

Six Nations Small Business Emergency Relief Fund

APPLICATION

Business Application

APPLICATION DEADLINE: Friday July 10, 2020 by 3:00 pm. Successful applicants will be notified by July 17, 2020 with funds disbursed during the week of July 20th to 24th.

**Please email completed applications and a copy of your status card to: arleenmaracle@sixnations.ca
Inquiries: Contact Arleen Maracle at 519 717-7592**

Or: drop applications off at the GREAT Building, 16 Sunrise Court, a secure dropbox is located in the Sunrise Court entrance.

Covid-19 health guidelines remain in effect and we are attempting to minimize in-person meetings.

Overview

In response to the COVID-19 crisis, Six Nations of the Grand River is taking action to ensure that member business owners impacted by Covid-19 have access to the support they require.

Maximum financial assistance: \$5,000 grants to eligible small businesses owned and operated on Six Nations by Six Nations Band Members.

Eligible Businesses

- Owned by Six Nations of the Grand River Band members and located on Six Nations territory
- Priority will be given to small businesses that are unable to access other emergency support programs funded by the Government of Canada,
- Business must be full time
- Established prior to March 1,2020

Please attach the following to your Emergency Business Loan application:

1. Copy of your status card
2. EFT payment enrollment form
3. **If available:** Copy of your current “Business Registration” with Six Nations Council

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Internal Use	Application received (dd-mm-yyyy)	Six Nations Council Staff
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Applicant Information (to be completed by business applicant)			
Full Name(s) of Owner	Type of Business (sole proprietor, incorporated, limited partnership)		
Name of Business			
Business Address:			
(Street Address)	(Town/City)	(Province)	(Postal Code)
Home Address			
(Street Address)	(Town/City)	(Province)	(Postal Code)
Business Phone #	Cell Phone #		
Email Address	Website		

Use of Funds
Please describe how you will use the emergency relief funds:
Do you have a voluntary business registration with Six Nations Council? If yes, please attach <input type="checkbox"/> Yes <input type="checkbox"/> No
Your business is? Full Time Part Time Home based Store Front
What type of bank account do you use for your business? Business Personal
Do you have employees if , so how many? _____

If your business is home-based please identify how you distribute/sell your product:

Facebook Page:

Other - Describe:

If you have a store front business, what are your hours of operation?

Date: _____

Signature: _____

Signature line: copy an image of your signature into the block or print, sign and return a scanned copy of the signature page by email. If you are delivering a hard copy of the application please print the document and sign it.