business is closed with no revenues from operations. Closed as of ____________.
☐ The Business is closed with decreased revenues. Closed as of ___________________.
☐ The Business is open with decreased revenues.

Revenue from the period from April to June 30th in the 2019/20 fiscal year (if available): $_______.

Estimated revenue from April 15th to June 30th 2021: $______________.

Part 4: Description of the Business and Impacts of COVID-19

In the space below please provide brief description of the business and the negative impacts related to COVID-19. Or attach a document.

Part 5: Funding Request

Enter the amount of funding requested for each expense based on 3 months of expenses commencing April 15th, 2021. This will be reviewed by a Business Development Officer and verified based on the information provided, as listed in Part 7 of this application.

Expense	Funding Request	Kakivak Use Only
Rent or lease		
Heating fuel		
Electricity		
Phone		
Internet		
Other:		
Other:		
Other:		
Total		

Part 6: Other Potential or Approved Funding and Debt Relief

Have you or your business applied for and received funding for COVID-19 relief from another Inuit Organization, a federal or territorial government department or other agency? If so, please identify which organization, how much support was received and the name and phone number of a contact person(s).

Funding Agency	Funding Received or Approved	Name of Contact Person	Contact Information

Has your business received a temporary reduction in loan payments for COVID-19 relief from a financial institution, community futures or other lender?

☐ Yes ☐ No ☐ N/A

If the response is Yes, please provide the amount of monthly loan payments before and after relief.

Before: $ _______________ After: $________________

Part 7: Checklist of Required Documents to be Included

This application can only be considered upon receipt of all relevant information and documents requested below. Please submit only after all documents are collected.

All applicants please include the following;

☐ A completed Qikiqtani COVID-19 Relief Program application form, signed and dated.
☐ A copy of a Municipal Business License.
☐ A copy of WSCC coverage for the business.
☐ A copy of GST Registration Number.
☐ A copy of any other license or permits applicable to the business type.
☐ Most recent financial statements or other record of revenues and expenses.
☐ Most recent bank statement.

If the applicant is an individual or partnership, please also include the following;

☐ A legible copy of the NTI Beneficiary card for each and every applicant.

If the applicant is a corporation or an association, please also include the following;

☐ A list of the board of directors, and contact information (addresses, telephone, etc.)
☐ A legible copy of the shareholder certificates for all shareholders and a statement indicating the percentage of corporate ownership held by each shareholder of the company.

All applicants must also include the following;

☐ Copy of the business rental agreement (if applicable) showing monthly rental cost.
☐ Copy of the business most recent electrical bill
☐ Copy of the business most recent fuel bill
☐ Copy of the business most recent phone bill
☐ Copy of the business most recent bill for internet services
☐ Copy of invoices or receipts for any other fixed operating cost related to commercial operations
☐ Commercial banking information where eligible applicants can receive their grant funding.

The preferred method of communication and submission of an application including supporting documents will be via e-mail to info@kakivak.ca. Once your application is received you will be contacted by a Business Development Officer.

For those business owners who do not have access to e-mail, the completed application and supporting documents can be submitted via fax to (867) 979-3707.

All follow-up meetings will be held by telephone.

If you are unable to email or fax the application, please call 867 979-8958 and leave a message.

Please allow up to 48 hours for a response.

Kakivak Association is doing our part to help reduce the spread of COVID-19 and is enforcing physical distancing.

Part 8: Declaration of the Applicant

I understand that this application can only be considered upon receipt of all relevant information and documents requested in this application.

I hereby acknowledge that I make this application as the applicant or on behalf of the applicant as the applicant's legal and rightful representative.

I understand that the term of any agreement with Kakivak Association that results from this application shall be up to six (6) months. During that time, I will provide Kakivak Association with a detailed expenditure report confirming the contributions were paid on eligible expenditures as outlined in Part 5 of this application.

I understand that any offer made by Kakivak Association to contribute funds on behalf of the applicant is voluntary and may be withdrawn at any time without prior notice due to changes in the client's eligibility status, lack of funds, or any other reason Kakivak Association may consider necessary. Receipt of funding will not make me an employee, contractor, or agent of Kakivak Association or the programs.

I agree that Kakivak Association is allowed to verify the applicant's credit history and, from time to time, to inspect the applicant's financial books, accounts and records; to make inquiries and credit checks; and to obtain any other information, including information concerning the income and social assistance status of the client.

I hereby promise that any contribution of funds received from Kakivak Association as a result of this application shall be used for the purposes stated herein. I promise that all of the written and verbal statements that I have made to representatives of Kakivak Association in relationship to my application for funding are true and are not misleading in any way. I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Name: ______________________

______________________ ______________________
Signature Date

Name: ______________________

______________________ ______________________
Signature Date

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Kakivak Association

Please attach additional signed declarations for each applicant as required.

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