

INDIGENOUS BUSINESS STABILIZATION PROGRAM

Business Application for additional assistance under Emergency Loan Program

Internal Use	Application received (dd-mm-yyyy)	AFI Staff
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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: 	

5. List the estimated non-deferrable COVID related expenses your business has/will face to March 31st, 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:	\$ _____

Section 3: Signature:

Dated at _____ this _____ day of _____, _____.

Name of Applicant(s) _____ (Print Name)	_____ (Print Name)
_____ (Signature)	_____ (Signature)
Name of Applicant (if the applicant is a Corporation) _____ (Print Name)	_____ (Witness Print Name)
I have the authority to bind the Corporation: _____ (Signature)	_____ (Signature)