



Date Received: _____

Regional Relief and Recovery Fund Guidelines

The Regional Relief and Recovery Fund is administered by Saugeen Economic Development Corporation (SEDC). SEDC is a community based non-profit economic development organization committed to assisting and encouraging job creation and community economic development throughout our service area.

SEDC provides support to Arran-Elderslie, Brockton, Chatsworth, Grey Highlands, Hanover, Minto, South Bruce, Southgate, Wellington North and West Grey. More information about the Regional Relief and Recovery Fund can be found at sbdc.ca.

The Application Process

Applicant submits a completed:

- Regional Relief and Recovery Fund Application
- Signed Attestation
- Copy of master business license
- Most current financial statements (in house is fine)
- Documentation is reviewed by SEDC staff for completeness
- Applications are reviewed by SEDC Board for approvals
- When applicants are approved by SEDC Board, a Letter of Offer is prepared and sent to loan applicant for signature
- Funds are normally made available within five days after signed Letter of Offer and any/all other requested documentation is returned to the SEDC staff

Loan Information

- Maximum loan will be \$40,000
- 0 percent interest and no principal payments until December 31, 2022
- Principal repayments can be voluntarily made at any time
- 25 percent (not to exceed \$10,000) of any loan can be forgiven provided the recipient has paid 75 percent of the original loan amount prior to December 31, 2022
- If the recipient is unable to repay the loan by December 31, 2022, the loan will be converted to a three-year term loan with interest rates of 5 percent, effective January 1, 2023. The full balance of the loan must be repaid no later than December 31, 2025
- Personal Guarantee(s) and General Security Agreement as security

Eligibility Requirements

- Business established prior to March 1, 2020
- Impacted adversely due to the COVID-19 pandemic
- Viable and not experiencing liquidity or other financial difficulties prior to March 1, 2020
- Have attempted to access other federal relief supports and were ineligible, rejected or require funding for expenses in excess of support already received with priority given to applicants who were ineligible or rejected from other federal and relief supports

Eligible Costs For Funding

- Support for fixed operating costs where business revenues have been adversely affected by the COVID-19 pandemic
- Costs such as rent, salaries and benefits will only be considered if the applicant is ineligible, rejected and/or not already receiving assistance for these costs from other federal relief support programs



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Regional Relief and Recovery Fund Application

A: Business Information

Name of Company/Business:				
Name of Principals	1	% Ownership	1	Phone #
	2		2	Phone #
	3		3	Phone #
Business Address				
Business Phone			Business Fax	
Business E-mail				
Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation <input type="checkbox"/> Not-for-Profit				
Type of Business: <input type="checkbox"/> Service <input type="checkbox"/> Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Tourism <input type="checkbox"/> Social Enterprises <input type="checkbox"/> Other				

B: Loan Information

Monthly Overhead Cost	\$			
Amount Requested	\$			
Jobs Maintained:	F/T:	P/T:	Date Business Est.	

C: Personal Statement of Affairs

This section must be completed and submitted for EACH principal of the business.

Surname		First Name		Initial
Date of Birth			SIN#	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Common-law				
Home Phone #			Business Phone #	
Address				
Rent?	Own?	How long at current address?		
Select all that apply (REQUIRED): <input type="checkbox"/> Indigenous <input type="checkbox"/> Francophone <input type="checkbox"/> Women <input type="checkbox"/> Youth <input type="checkbox"/> Newcomer to Canada <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Visible Minorities <input type="checkbox"/> LGBTQ2+				
Spouse's Name				
Spouse's Date of Birth			Spouse's SIN#	
Spouse's Employer			Spouse's Length of Employment	
Select all that apply (REQUIRED): <input type="checkbox"/> Indigenous <input type="checkbox"/> Francophone <input type="checkbox"/> Women <input type="checkbox"/> Youth <input type="checkbox"/> Newcomer to Canada <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Visible Minorities <input type="checkbox"/> LGBTQ2+				

D: Business Asset Listing

List below all assets presently owned by the company or personal assets that will be used by the company. Please indicate their value. Also, indicate whether they are used as security against any other loans or if there is money owing against them. Attach a separate list if needed.

Asset (indicate makes, models, serial numbers etc)	Market Value	Owe / Security

E: Loan Security Offered

List below the collateral you propose to offer towards the loan. If applicable, indicate the fair market value of the assets.

Asset (indicate makes, models, serial numbers etc)	Market Values	OFFICE USE ONLY*****

F: COVID-19 Impact

Please describe how COVID-19 has impacted your business (e.g., closure details, layoffs, decrease in revenue, etc.).

G: Funding Use and Outcomes

Please describe how funding will be used and associated outcomes if funding is approved (e.g., main activities, efforts to avoid layoffs or closure, intending to maintain jobs with additional working capital).

Disclosure and Release Statement *Important- read thoroughly before signing!*

- 1. Are you related to any Director or Employee of the SEDC? YES NO
- 2. Are you or any closely related individual, or the company involved in any legal action? YES NO
- 3. Are you liable as a co-signor or guarantor? YES NO
- 4. Are you now or have you ever been bankrupt? YES NO
- 5. If financial assistance is approved, would you allow the SEDC to make a public announcement regarding your project/business? YES NO
- 6. Do you have access to other forms of credit? YES NO
- 7. Are you experiencing barriers to access other forms of credit? YES NO
- 8. Have you applied to other Government of Canada emergency credit relief programs? If so which one(s)? YES NO
 - a. Were you successful in your application to any of the above?
- 9. To assist with the PIPEDA requirements, may we share your information with other financial institutions, the credit bureau, or government department in order to assist in getting you the best product/service to suit your needs? YES NO

TO: Saugeen Economic Development Corporation (SEDC)

I certify that the information contained herein is true and complete. I declare that neither my spouse nor any other person has any claim in or to the assets shown above except as set out therein. I am not being sued and there are no executions against me, neither do I owe anything to any other Bank except as reported above. If any statement made above is incorrect in any particular, I hereby agree that all my present and future indebtedness to SEDC and all Notes, Bills of Exchange, and other instruments now or hereafter representing the same or any part thereof shall forthwith become due and payable.

I authorize the officers of the SEDC to make all necessary credit and reference investigations and to furnish other consumer credit guarantors and credit bureaus with particulars of the credit application and subsequent credit experience, if applicable, and to retain this application for the SEDC records.

I understand that any false or misleading information given in this application and accompanying materials may result in the rejection of this application and/or immediate demand for repayment of the loan in full, together with any interest accrued thereon.

This information is given for the purpose of obtaining advances and/or extension of time of my present indebtedness from SEDC. I understand that the Corporations will handle my personal information in strict confidence in accordance with Federal privacy law as set out in the Corporation's Privacy Policy. If I have any questions or concerns about the management of my information, I may refer to the Privacy Policy, available at the SEDC.

Date	Print Applicant's Name	Applicant's Signature	Print Witness' Name	Witness' Signature



**Regional Relief and Recovery Fund (RRRF)
Client Attestation for
COVID-19 Subsidies**

As designated financial authority, I attest that _____ has not received support through the following federal support measures in the last year:

COMPANY NAME

- i. Business Credit Availability Program (BCAP);
- ii. Canadian Emergency Business Account (CEBA);
- iii. Canadian Emergency Commercial Rent Assistance (CECRA), or other rent relief provided through our organization's landlord;
- iv. Canada Emergency Wage Subsidy (CEWS);
- v. Canada Revenue Agency (CRA) Temporary 10% Wage Subsidy;
- vi. Service Canada Work-sharing program;
- vii. National Research Council of Canada Industrial Research Assistance Program (NRC IRAP) Wage Subsidy;
- viii. Indigenous Business Support Loans;
- ix. Business Development Bank of Canada (BDC) Co-Lending Program for SMEs; or
- x. Other federal or provincial programs,

for COVID-19 expenses included in our Application for Funding to the Bruce County COVID-19 Tourism Response Fund.

Further, I attest that I have not made an application to, or have received support from, the Regional Relief and Recovery Funds (RRRF) as administered by the Federal Economic Development Agency for Southern Ontario (FedDev Ontario), or any other Regional Development Agency (RDA) in Canada, or Bruce CFDC/SEDC.

Further, I attest that should I receive assistance at any time in the future under the Canadian Emergency Business Account (CEBA) or under any other program, that _____ will notify the CFDC immediately.

COMPANY NAME

Name: _____

Signature: _____

Position: _____

Company: _____

Date: _____