



Town of Mayerthorpe

Policy Manual
Section: Economic Development
Procedure: VIII-006.01

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| PROCEDURE: | COVID-19 Pandemic Business Support Grant |
| PROCEDURE NO.: | VIII-006.01 |
| APPROVAL: | CAO |
| EFFECTIVE DATE: | January 25, 2021 |

COVID-19 BUSINESS SUPPORT GRANT

APPLICANT CONTACT INFORMATION:

Legal Name of Business _____

O/A (Common Name): _____

CRA Business #: _____

Mailing Address _____

Contact Person: Mr./Mrs./Ms _____

Work Number _____ Home Phone _____

Fax Number _____ E-Mail Address _____

Business License No.: _____ Legal Land Description: _____

What Industry does your business belong to:

- Retail Hospitality/ Health & Wellness Personal Care Services
 Food Industry Manufacturing Automotive
 Agriculture Other: _____

Has your business experienced greater than an overall 30% decline in revenue as a direct result of COVID-19 in 2021?

Yes No

If yes, attach monthly or year to date trial balances demonstrating revenues of at least the first quarter of 2021 and from the same period prior in 2019. A 2018 or 2019 tax return will be required.

Example 1 – April 15, 2021 applicant provides Q1 2021 and Q1 2019 trial balances with a 2019 tax return.

Example 2 – July 15, 2021 applicant provides Q1 & Q2 2021 and Q1 & Q2 2019 trail balances with a 2019 tax return.



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Have you previously applied for a Pandemic Business Support Grant? If yes, list the amount requested and received and date your grant was awarded.

Yes No Requested _____ Awarded _____ Date _____

If you receive this grant, which of the following will the money be applied towards:

- Financial Stability COVID-19 Impact (building modifications, PPE, etc.)
 Staff Wages Business Transformation (costs of implementing online marketing, etc.)
 Other: _____

Do you anticipate declaring bankruptcy or closing your business within the next 12 months?

Yes No

If the grant is approved, did you want the grant proceeds to be applied to one or more of the following:

- Town Property Taxes Town Utilities Town Accounts Receivable
 Issue Cheque to Business

I DECLARE THAT:

- I AM A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR THE ABOVE-MENTIONED BUSINESS

- The information contained in this application and supporting documents is true and accurate and endorsed by the above-mentioned organization.
- Any financial information provided in support of this application is factual and represents the financial position of the business.
- Any monies awarded shall be used solely for the purpose stated within this application and according to the program parameters.
- The business has no intention of declaring bankruptcy, closing permanently, or going into receivership in 2021.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to the Town of Mayerthorpe.



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Signature _____

Print Name _____

Work Phone # _____ Home Phone # _____

Date _____

Submit to: Town of Mayerthorpe
Box 420, Mayerthorpe, AB T0E 1N0

E-mail: edo@mayerthorpe.ca

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