

APPLICATION FOR TOWN OF OXBOW EMERGENCY BUSINESS COMMUNITY RELIEF FUND

ORGANIZATION INFORMATION:

Legal Name	
Operating As (if different)	
Telephone number	
Email	
Mailing Address	
Business Address	

OWNERSHIP INFORMATION:

	Name	Ownership %	Phone	Email
Principle 1				
Principle 2				
Principle 3				
Principle 4				

OTHER INFORMATION:

What date did your business commence operations in Canada?	
Business Type	
# of Employees	
Primary Contact (must be an authorized signatory for the business)	
Name	
Phone	
Email	

FUNDING:

Describe your business	
Describe the impact that COVID19 and/or the decrease in oil and gas has affected your business	
Describe the measures taken to	

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mitigate the impact that COVID19 and/or the decrease in oil and gas has had on your business																			
Amount Requested (max. \$5000)																			
How will you use the funds?	<table border="1"> <thead> <tr> <th data-bbox="643 527 1011 611">Category</th> <th data-bbox="1011 527 1380 611">Percentage (must equal amount requested)</th> </tr> </thead> <tbody> <tr> <td data-bbox="643 611 1011 653">Payroll</td> <td data-bbox="1011 611 1380 653"></td> </tr> <tr> <td data-bbox="643 653 1011 695">Rent and Utilities</td> <td data-bbox="1011 653 1380 695"></td> </tr> <tr> <td data-bbox="643 695 1011 737">Office supplies including PPE</td> <td data-bbox="1011 695 1380 737"></td> </tr> <tr> <td data-bbox="643 737 1011 779">Insurance</td> <td data-bbox="1011 737 1380 779"></td> </tr> <tr> <td data-bbox="643 779 1011 821">Professional Fees</td> <td data-bbox="1011 779 1380 821"></td> </tr> <tr> <td data-bbox="643 821 1011 863">Regular Debt Service</td> <td data-bbox="1011 821 1380 863"></td> </tr> <tr> <td data-bbox="643 863 1011 905">Property/Business Taxes</td> <td data-bbox="1011 863 1380 905"></td> </tr> <tr> <td data-bbox="643 905 1011 1029">Other (please explain)</td> <td data-bbox="1011 905 1380 1029"></td> </tr> </tbody> </table>	Category	Percentage (must equal amount requested)	Payroll		Rent and Utilities		Office supplies including PPE		Insurance		Professional Fees		Regular Debt Service		Property/Business Taxes		Other (please explain)	
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FINANCIAL INFORMATION:

January-December 2019 Revenue (include all sources)																									
Estimated revenue for the 2020 calendar year (include all sources)																									
Estimated % in revenue reduction for the 2020 calendar year																									
Estimated operating costs for 2020 calendar year	<table border="1"> <thead> <tr> <th data-bbox="643 1228 1011 1312">Category</th> <th data-bbox="1011 1228 1380 1312">Percentage (must equal 100% of amount requested)</th> </tr> </thead> <tbody> <tr> <td data-bbox="643 1312 1011 1354">Cost of Goods</td> <td data-bbox="1011 1312 1380 1354"></td> </tr> <tr> <td data-bbox="643 1354 1011 1396">Payroll</td> <td data-bbox="1011 1354 1380 1396"></td> </tr> <tr> <td data-bbox="643 1396 1011 1438">Rent and Utilities</td> <td data-bbox="1011 1396 1380 1438"></td> </tr> <tr> <td data-bbox="643 1438 1011 1480">Office supplies including PPE</td> <td data-bbox="1011 1438 1380 1480"></td> </tr> <tr> <td data-bbox="643 1480 1011 1522">Insurance</td> <td data-bbox="1011 1480 1380 1522"></td> </tr> <tr> <td data-bbox="643 1522 1011 1564">Professional Fees</td> <td data-bbox="1011 1522 1380 1564"></td> </tr> <tr> <td data-bbox="643 1564 1011 1606">Regular Debt Service</td> <td data-bbox="1011 1564 1380 1606"></td> </tr> <tr> <td data-bbox="643 1606 1011 1648">Property/Business Taxes</td> <td data-bbox="1011 1606 1380 1648"></td> </tr> <tr> <td data-bbox="643 1648 1011 1774">Other (please explain)</td> <td data-bbox="1011 1648 1380 1774"></td> </tr> <tr> <td data-bbox="643 1774 1011 1816">Total</td> <td data-bbox="1011 1774 1380 1816"></td> </tr> <tr> <td data-bbox="643 1816 1011 1900"></td> <td data-bbox="1011 1816 1380 1900"></td> </tr> </tbody> </table>	Category	Percentage (must equal 100% of amount requested)	Cost of Goods		Payroll		Rent and Utilities		Office supplies including PPE		Insurance		Professional Fees		Regular Debt Service		Property/Business Taxes		Other (please explain)		Total			
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Estimated 2020 operating balance (revenue less expenses)	
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DOCUMENTATION:

Financial Statements 2019	Balance Sheet, Profit/loss
Financial Statements 2020 (to date)	Balance Sheet, Profit/Loss
Bank Statements (if statements are unavailable)	Last 3 months (Provide explanation if financial are unavailable)
Any other relevant information you would like us to consider?	

ACKNOWLEDGEMENT AND ATTESTATION:

(This application must be submitted by a member of your business/organization with signing power/authority to enter into a legal agreement.)

On behalf of the Applicant Business I declare that:

(Please Check)

The business has suffered a financial hardship resulting from the COVID19 pandemic and/or the decrease in oil and gas	
The information provided in this application is accurate	
The business acknowledges its intention to continue to operate the business in the Town of Oxbow	
The business will provide the Town of Oxbow with the required financial information	
The business will utilize any funding received for eligible purposes as set out in the operating costs section of this application.	

On behalf of the Applicant Business I hereby acknowledge and agree that:

This application does not constitute a commitment from the Town of Oxbow for funding	
By signing this form, you are granting the Town of Oxbow access to personal information under the <i>Local Authority Freedom of Information and Protection of Privacy Act</i> (LAFOIP). This information will be protected and used only for the purposes of determining funding eligibility and amount to be dispersed. This	

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information will be retained by the Town of Oxbow. By signing below you consent to the Town of Oxbow collecting and using the information referred to in the manner stated above.	
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Name (Please Print)

Title

Date

Signature