

Covid-19 Business Development Fund Application

Eligibility

- Must be an existing small business (a small business is defined as having fewer than 100 paid employees)
- Business must be in St. Thomas or Elgin County
- Is a sole proprietorship or a corporation where the applicant will be the majority shareholder (if incorporated, application and grant funding is in personal name)
- Is an independent business venture
- Fits the Canada Revenue Agency definition of being self-employed FORM RC 4110 through the website: cra-arc.gc.ca/E/pub/tg/rc4110/
- Operates at arm's length from family business ventures in Ontario
- Maintains a separate business bank account, follows government rules and regulations for operating a business

Note: This funding is not meant to cover costs of staying open during covid-19

Businesses not eligible:

- Partnerships that are 50% shared, franchises, commissioned sales and distributorships
- Not-for-profit or charitable enterprises
- Multi-level marketing ventures
- Single event such as musical ventures bands, DJs or dance/party event organizations

NOTE: TAX TREATMENT OF BUSINESS AWARDS: Program grants are considered taxable under Canada and Ontario Income Tax Acts. A T4A slip will be issued to the recipient of the award.

Requirements of Program:

- Attend monthly group Zoom mentor meetings with the SBEC for 6 months
- Provide monthly updates to SBEC for 6 months on the progress of implementation of plan (Appendix A)
- Over 18 years of age and not in full time education
- Currently operating a full-time business (35 hours/week or more)
- A Canadian citizen or permanent resident living in Ontario
- Application will be submitted to a grant review committee for review

Application Process

Name:

Business Name:

Phone:

Home Address:

Business Address:

Email Address:

Description of Business:

How has covid-19 impacted your business?

Amount Requested: \$

Please provide outline of what funds will be used for:

Please provide an estimate of how much revenue this will generate monthly:

Will this create jobs? If yes, please outline how many.

Will this maintain jobs? If yes, please outline how many.

Please provide an overview of your marketing strategy for the next 3 months:

Personal References
(cannot be living with you)

Name:
Address:
Phone:

Name:
Address:
Phone:

We will also need:

- Two pieces of personal identification - birth certificate, passport, driver’s license, and SIN #.
- A copy of Articles of Incorporation and a certified copy of resolution of directors and shareholders authorizing director to obtain financing (this is only required if you are a corporation).
- A copy of Master Business License
- A copy of Federal Business Identification Number (HST/Payroll account)

Please print full name and sign below (a witness is required for each signature)

Date	Applicant Name (print)	Applicant Signature	Witness Name (print)	Witness Signature

Applications must be signed and witnessed before they can be processed

PRIVACY POLICY: SBEC is a division of St. Thomas Economic Development Corporation and is committed to protecting your Personal Information, which protection is regulated by the Act. We may collect your Personal Information from time to time, including the Personal Information obtained prior to, at the time, and following the date hereof, to assist the delivery of providing business support services offered to you. We may provide your Personal Information to our funding partners to report statistical data and for audit purposes. SBEC does not sell or release Personal Information to any third parties, except as set out herein, or unless required at law. If you have any questions or concerns regarding SBEC’s privacy policy please direct them directly to the SBEC Manager 519-631-1680 x4503.

DISCLAIMER: SBEC has or will provide you with free information resource service, which includes the provision of information, documentation and publications (the “Information”). The Information is for general guidance on your business venture. SBEC has not provided you with any form of legal, accounting, tax or other professional advice regarding your business venture and the Information should not be used as a substitute for consultation with professional accounting, tax, legal or other competent advisers. Before making any decision or taking any action regarding your business venture, you should consult a professional adviser.

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ACKNOWLEDGMENTS: I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief, and I authorize the Small Business Enterprise Centre to investigate all statements or other information contained in this application form and any attachments submitted with it, unless I have stated in writing to the contrary. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to be accepted into the Starter Company Program.

All consultations are kept strictly confidential.

I have read the Privacy Policy and the Disclaimer. I hereby consent to the use of the Personal information by SBEC in accordance with such Privacy Policy, and I acknowledge and agree to the terms set out in the Disclaimer.

SIGNATURES:

Client:

Staff:

Date:
