



Metis Community Business Fund (MCBF) Community OR Collectively Owned Businesses

FINANCIAL ASSISTANCE APPLICATION for Metis Community Owned OR Metis Collectively Owned Businesses

About the Program:

The Manitoba Metis Federation (MMF) is providing business supports to Métis community or collectively owned businesses and microbusinesses whose revenues have been negatively affected by the COVID-19 pandemic. The Metis Community Business Fund (MCBF) will provide ***non-repayable financial contributions*** to strengthen operations and increase business viability during the COVID-19 pandemic, with the goal of positioning businesses for recovery. The fund will support businesses that do not qualify for other Government of Canada COVID-19 relief measures.

Who can Apply:

To apply for the MCBF the following criteria must be met:

- The business must be at least 51% Metis owned and controlled
- Applicants must provide a clear copy of their MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis owners
- Applicant(s) must be 18 years of age or older
- Business must have been in operation since October 1, 2019
- Business must be located within Manitoba
- Business and or applicant must not be an undischarged bankrupt
- An applicant that has previously received funds from one of the following programs may not be eligible:
 - Canada Emergency Response Benefit (CERB)
 - Canada Emergency Business Account (CEBA)
 - Metis Emergency Business Loan (MEBL)

Funding:

Examples of possible funding activities may include but are not limited to:

- Capital lease payments for existing equipment and machinery
- Salaries and benefits, at the same rate as the Canada Emergency Wage Subsidy and only if ineligible
- Utilities
- Professional fees
- Monthly insurance payments
- Rent or mortgage payments
- Operating costs or capital expenditures related to adapting the business and services for recovery



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Please attach the following to your MCBF application:

1. Clear copy of your MMF Citizenship Card or letter from MMF Central Registry Office (CRO) confirming an accepted application has been processed and approved for all Metis owners
2. Business license or articles of incorporation
3. Most recent tax return
4. Most recent accountant prepared financial statements; or,
most recent 12 months of bank statements related to your business operations

Please **email** your fully completed application with attachments to: info@medf.ca

If you have any questions about the non-repayable financial contribution , please email info@medf.ca or call us toll free at **1 (800) 387-6004** or local at **(204) 589-0772**.



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METIS COMMUNITY BUSINESS FUND (MCBF) APPLICATION

To be completed by the Manitoba Metis business owner applying on behalf of any and all business owners and the business or corporation. *NOTE: If you require more room you may attach additional pages.*

Section 1: Applicant Information (to be completed by business applicant)

1. Name of Business:

2. Full Name of Applicant:

First Name

Initial

Surname

3. Address:

4. Age Category: Please mark the box that applies

18 to 29

30 to 54

55+

5. MMF Citizenship Card Number:

6. MMF Region:

7. Full Name(s) of all other Business Owners or Partners (if any):

8. Phone Number:

9. Email Address:

10. Website:

11. Have you or your business received other COVID-19 Support funding?

NO YES If YES, please name and explain the funding and the amount you received.



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Section 2: Financing Request

1. Please list the estimated costs and sources of financing for your business.

Estimated Costs:		Expected Source of Financing:	
Fixed Operating Costs	\$ _____	MCBF	\$ _____
Working Capital	\$ _____	Other Government Assistance	\$ _____
Other	\$ _____	Other	\$ _____
Other	\$ _____	Other	\$ _____
Total Costs	\$ _____	Total Funding	\$ _____

2. Please provide details about how MCBF funding will support and sustain your business. Examples may include operating expenses, purchasing inventory and rehiring staff.

Section 3: Further Impacts of Approved MCBF Financing

Please indicate impact/result of financing provided on the jobs at your business (include the owner(s) in the count):

Number of employees working prior to the pandemic. Total: ____ Full-Time: ____ Part-Time: ____

How many employees were laid-off due to the pandemic? Total: ____ Full-Time: ____ Part-Time: ____



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Section 4: Collection, Use, Disclosure of Personal and Business Information:

By signing this form, the applicant agrees to the following:

- a) That the terms and conditions of any financial contribution which may be authorized will be set forth in an approval letter.
- b) That in applying for this financial contribution, the Applicant authorizes MMF to obtain personal credit information about the individual(s) and business from any sources. By executing this application, the Applicant(s) understands that personal and confidential business and credit information may be requested from the Applicant(s) and/or collected from third parties that have information about the Applicant(s) business and personal financial status for the purposes of determining the Applicant(s) eligibility for the financial contribution.
- c) That by submitting this application to the MMF the Applicant(s) agree to notify the MMF immediately of any application pending and under consideration by another financial contributor or lender, or if negotiations are entered into, or an offer of financing is received during MMFs consideration of this application.
- d) The Applicant(s) acknowledges that the MMF will protect personal and business information and that limited basic business information will only be provided to others where contractually or legally required.
- e) *That the information provided in this application is true, complete and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered enough cause for refusal of this application for the Metis Business Community Fund. In the event it is verified that you have made false or misleading statements or submitted a fraudulent application, you will be required to make immediate repayment of any funding provided through this program as well as any legal costs that may have been incurred through the recoupment process.*

Dated at _____ this _____ day of _____, 20_____.

Name of Applicant(s)	(Print Name)	(Print Name)
	(Signature)	(Signature)