

## Please note!

Before sending your request, make sure that all the required documents are attached and that it is duly signed in the two required places. The document must be completed and signed with Adobe Acrobat Reader, not in your web browser. You will find a tutorial at the following address which explains how to open the form, complete it, attach the required documents and send it to the SADC or CAE of your territory.

<http://ciril.qc.ca/~admin/FOV2-000291E4/Form%20Tutorial.pdf>

# ELIGIBILITY FORM FOR THE REGIONAL RELIEF AND RECOVERY FUND - PHASE 2 AND 3

**IMPORTANT** : If your business is located in one of the following major centers: Montreal, Laval, Gatineau (urban area), Sherbrooke, Saguenay (Chicoutimi and Jonquière sectors), Quebec and Lévis, please contact Canada Economic Development (CED) <https://dec.canada.ca/fra/covid-19.html>

## SECTION 1. FINANCING

How much are you asking for?

This financial aid will cover what types of working capital expenses?

For what period is this assistance requested? (the period is a maximum of six months)

Start date\* :

End date\* :

What was the company's annual turnover before Covid-19\*?

What is the current turnover of the company\*?

## SECTION 2. ELIGIBILITY CRITERIA

Is your organization based in Quebec province?	Yes	No
Is your company less than 1 year old?	Yes	No
Are you self-employed?	Yes	No
Does your business have a payroll of less than 20 000\$	Yes	No
Has your organization been negatively impacted by the Covid-19 pandemic?	Yes	No

If so, how was it impacted ?

Lower incomes

Temporary cessation of activities and closure

Lower expected incomes

Real and expected job losses

Business opportunities missed or contracts cancelled

Difficulties in replacing vacant positions

Temporary layoffs

Others, specify :

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**Has your organisation made an application on any of the following federal government assistance measures implemented under COVID-19?**

Canada Emergency Business Account (CEBA)  
EDC/ BDC/BDC guaranteed loans to banks

Yes

No

Emergency funds for culture, heritage and  
amateur sport organizations

Yes

No

Financial assistance to Aboriginal SMEs

Yes

No

NRC IRAP Innovation Assistance Program

Yes

No

Canada Economic Development (CED) Program RRRF parts 1 and 2

Yes

No

Subsidy for commercial rents (can be complementary to the RRRF program)

Yes

No

Canada Emergency Wage Subsidy (may be complementary to the RRRF program)

Yes

No

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Have you been declared eligible for any of these measures?

Yes

No

Have you received financial assistance from any of these measures?

Yes

No

If so, what is the amount received?

**I confirm that the information provided above is correct. The SADC or the CAE is not responsible for the consequences that could arise if you provide inaccurate information.**

The Government of Canada reserves the right to verify this information.

**Signature:**

**Date:**

**Make sure you have the documents you need to process your request on hand.**

**Each document below must be attached to the request.**

- JOIN Last year and most recent interim financial statements
- JOIN Copy of check specimen with the mention "canceled" for direct deposit
- JOIN Evidence of rejection of other federal emergency measures
- JOIN Bank statements for the last two months
- JOIN Your company's statutes and regulations
- JOIN Other document (specify):

### **SECTION 3. COMPANY INFORMATIONS**

**Legal name of the company:**

**10 digit Quebec Enterprise number (NEQ) :**

**9 digit business number assigned by Canada Revenue Agency**

**(ARC) : Operating name (if different from legal name) :**

**Company civic address :**

**Name of company representative:**

**Title of representative:**

**City:**

**Postal code :**

**Company phone number :**

**Company email :**

**Website:**

**Description of the organization and activities :**

**Number of employees before the Covid-19 crisis:**

**Number of employees currently:**

**Please indicate whether your organization is predominantly owned or serves the following groups by checking the relevant categories:**

Women

Young (40 years old)

Aboriginal people

People with disabilities

Anglophones (members of official language minority communities)

Visible minorities

**In which sector (and sub-sector) of activity your company operates :**

Primary	Secondary	Tertiary	Value-added tertiary
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**Legal status of the company:**

- |                      |                         |
|----------------------|-------------------------|
| Self-employed        | General partnership     |
| Registered company   | Joint venture           |
| Incorporated company | Non-profit organization |
| Cooperative          |                         |

Shareholders	%	Owners
If incorporated :		If registered:
Name :		Name :
Name :		Name :
Name :		Name :
Name :		Name :

**SECTION 4.  
EXPECTED RESULTS**

Job retention	Yes	No
Continuation of the organization's activities	Yes	No
New contracts	Yes	No
New clients	Yes	No
New activities	Yes	No

Comments (if none of the above scenarios match your situation)

**SECTION 5.  
AUTHORIZATION AND COMMITMENT**

I confirm that the information provided and mentioned in this form is complete and accurate.

I agree that the contacted party may disclose the information it has about the organization and the project to government departments and agencies.

I agree to provide, without charge, without delay and in the form requested, all the information required to complete the assessment of the request for financial assistance.

**Signature :**

**Date :**

I confirm that the information provided and mentioned in this form is complete and accurate.

I agree that the contacted party may disclose the information it has about the organization and the project to government departments and agencies.

I agree to provide, without charge, without delay and in the form requested, all the information required to complete the assessment of the request for financial assistance.

**Signature :**  **Date :**