



Covid Safety Protocol Project

CFDC Covid Safety Protocol Project	
Projects Purpose:	
<ul style="list-style-type: none">• The Covid Safety Protocol Project will support businesses that are impacted by the economic disruptions associated with the COVID-19 pandemic across Northern Ontario during their continuing/re-opening efforts.• Will provide businesses with access to capital of up to \$5,000.00 in a non-repayable contribution to assist with the costs related to adapting to new or existing (As of March 15, 2020) operating protocols.	
Eligibility:	
<ul style="list-style-type: none">• A SME (Small, Medium Enterprise) ie. retail shops, restaurants, corner stores, etc., and businesses of strategic importance to the community.• Small and medium-sized enterprises are defined as having less than 500 employees• Applicant has confirmed and attested that no other funding has been accessed for the same purposes and utilization that the Covid Safety Protocol Project is set out to fund.• The SME must have been viable as of March 1, 2020.• SME was Established before March 1, 2020.	
Examples of eligible costs for the Covid Safety Protocol Project acquired after March 15, 2020 or until March 31, 2021:	
<ul style="list-style-type: none">• Customer and employee safety installations such as distancing signs for floors• COVID-19 posters and displays• Acquisition of barriers• Widening of aisles,• Plexiglass and partitions, signage, and other business restructuring or equipment purchases required in support of adaptations that may be required	
Examples of Non-eligible costs	
<ul style="list-style-type: none">• Disposable Personal Protective Equipment	
Funding is eligible until March 31, 2021	
Up to \$5,000.00 non-repayable contribution for the SME applicant if costs have already been incurred or to an independent provider for protocol modifications necessary to conduct business due to Covid-19.	
** Please Note HST will NOT be reimbursed **	
Funding will be issued on a continuous intake model to ensure funds are disbursed as quickly as possible.	
Complete attached application and submit to ENTER CFDC CONTACT INFORMATION HERE	



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Applicant and Contact Information			
Legal Name of Applicant:			
Business Name:			
Business Number:			
Ownership Type:			
Business Sector:			
Provide a Description of Your Business:			
Street Name & Number:	Unit Number:	P.O. Box Number:	Province:
City:		Postal Code:	Business Telephone Number:
Fax Number:		E-mail:	
Last Name of Authorized Contact:		First Name of Authorized Contact:	
Title:		Business Telephone Number:	
E-mail:		Do You Wish to Self Identify With Regards to the Following:	
		LGBTQ2+ Members of Official Language Minority Community	Women Indigenous Visible Minority Youth Persons with disability



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Project Information		
Please Provide a Brief Description of the Safety Protocol Modifications you Require due to Covid-19:		
How will these Modifications Impact your Business Recover After the Initial Announcement of the State of Emergency Declared in Ontario on March 15, 2020?		
Will there be or was there, an Increase in Jobs/ because of these Modifications? if so, how Many?	Will these Modifications or has these Modifications assisted in the Maintenance of jobs? If so, how many?	
Will or Have these Safety Protocol Modifications Lead to Your Business Being? (Check all that apply)		
Expanded	Modernized	Maintained
Name of Business Safety Protocol Modifications for Covid-19 will be Provided From:	Telephone Number of Supplier:	
Email address of Supplier Contact:	Website of Supplier	
Address of Supplier		
Cost of Safety Protocol Modifications for Covid-19 (Please Provide Proof of Payment / Invoice):		



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Applicant Signing Authority	
<i>By signing below, I am acknowledging the information that is provided is true and accurate to the best of your knowledge</i>	
Signature of Applicant:	Date:
To Be Completed by Local CFDC	
Name of Individual Reviewing Application:	Signature:
CFDC Name:	
Eligibility Requirements were confirmed YES <input type="checkbox"/> NO <input type="checkbox"/>	
Recommendation / Rationale as to why approval was granted:	
Date:	
KDCDC ONLY	
Administration initials:	Cheque Number:
Initials of signing authority one:	
Initials of signing authority two:	