# Applicant Instructions

This is a fillable PDF – if completing on your computer, ensure you save it to your own files before filling out. Please answer all questions as completely as possible and provide attachments if space is insufficient. Should you require additional information or assistance to complete your application, please contact us directly. This application must be completed and submitted by the business’s majority shareholder/owner.

**Email completed forms and attachments to** **smedco@smedco.ca**

# Applicant Information

## Name (Last Name, First Name, and Initial) Title

## Date of Birth (dd/mm/yy) Social Insurance Number

## Are you the business’s majority shareholder/owner?

Yes No

## Métis Nation – Saskatchewan Citizen? Self-Declared?

 Yes No Yes No

## Phone Number Email

## Address (Street Address, City, Province, Postal Code)

## Residence How long at this address?

 Own Rent Other

## Closest Relative Not Living with you

## Full Name Relationship to Applicant Phone Number

## Address

# Business Information

## Business Legal Name Business Operating Name

## Operating Since (dd/mm/yy) Business Number (CRA)

## Business Phone Number Business Email

## Business Fax Number Business Website

## Business Address (Street Address, City, Province, Postal Code)

## Are the majority of the shares in the business (51% or greater) owned by a woman?

 Yes No

## Type of business (check one)

 Corporation Partnership Sole-proprietorship Other

## If other, please provide details

## What sector is your business in

 Tourism Transportation Health

 Food and food services Retail (other than food) Natural resources

 Oil and gas Mines Clean energy

 Agro-Industries Construction Manufacturing

 Financial Services Education Other (please specify)

## If other, please specify

# Principal Financial Institution for Business

## Principal Financial Institution Contact Name

## Phone Number Fax Email

## Address (Street Address, City, Province, Postal Code).

# Impact Information

## Has your business been negatively impacted by the COVID-19 pandemic?

 Yes No

## What is the status of your business?

 Mandated to close Still in operations (business as usual)

 Essential service Still in operation (with reduced sales volumes and modified procedures)

## If you were mandated to close:

## Please provide date of closure Please provide the date you expect to reopen your business

## Was your business required to change the way you operate?

 Yes No

## If yes, please describe.

## Have your monthly sales decreased since February 2020?

 Yes No

## If yes, what is the dollar ($) and percentage (%) amount sales have decreased by?

## Compared to this time last year, have your monthly sales decreased?

 Yes No

## If yes, what is the dollar ($) and percentage (%) amount sales have decreased by?

## What were your annual sales in the most recent fiscal year?

$

## Do you employ staff (in addition to your own position) in the business?

 Yes No

## Have you decreased the size of your staff?

 Yes No

## If you have decreased the size of your staff:

## How many staff have you laid off or let go? What is the decrease in your payroll?

 $

 %

## Have you decreased the work hours of your existing staff?

 Yes No

## If you have reduced staff’s hours:

## How many staff have had their hours reduced? What is the decrease in your payroll?

 $

 %

## Have your employees had to take a pay cut?

 Yes No

## If yes, how much as their pay been reduced by (in terms of percentage of original wage)?

## Will you be rehiring your staff?

 Yes No

## If you will be rehiring staff:

## When will you rehire? How many staff members will you rehire?

## Have you implemented any cost cutting measures?

 Yes No

## If yes, please describe what measure you have implemented.

## Have your operating costs decreased since February 2020?

 Yes No

## If yes, what is the dollar ($) and percentage (%) amount costs have decreased by?

## Capital

## Has your cash on hand to operate the business decreased since February 2020?

 Yes No

## If yes, what is the dollar ($) and percentage (%) amount that cash on hand to operate has decreased by?

## Have you had to invest any of your personal money into the business?

 Yes No

## If yes, how much of your personal money have you had to invest?

## How will you use the funds you receive through this program?

# Assessment and Support

## Do you plan to restart or fully ramp up your business once the COVID-19 related restrictions are no longer in place?

## Have you developed a plan for recovery/restart of your business?

 Yes No

## If yes, please provide a copy of the plan or outline your recovery/restart plan below.

## Did you develop the plan yourself or did you have assistance from an external business consultant?

## If you do not have a recovery / restart plan, would you be interested in receiving assistance from an external business consultant to develop a plan if the services were provided to you at no cost?

## In what areas do you need financial assistance? Please check all that apply.

 Personal wages

 Employee wages of subcontractors

 Business loan payments

 Business insurance

 Business rent/utilities

 Professional fees such as legal, accounting, or business consulting

 Replacement of equipment or other assets

 Marketing

 Please identify what methods of marketing/advertising you need assistance with:

 Website

 Social Media

 Newspaper

 Promotional material

 Flyers/brochures

 Signage

 Radio

 Other (please describe)

 Costs due to operational changes

 Other operating costs (please describe)

# Financing Information

## Has your business applied to your principal financial institution for the Canada Emergency Business Account (CEBA) Loan?

 Yes No

## If yes, was your application approved?

 Yes No

## If yes, did you sign the CEBA Loan offer or other associated approval documents?

 Yes No

## If yes, have you received the CEBA funds?

 Yes No

## Do you have financial statements from 2019 (or your last fiscal year) available?

 Yes No

## If yes, please attach the financial statements to this application.

## If no, can they be completed within 60 days?

 Yes No

## If they cannot be completed, please provide the reason for the delay.

# Declaration

I declare, as the applicant, that:

This business is majority Saskatchewan Métis owned and controlled. To be considered majority Saskatchewan Métis owned and controlled entity, at least 51% of the shares/interest in the business must be held by a Saskatchewan Resident that meets the Métis Nation-Saskatchewan’s requirements for Métis status.

I have prepared this application and have the ability and authority to bind the Borrower.

The answers and information are true, accurate, and complete to the best of my knowledge. I understand and agree that failing to provide full and truthful answers will result in my termination from the program to which I have applied.

I understand that SaskMétis Economic Development Corporation (SMEDCO) reserves the right to use this information to determine credit worthiness and may request a recent credit bureau report.

Date Signature of Applicant

## **PLEASE ENSURE THAT YOU ATTACH THE FOLLOWING WHEN SUBMITTING:**

* A copy of your Saskatchewan Driver's License or other Saskatchewan government-issued ID (both sides)
* A copy of your MN-S Citizenship Card (if available).

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