



## COVID-19 PPE APPLICATION

Applicant Name	
Business Name	
Business Number	
Business Address	
Business Phone Number	
Business Sector	<input type="radio"/> Retail <input type="radio"/> Wholesale <input type="radio"/> Manufacturing                              Distribution <input type="radio"/> Service    Tourism <input type="radio"/> Construction                                  Other:
Business Type (Sole Proprietor, Corp., etc)	
Describe how your business has been impacted by COVID-19.	
Did your business close?	
Have you experienced a loss in revenue?	
Describe the Health and Safety measures you have had to put in place in response to COVID-19.	
<p>Please list the total purchase amount for PPE bought in response to COVID-19.</p> <p><b>These must be new purchases and not a part of your regular operations.</b></p> <p>Businesses are eligible for a maximum \$500. You can only claim purchases from <b>March 17, 2020 – January 1, 2021</b> and you must attach receipts.</p>	
PPE	Costs
Masks	
Face Shields	
Plexiglass Panels	
Cleaning Supplies	

Gloves	
Sanitizer	
Directional Signage	
<b>TOTAL (Maximum \$500)</b>	
<b>Attach copies of receipts that support these purchases to this application.</b>	

Please make the following attestations:

- The business has been adversely affected by COVID-19
- The purchases listed were made because of COVID-19 and are not costs associated with regular operations
- The business employees fewer than 500 people, has an annual revenue of less than \$20 million, and provides goods or services for the market economy

Collection and Use of Personal Information:

Your personal information is being collected for the purposes of evaluating your application.

The Applicant acknowledges that, as the operation of PACE is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of PACE for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.

The Applicant consents to his or her personal and business information being collected, used, retained, and disclosed by PACE for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by PACE and knows to refer to PACE's Privacy Policy or contact the Executive Director if a question or concern arises about the handling of the Applicant's personal information.

The statements made herein are for the express purpose of obtaining a contribution from PACE and are to the best of my/our knowledge and belief true, correct, and complete.

Date:

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Name of Applicant(s)

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Signature of Applicant(s)

