



BC Fires
Support to Small Business and
First Nations Cultural Livelihoods Program
Additional Financial Assistance

Application Instructions

How to Apply Online (Starting November 20, 2017)

- Go to www.bcfiresmallbusiness.ca
- Click on the link to for the Small Business Application
- Complete Steps 1 to 4 in the online application system
- Upload the required documents to the online application where indicated
See next page for the list of required documents

How to Apply by Mail or Fax

- Complete the attached application form (Steps 1 to 4)
- Find your supporting documents and make a copy to submit along with the application (please keep your originals)
- Submit the completed application, and supporting documents in one of the following ways:

By Mail:

Marsh Canada
Attention: Nancy Pratt
#800 - 550 Burrard Street,
Vancouver, BC V6C 2K1

By Fax: 1-416-815-3618

Need help?

If you have any questions or require assistance, please contact:

Email: BCSmallBusinessSupport@marsh.com

Phone the Helpline: 1-855-999-3345

Application period is open from 9:00 AM PST November 20th, 2017 to 11:59 PM PST May 31st, 2018

Note: Not-for-Profit Organizations may also apply for additional financial assistance beginning November 20, 2017 by visiting www.redcross.ca/bcfires/smallbusiness. Please note that application form for these organizations differs from the one included in this package.



BC Fires
Support to
First Nations Cultural Livelihoods Program
Additional Financial Assistance

Program is open from 9:00 AM PST November 20th, 2017 to 11:59 PM PST May 31st, 2018

The second phase of the Canadian Red Cross Support to Small Business / Cultural Livelihood Program, funded by the Government of B.C., will provide additional financial assistance for Small Businesses and First Nations Cultural Livelihoods impacted by the British Columbia 2017 fires. This additional financial assistance is to support fixed and new expenses that are uninsured and that have occurred as a result of interrupted business operations due to the fires.

The amount of financial assistance provided to eligible businesses will be based on their individual needs, as determined through the application process.

Minimum requirements to apply:

1. Have 50 employees or less.
2. Be located in a community that was under an evacuation order or evacuation alert as a result of the 2017 British Columbia Fires, including First Nations businesses or traditional cultural livelihoods located on-reserve
Additional eligible communities identified by the Province of BC are listed at:
http://www.redcross.ca/crc/documents/Additional-communities-eligible-for-SSB_Aug21.pdf
3. Have been in operation on or before July 7, 2017.
4. Be financially vulnerable as a result of the 2017 BC Fires.
5. Have resumed or are intending to resume operations.
6. Have a net income of less than \$250,000 (calculated as revenue less expenses).
7. Have the business or livelihood be their primary source of income.

Important Notice:

Applicants must submit documentation in support of their application for funding. A list of required documents to be provided is on the following page.



BC Fires Support to First Nations Cultural Livelihoods Program *Supporting Documentation Required to Apply*

In order to participate in Phase 2 of the BC Fires Support to Small Business and First Nations Cultural Livelihoods Program, the business or individual will need to supply documentation from each of the following categories:

Please provide a copy of one document from each column:

Financial

Please provide most recent statement (within the last 3 years)

- For businesses in operation less than one year, please provide a profit and loss statement or complete the *Schedule of Revenue and Expenses* (www.redcross.ca/crc/documents/SSB-Schedule-of-Revenue-and-Expenses.xlsx)
- T1 General Income Tax Return (personal) showing business income
- T2 Corporation Income Tax Return
- T2125 Statement of Business or Professional Activities
- Schedule 5 – Tax Calculation Supplementary – Corporation Form
- Schedule 427 – British Columbia Corporate Tax Calculation Form

Licensing

- Business License
- Professional License
- BC Registration
- Other Provincial or Federal license
- Farm Registration Number
- Agricultural License
- Trapper license number
- AGR-1 Statement of Farm Support Payments
- Invoice from third party for goods or services purchased by the small business, referencing the name of the small business and purchased within the last 12 months

To protect your privacy, please black-out or cover any Social Insurance (SIN) numbers or other sensitive personal information on your submitted document.

Please note additional documentation may be requested during the review process.



BC Fires First Nations Cultural Livelihoods

For the purpose of the Canadian Red Cross Small Business Support Program

Many First Nation people whose primary means of livelihood is based on cultural expression or ceremony, sometimes called "cultural livelihood".

Please submit your application by May 31st, 2018 to be eligible for the program.

PART 1 - APPLICANT INFORMATION

Note: Please complete the entire questionnaire and be as accurate as possible, as this information will be used by the Administrator to determine your funding approval. If you have any questions, please reach out to the support desk at BCSmallBusinessSupport@marsh.com or 1-855-999-3345.

Contact Info:

_____	_____
First Name	Last Name
_____	_____
Phone No.	Email Address

Name of the First Nation / Cultural Livelihood:

Please identify which of the examples below best describes your cultural livelihood.

- Artist / Artisan
- Carver
- Creates beadwork, quillwork, jewelry, regalia, and/or ceremonial goods
- Hunter, trapper, fisher
- Community wellness (example: conducting circles)
- Ceremony: individual whose livelihood is based on conducting cultural ceremonies and/or the passing of traditional knowledge through cultural practices
- Helper: individual whose livelihood is based on learning to conduct ceremonies or using medicines and acting as a helper to the individuals conducting the ceremony
- Medicine holders: individual whose livelihood is based on being knowledge keepers around medicines and who share this knowledge for the benefit of community

Please tell us about your livelihood.

What percentage of the First Nation / Cultural Livelihood is on reserve?

_____ %

How long have you been working at your Cultural Livelihood?

_____ Years _____ Months

Is this Cultural Livelihood your primary source of income?

Yes No

If yes, approximately how much do you earn in 1 year? \$ _____

If no, please comment on your other sources of revenue:

Did you experience a loss of revenue with your Cultural Livelihood due to the BC Fires?

Yes No

If yes, approximately how much revenue did you lose due to the BC Fires? \$ _____

How was your Cultural Livelihood affected by the BC Fires (select all that apply below)? Please indicate if there was a cost to replace what was damaged or destroyed.

Raw materials damaged/destroyed \$ _____

Tools / Equipment damaged/destroyed \$ _____

Events/Ceremonies cancelled \$ _____

Other (please describe below) \$ _____

Have you resumed your Cultural Livelihood activities?

Yes No

If no, do you intend on resuming your activities?

Yes No

PART 2 – APPLICATION CERTIFICATION

- a. I have read the information provided by the Canadian Red Cross in relation to the BC Small Business/ Cultural Livelihood Support Program at www.redcross.ca, and acknowledge and consent to having the information provided used to determine this Application’s eligibility for funding.
- b. I understand, acknowledge and agree that the Administrator may disclose all information submitted and all information relating to this Application to the Canadian Red Cross, and to others as required for the provision of assistance or as required by law.
- c. I certify that I am in need of financial assistance as a result of the BC Fires 2017 and that I am not seeking duplication of assistance.
- d. I understand that by certifying this Application, I attest that all information is true, accurate and complete.
- e. I understand that any false statements or deliberate omissions may disqualify the application.

By signing below, I affirm that I have read, understand and comply with all certifications listed above.

PRINT NAME

SIGNATURE

DATE

