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| **CFDC**  **Covid Safety Protocol Project** |
| **Projects Purpose:** |
| * The Covid Safety Protocol Project will support businesses that are impacted by the economic disruptions associated with the COVID-19 pandemic across Northern Ontario during their continuing/re-opening efforts. * Will provide businesses with access to capital of up to $5,000.00 in a non-repayable contribution to assist with the costs related to adapting to new or existing (As of March 15, 2020) operating protocols. |
| **Eligibility:** |
| • A SME (Small, Medium Enterprise) ie. retail shops, restaurants, corner stores, etc., and businesses of strategic importance to the community.  • Small and medium-sized enterprises are defined as having less than 500 employees  • Applicant has confirmed and attested that no other funding has been accessed for the same purposes and utilization that the Covid Safety Protocol Project is set out to fund.  • The SME must have been viable as of March 1, 2020.  • SME was Established before March 1, 2020. |
| **Examples of eligible costs for the Covid Safety Protocol Project acquired after March 15, 2020 or until March 31, 2021:** |
| * Customer and employee safety installations such as distancing signs for floors * COVID-19 posters and displays * Acquisition of barriers * Widening of aisles, * Plexiglass and partitions, signage, and other business restructuring or equipment purchases required in support of adaptations that may be required |
| **Examples of Non-eligible costs** |
| * Disposable Personal Protective Equipment |
| **Funding is eligible until March 31, 2021** |
| Up to $5,000.00 non-repayable contribution for the SME applicant if costs have already been incurred or to an independent provider for protocol modifications necessary to conduct business due to Covid-19.  ***\*\* Please Note HST will NOT be reimbursed\*\*\****  Funding will be issued on a continuous intake model to ensure funds are disbursed as quickly as possible. |
| *Complete attached application and submit to*  **Enter CFDC Contact information here** |

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| **Applicant and Contact Information** | | | | |
| Legal Name of Applicant: | | | | |
| Business Name: | | | | |
| Business Number: | | | | |
| Ownership Type: | | | | |
| Business Sector: | | | | |
| Provide a Description of Your Business: | | | | |
| Street Name & Number: | Unit Number: | P.O. Box Number: | | Province: |
| City: | | Postal Code: | Business Telephone Number: | |
| Fax Number: | | E-mail: | | |
| Last Name of Authorized Contact: | | First Name of Authorized Contact: | | |
| Title: | | Business Telephone Number: | | |
| E-mail: | | Do You Wish to Self Identify With Regards to the Following:   |  |  | | --- | --- | |  | Women | | LGBQT2+  Members of Official Language Minority Community | Indigenous  Visible Minority  Youth  Persons with disability | |  |  | | | |

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| **Project Information** | | |
| Please Provide a Brief Description of the Safety Protocol Modifications you Require due to Covid-19: | | |
| How will these Modifications Impact your Business Recover After the Initial Announcement of the State of Emergency Declared in Ontario on March 15, 2020? | | |
| Will there be or was there, an Increase in Jobs/ because of these Modifications? if so, how Many? | Will these Modifications or has these Modifications assisted in the Maintenance of jobs? If so, how many? | |
| Will or Have these Safety Protocol Modifications Lead to Your Business Being? (Check all that apply)  Expanded Modernized Maintained | | |
| Name of Business Safety Protocol Modifications for Covid-19 will be Provided From: | | Telephone Number of Supplier: |
| Email address of Supplier Contact: | | Website of Supplier |
| Address of Supplier | | |
| Cost of Safety Protocol Modifications for Covid-19 **(Please Provide Proof of Payment / Invoice)**: | | |

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| **Applicant Signing Authority** | |
| *By signing below, I am acknowledging the information that is provided is true and accurate to the best of your knowledge* | |
| Signature of Applicant: | Date: |
| **To Be Completed by Local CFDC** | |
| Name of Individual Reviewing Application: | Signature: |
| CFDC Name: | |
| Eligibility Requirements were confirmed YES NO | |
| Recommendation / Rationale as to why approval was granted: | |
| Date: | |
| **KDCDC ONLY** |  |
| Administration initials: | Cheque Number: |
| Initials of signing authority one: | |
| Initials of signing authority two: | |