



INDIGENOUS BUSINESS STABILIZATION PROGRAM

EMERGENCY LOAN APPLICATION

Program Overview

In response to the COVID-19 crisis, SOCCA through the National Aboriginal Capital Corporations Association assisted by the Government of Canada, is taking action to ensure that Indigenous business owners impacted by Covid-19 have access to the support they require. The emergency loan program is a component of the Indigenous Business Stabilization program.

The Emergency Loan Program (ELP) is designed as an emergency measure to support small business owners in meeting their immediate operating cash flow needs. These funds are not intended to replace or duplicate government or other bank/lender emergency financing/funds that are available to businesses in Canada.

Businesses can apply for up to \$ 60,000 in emergency assistance provided they are impacted by COVID, are open or plan to reopen, and have \$ 60,000 in non-deferrable COVID related expenses to June 30, 2021.

Businesses that have not received an emergency assistance under ELP will be required to submit a full application (see Form Annex 1). Businesses that have already received an ELP loan are not required to submit a full application for the additional assistance but should provide their with details on their need for additional ELP support (see simplified application Annex 2).

For the first \$ 40,000 of ELP, 75% is loan and 25% is a non-repayable contribution (ELP-Part 1). For the next \$ 20,000, 50% is loan and 50% is non-repayable contribution (ELP-Part 2).

Loans are:

- repayable in 36 equal and consecutive monthly payments;
- interest free;
- payments will begin in April 2022 and end in March 2025;
- principle repayments can be made voluntarily at any time after six months of issuance, without fees or penalties

Eligible costs for this loan can include

Indigenous owned businesses negatively impacted by COVID-19 can apply for this funding to support their immediate working capital and operational needs.

The categories of eligible non-reportable expenses are as follows:

- Wages and other employment expenses to independent (arm's length) third parties;
- Rent or lease payments for real estate used for business purposes;
- Rent or lease payments for capital equipment used for business purposes;
- Payments incurred for insurance related costs;
- Payments incurred for property taxes;
- Payments incurred for business purposes for telephone and utilities in the form of gas, oil, electricity, water and internet;
- Payments for regularly scheduled debt service;
- Payments incurred under agreements with independent contractors and fees required in order to maintain licenses, authorizations or permissions necessary to conduct business by the Borrower;
- Payments incurred for materials consumed to produce a product ordinarily offered for sale by the Borrower.

Funds may not be used to fund any payments or expenses such as prepayment /refinancing of existing indebtedness, payments of dividends, distributions and increases in management compensation.

Please attach the following to your Emergency Business Loan application: (Businesses that didn't receive any assistance to date)

- A completed and signed application for the Emergency Business Loan (see Annex 1);
- A copy of your 2020 Financial Statements and most recent 2021 interim financial statements.(omit if already sent to SOCCA)
- Proof of Aboriginal ancestry (copy of the Indian Status card or member of the Native Alliance of Québec).

Please attach the following to your Emergency Business Loan application: (Businesses that have already received an ELP loan)

- The emergency loan assistance application form completed and signed (See Annex 2)

Please send your completed application to your account manager by email or to the administration to the following address: administration@socca.qc.ca

For any questions, please do not hesitate to contact us.

Socca Team

2936, de la Faune, bureau 200
Wendake (Québec) G0A 4V0
Tél. : 418 842-0972 or 1-800-241-0972
Télec. : 418 842-8925



Annex 1

Emergency loan application (Indigenous Business Stabilization program)

Step 1 : Information on the applicant (person to contact)

Are you currently client at SOCCA? Yes No

Last name : _____ First name : _____

Adresse : _____

Telephone (home): _____ Telephone (work) : _____

Cell phone : _____ Courriel : _____

Step 2 : Information on the business

Name of the business : _____

Address : _____

City _____ Province _____

Postal code : _____ Telephone : _____

Email : _____ Website : _____

Business location:

On reserve Off reserve Owner Tenant

Legal form of the business organization : _____

Number of years in operation ? _____

Owner(s) information

Name	Ancestry	% ownership in the business	Date of birth

		Détails
Have you ever been repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has a claim of lawsuit ever been filed against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever filed for bankruptcy and/or a proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have taxes in arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Step 3 : Information on the application

The assistance fund will help for :

- Operational cost : _____
- Working capital : _____
- Regulate deferred payments : _____
- Exceptional expenses due to the COVID-19 : _____
- Other (in details):

How was business touched by the COVID-19?

- Opened but a reduced activity :
- Closed temporarily:
- Closed definitely :

Please provide a full description of your business’s present situation and measures that were move forward since the COVID-19 took place:

What were your business revenues for the year ending Dec. 31, 2020? _____
 What do you anticipate your revenues will be for the year ending Dec. 31, 2021? _____

Do you agree to report on the results of the funding received? Yes No

Step 4 : Impacts of the assistance fund

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

	Actual number of employees			Number of employees after the help provide by SOCCA		
	Full time	Part time	Seasonal	Full time	Part time	Seasonal
Indigenous Jobs (#)						
Non-indigenous jobs (#)						

Please indicate whether you have applied to any other emergency assistance through government and/or Bank/Lender sources:

Name of program	Have you applied?		If not do you intend to apply?		Date of approval	Amount (\$)
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Canada Emergency Wage Subsidy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Business Credit Availability Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Canada Emergency Business Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Farm Credit Canada Available for Agriculture, Fisheries and Aquaculture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Bank Loan Relief	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
BDC Co-Lending	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Futurpreneur Canada	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Others :						

By submitting this application to SOCCA, you agree to notify SOCCA immediately of any application pending and under consideration by another lender, or if negotiations are entered into, or an offer of financing is received during SOCCA consideration of this application.

Step 5 : Collection use and Disclosure of Personal and Business Information :

- a) That in applying for this financing, the Applicant authorizes SOCCA to obtain personal credit information about me and my business from any sources. By executing this application, the Applicant's understands that personal and confidential business and credit information will be requested from the Applicant 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 financing.
- b) The Applicant acknowledges that, as the operation of SOCCA is financially supported by the Government of Canada, representatives of Indigenous Services Canada and/or the National Aboriginal Capital Corporation Association, are permitted access to the files of SOCCA for reporting, monitoring and evaluation purposes and that SOCCA may be contacted by these agencies and that such information as may be acquired by such agencies will be treated as confidential.
- c) The Applicant acknowledges that SOCCA's Privacy Policy will protect personal and business information and that limited basic business information only be provided where contractually or legally required by other agencies.

- d) The Applicant further understands and consents to the SOCCA publicizing the Applicant's business venture if the Applicant is successful in obtaining financing from SOCCA.
- e) The applicant acknowledges that SOCCA is responsible for reporting on loans made to the National Aboriginal Capital Corporation Association.
- f) The applicant acknowledges that the SOCCA and the National Aboriginal Capital Corporation Association are required to report to the Government of Canada on any defaulted loans.
- g) The applicant declares that all the above information is accurate and complete in every respect.

Step 6 : Signature

Signed at _____ this ____ day of _____ 2021	
Name of the business _____	
_____ (authorized signatory - Print Name)	_____ (authorized signatory - Print Name)
I have the authority to bind the business	I have the authority to bind the business
_____ (Signature)	_____ (Signature)



ANNEX 2

INDIGENOUS BUSINESS STABILIZATION PROGRAM

Business Application for additional assistance under Emergency Loan Program

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

1. Full Name of Owner:	
2. Name of Business:	Contact Info:
3. Amount of previous ELP Loan: \$	Date issued:
4. Please provide a detailed description of your need for additional assistance during the COVID-19 crisis, including details of the costs that you wish to cover and whether you have applied for other government or other Bank/Lending assistance.	

Section 2: Expenses

List the estimated non-deferrable COVID related expenses your business has/will face to June 30th, 2021.

Estimated Business Costs:		Expected Source of Financing:	
Fixed Operating Costs	\$ _____	Emergency Loan Program (ELP)	\$ _____
Working Capital	\$ _____	Other Government Assistance	\$ _____
Other:	\$ _____		\$ _____
Other:	\$ _____		\$ _____
Total Project Costs:	\$ _____	Total Project Funding:	\$ _____

Do you agree to report on the results of this funding received? Yes No

Section 3: Signature:

Signed at _____ this _____ day of _____ 2021

Name of the business _____

(authorized signatory - Print Name)

(authorized signatory - Print Name)

I have the authority to bind the Corporation:

I have the authority to bind the Corporation:

(Signature)

(Signature)