



Indigenous Community Business Fund



Apeetogosan (Métis) Development Inc. (AMDI)
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For Métis Micro Businesses

Settlement Investment Corporation
Suite #212, 10335-172 Street
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Phone # (780) 488-5656
Fax # (780) 488-5811
Toll-Free # 1-800-661-9902

Purpose: To support micro businesses, home based single proprietorships, and family run businesses that were ineligible to access **any** other Federal Programs provided for Covid-19 relief.

Eligibility Questionnaire

Has your business been **directly and negatively** impacted by COVID-19 restrictions? Yes No

Briefly describe your micro business and how it has been impacted by Covid-19:

What is the current status of your businesses operations?

- Forced Closure Still Operating Essential Service Changed Operations

If you were forced to close or change operations, are you planning to resume operations once conditions allow? Yes No

Has your business received any of the following COVID-19 relief assistance?:

Canada Emergency Business Account (CEBA)? Yes No

Canada Emergency Response Benefit (CERB)? Yes No

**If you answered yes to one or both of the above, you are not eligible for ICBF support.*

What immediate financial requirements do you need assistance with? (check all that apply)

- Personal Wages Business Rent/Utilities Employee Wages
 Business Insurance Business Loan Payments Other Operating Costs
 Bank Charges Costs of Operational Changes

What was your business revenue for 2019?

- \$5,000 - \$10,000 \$10,000 - 20,000 \$20,000+

Please state the number of jobs created or maintained over the last year

Are you at risk of declaring Bankruptcy or Consumer Proposal? Yes No

Do you have financial statements and/or personal tax return from 2019? Yes No

If no, can you demonstrate historical business activity through bank statements, supplies purchases, and/or other operating costs? Yes No



Office Use Only

ICBF#

Application Information

PERSONAL INFORMATION

Please answer all questions as completely as possible and provide attachments if space is insufficient.

Name (Last Name, First Name, Middle Initial)		Date of Birth (dd/mm/yr)	Social Insurance Number
Street Address		City	Postal Code
Home Phone ()	Cell Phone ()	Fax Number ()	MNA/Settlement Citizenship Number
Residence Check one: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>		Time at this address _____/_____ Years Months	Email Address

APPLICATION CHECKLIST

- Certificate of Trade Name (if Applicable)
- Copy of 2019 Tax Return (if Applicable)
- Copy of MNA Citizenship / MSGC Membership Card
- Copy of Void Cheque (for direct deposit purposes)

If copy of 2019 tax return is not applicable/available, please attach an overview/sample of the type of product, service, or entertainment your business provides or proof of operations (e.g. business website or social media pages, crafts supplies, entertainment activities, proof of materials purchases, schedule of customers/clients/social functions, list of events normally attended, examples of services rendered unachievable during COVID-19).

Business Name	Annual Revenues (2019) \$	Website:
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Declaration

I/we declare:

I/we have provided an answer to all questions on this application.

The answers and information are true, accurate, and complete to the best of my knowledge.

All required disclosures and other documentation have been provided.

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.

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Applicant: _____