



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

**Application Instructions**  
**Small Business Owners**

**How to Apply Online**

- Go to [www.bcfiresmallbusiness.ca](http://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](mailto:BCSmallBusinessSupport@marsh.com)

**Phone the Helpline:** 1-855-999-3345

**Application period is open from 9:00 AM PST November 20<sup>th</sup>, 2017 to 11:59 PM PST May 4<sup>th</sup>, 2018**

**Note:** Not-for-Profit Organizations may also apply for additional financial assistance beginning November 20, 2017 by visiting [www.redcross.ca/bcfires/smallbusiness](http://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 Small Business and**  
**First Nations Cultural Livelihoods Program**  
*Additional Financial Assistance*

**Program is open from 9:00 AM PST November 20<sup>th</sup>, 2017 to 11:59 PM PST May 4<sup>th</sup>, 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](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 Small Business and 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 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](http://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**  
**Support to Small Business and**  
**First Nations Cultural Livelihoods Program**  
*Application for Additional Financial Assistance*

**Please submit your application by May 4<sup>th</sup>, 2018 to be eligible for the program.**

**STEP 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](mailto:BCSmallBusinessSupport@marsh.com) or 1-855-999-3345.*

Contact Info:

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

|  |  |
|--|--|
| What is the Current Full Legal Name of the Small Business applying for funding?                    |  |
| Are/were there Other Name(s) used by this Small Business?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please indicate alternate names  |  |
| What is the current mailing address of the Small Business ?  |  |
| Was the Small Business's address at the time of the BC fires, the same as the address shown above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |  |
|---|--|--|
| <p>In which BC District is your Small Business located?</p>   | <p> <input type="checkbox"/> Cariboo Regional District<br/> <input type="checkbox"/> Central Coast Regional District<br/> <input type="checkbox"/> Regional District of Bulkley-Nechako<br/> <input type="checkbox"/> Regional District of Central Okanagan<br/> <input type="checkbox"/> Regional District of East Kootenay<br/> <input type="checkbox"/> Regional District of North Okanagan<br/> <input type="checkbox"/> Regional District of Okanagan-Similakameen<br/> <input type="checkbox"/> Squamish-Lillooet Regional District<br/> <input type="checkbox"/> Thompson Nicola Regional District<br/> <input type="checkbox"/> Other, please specify:<br/> <hr/> </p> |  |
| <p>Are the Small Business' current telephone numbers and email address the same as the Contact Person's telephone numbers and email address provided in the first step of the registration process?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |
| <p>Is the Small Business is a subsidiary of another company?</p>  | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |
|   | <p>If yes – Please indicate the location of the Parent Company's headquarters:</p>   |  |
| <p>At the time that this application is being completed, how long has the Small Business been in operation?</p>   | <p> <input type="checkbox"/> Under 1 year<br/> <input type="checkbox"/> 1 to 2 years<br/> <input type="checkbox"/> 3 to 5 years<br/> <input type="checkbox"/> 6 to 10 years<br/> <input type="checkbox"/> Over 10 years </p>   |  |
| <p>Is this a home-based business?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |
| <p>Has the Small Business applied for or received financial assistance through the BC AgriRecovery Program?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |
| <p>Did the Small Business apply for emergency assistance funding through the Red Cross Support to Small Business program for BC Fires? (Application for emergency assistance funding (\$1,500))</p>     | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |

## STEP 2 - BUSINESS INFORMATION

|  |   |            |           |
|--|---|------------|-----------|
| <p>Type of Small Business:<br/>Select the term that best describes the Small Business applicant's type of business.</p>            | <p> <input type="checkbox"/> Individual / Sole Proprietor<br/> <input type="checkbox"/> Partnership<br/> <input type="checkbox"/> Corporation<br/> <input type="checkbox"/> Franchise<br/> <input type="checkbox"/> First Nations Small Business<br/> <input type="checkbox"/> First Nations Cultural Livelihood<br/> <input type="checkbox"/> Other, please specify / describe<br/> <hr/> </p> |            |           |
| <p>Please provide the name(s) of the Owner(s) or Partner(s) of the business:</p>   | <table border="0"> <tr> <td style="text-align: center; width: 50%;">First Name</td> <td style="text-align: center; width: 50%;">Last Name</td> </tr> </table>   | First Name | Last Name |
| First Name   | Last Name   |            |           |
| <p>Is this Small Business the primary source of income for the individual(s) listed above?</p>                                     | <p> <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Do Not Know / Not sure         </p>   |            |           |
|  | <p>If no, please explain:</p>   |            |           |
| <p>What level of physical damage did this Applicant's Small Business sustain as a result of the BC Fires? (select one)</p>         | <p> <input type="checkbox"/> No damage<br/> <input type="checkbox"/> Minor damage<br/> <input type="checkbox"/> Major damage<br/> <input type="checkbox"/> Destroyed         </p>   |            |           |
| <p>What additional impacts did this Applicant's Small Business experience as a result of the BC Fires? (select all that apply)</p> | <p> <input type="checkbox"/> Supported evacuees with basic needs<br/> <input type="checkbox"/> Customers evacuated<br/> <input type="checkbox"/> Locked out/Road Closure<br/> <input type="checkbox"/> Unknown / Not sure<br/> <input type="checkbox"/> Other, please specify / describe<br/> <hr/> </p>  |            |           |

|  |   |
|--|---|
| <p>Select the Industry Sector that best reflects the operations of this Applicant's Small Business.</p>                | <ul style="list-style-type: none"> <li><input type="checkbox"/> Accommodation &amp; Food Services / Restaurant</li> <li><input type="checkbox"/> Agriculture / Farming</li> <li><input type="checkbox"/> Arts, Entertainment, and Recreation</li> <li><input type="checkbox"/> Associations</li> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Educational Services</li> <li><input type="checkbox"/> First Nations Cultural Livelihood</li> <li><input type="checkbox"/> Healthcare &amp; Social Assistance</li> <li><input type="checkbox"/> Manufacturing</li> <li><input type="checkbox"/> Mining</li> <li><input type="checkbox"/> Physical Education / Training</li> <li><input type="checkbox"/> Professional, Scientific, Technical Services</li> <li><input type="checkbox"/> Real Estate and Leasing</li> <li><input type="checkbox"/> Retail Trade</li> <li><input type="checkbox"/> Services – Cleaning, Maintenance</li> <li><input type="checkbox"/> Services – Pet / Cattle / Horses</li> <li><input type="checkbox"/> Services – Personal Care</li> <li><input type="checkbox"/> Timber / Lumber Trade</li> <li><input type="checkbox"/> Trades</li> <li><input type="checkbox"/> Transportation and Warehousing</li> <li><input type="checkbox"/> Trapping, Fishing, Hunting</li> <li><input type="checkbox"/> Other, please specify / describe</li> </ul> <hr/> |
| <p>Was this Small Business in operation on or before July 7th, 2017?</p>   | <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>   |
| <p>How many employees did this Small Business have on or before July 7th, 2017 (not including owners or partners)?</p> | <p>Full time:</p> <p>Part time:</p>   |

|   |  |
|---|--|
| Did the Small Business have insurance on or before July 7, 2017?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know/Unsure |
| If Yes, Does the insurance policy include Business Interruption Insurance?<br>Business Interruption insurance (also known as business income insurance) is a type of insurance that covers the loss of income that a business suffers after a disaster. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know/Unsure |

**If your insurance policy includes Business Interruption Insurance, please provide as much information as you can to the questions below. If you answered no, please proceed to the next page.**

|  |  |
|--|--|
| Was the Small Business under an evacuation order?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, for how long was the Small Business under evacuation order?          |  |
| Was the Small Business under an evacuation alert?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, for how long was the Small Business under evacuation alert?          |  |
| Was the Small Business affected by road or highway closure due to the fires? | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If yes, please indicate the name of the road or highway that was closed.     |  |
| If yes, for how long was the road or highway closed for?                     | <input type="checkbox"/> Less than 1 day;<br><input type="checkbox"/> 1-3 days;<br><input type="checkbox"/> 4 days – 1 week;<br><input type="checkbox"/> More than a week, less than a month;<br><input type="checkbox"/> 1 month or more. |



|   |   |
|---|---|
| Has this Small Business resumed operations?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If No, does this business intend to resume operations?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know/Unsure  |
| Does this Small Business have a Business License?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| If yes – Please provide your business license number  |   |
| Has a tax return reporting business income been filed with the CRA within the last 3 years?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know/Unsure  |
| If the answer is no or do not know – Please provide an explanation as to why you have not filed a business tax return |   |
| What is the approximate net income of the Small Business? (Calculated as Revenue less expenses)                       | <input type="checkbox"/> Under \$50,000<br><input type="checkbox"/> \$51,000 - 100,000<br><input type="checkbox"/> \$101,000 - 150,000<br><input type="checkbox"/> \$151,000 - 200,000<br><input type="checkbox"/> \$201,000 - 250,000<br><input type="checkbox"/> \$250,001 and over |

### STEP 3 - EXPENSES

Please identify expenses incurred by the Small Business that were not covered by insurance or other support programs within the categories identified below. These expenses must have been incurred on or after July 7, 2017 and be as a direct result of the fire, fire-fighting and/or the evacuation. Please note: you may be asked to provide evidence to attest to the amounts.

| Expense   | Amount | Description |
|---|--------|-------------|
| Uninsured Property loss or damage (including building, fencing, crops, feed)  |        |             |
| Uninsured Equipment/Inventory loss or damage  |        |             |
| Loss of Livestock   |        |             |
| Loss of Income (loss of income needs to be substantiated through tax documents)   |        |             |
| Deductible from insurance claim   |        |             |
| Clean-up and minor repairs including debris removal, bin rental, etc.   |        |             |
| Moving and Storage Costs (for up to 3 months) if the Business is moving to a new location or repairing the current premises |        |             |
| Installation fees at a new location or re-hookup costs at the current location (for example: utilities, internet)           |        |             |
| Computer/Data Assistance (for example: reinstallation of software, or computer hardware setup)                              |        |             |
| Outstanding, overdue or reimbursement of utility bills  |        |             |
| Assistance with lease payments  |        |             |
| Other fixed expense requirements, excluding wages   |        |             |
| Total   |        |             |

## PART 4 – APPLICATION CERTIFICATION

- a. I have the authority to submit this Application.
- b. I have not and will not submit another application in respect of the information particularized in this Application.
- c. I do not know of another application being submitted to the Administrator in respect of the information particularized in this Application.
- d. I understand that additional documentation may be required in support of this Application and that additional documentation can be requested and reviewed to confirm the accuracy of the information provided.
- e. 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](http://www.redcross.ca), and acknowledge and consent to having the information provided used to determine this Application’s eligibility for funding.
- f. 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.
- g. 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.
- h. I understand that by certifying this Application, I attest that all information is true, accurate and complete.
- i. 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.

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PRINT NAME

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SIGNATURE

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DATE

