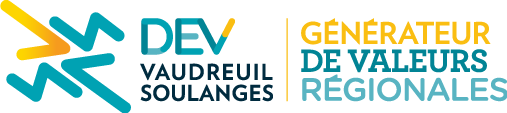
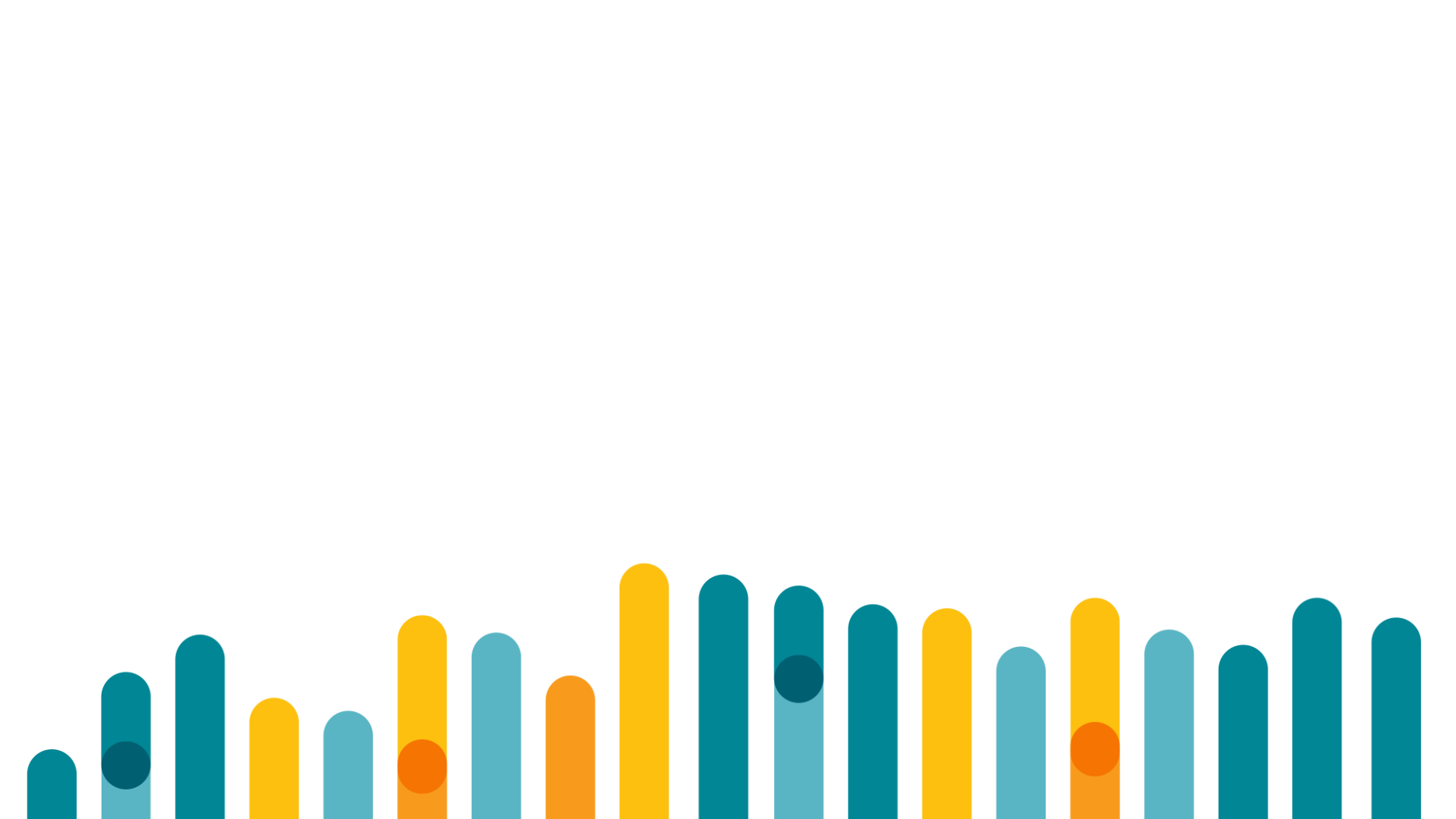
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**REQUEST FORM**

**Emergency Assistance for Small and Medium-Sized Businesses**

****

**Assistance for Businesses in Regions Under Maximum Alert (ABRUMA)**

For Développement Vaudreuil-Soulanges (DEV) to process your request, be sure to send us all the required documents. These documents are necessary for a good understanding of your request and allow us to take effective care of our customers.

Once the file is complete, we will process your request as soon as possible.

DEV informs you that the information collected on this form, and any information added to your file, thereafter, will be treated confidentially and will only be shared with those assigned to the decision-making process of your file.

Are you a client of DEV?

Yes. Please write the name of your advisor:

No

REQUEST FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Information** | | | |
| Company Name : | | NEQ : | |
| Address : | | | |
| City : | | | Postal Code : |
| Contact: | | Phone: **-** ext. | |
| Cell: **-** | Email: | | |

|  |  |
| --- | --- |
| **Economic Activities** | **% of Sales** |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Informations financières** | | |
| Bank : | | Contact Name : |
| Phone : **-** ext. | | Email : |
| Line of credit : | Authorized Amount : Used Amount : | |
| Do you have a loan with Investissement Québec (IQ)? Yes  No | | |
| Have you submitted a request with IQ (in relation with the COVID-19 crisis)? Yes  No | | |
| Contact Name : | | Email : |

|  |  |
| --- | --- |
| **Eligible Expenses Calculations** | |
| Use your audited 2021 financial statements or accounting system to calculate expenses | |
| **Annual Costs** | **Amount ($)** |
| Municipal and School Taxes |  |
| Rent (portion non covered by another government program) |  |
| Interest on a mortgage |  |
| Utility costs (electricity, gas) |  |
| Insurance |  |
| Telecommunication costs |  |
| Association fees and licenses |  |
| Other : |  |
| Other : |  |
| **Annual Amount** |  |
| *« Annual Amount » divided by 12* |  |
| **Monthly Costs** |  |

|  |  |
| --- | --- |
| **Additional Assistance Amount for Restaurants’ Food Losses** | |
| **Costs** | **Amount ($)** |
| Costs of perishable items not used between December 15 and 31, 2021. |  |

|  |
| --- |
| **Required Documents** |
| Please provide :   * Financial statements for the past three years (income statement and balance sheet) * Most recent interim cumulative financial statements (max. 3 months) * Supporting documents for the costs of unused perishable items incurred between December 15 and December 30, 2021 (Purchase Order, Order Confirmation, Invoice, etc.). |

ACKNOWLEDGEMENT

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |  | | | |
| I, the undersigned, | |  | | | , confirms that the | | | |
|  | | **Please print full name** | | |  | | | |
| information provided in this application and the attached documents are complete and truthful and undertake to provide all the information necessary for the analysis of the application.  I understand that this application does not necessarily imply its acceptance.  I declare that the company meets the following eligibility requirements:  The business has been in operation in Quebec for at least six months.  The business is not under the protection of the Companies' Creditors Arrangement Act or the Bankruptcy and Insolvency Act.  The business is temporarily closed, likely to close or shows warning signs of closure (only for applications under the ABRUMA and ACEST).  The company is in a context of maintaining, consolidating, or relaunching its activities.  The company has not applied to the Concerted Temporary Action Program for Businesses with Investissement Quebec.  I agree that the information contained in this form and in the attached documents may be used for the purpose of verifying the criminal background of the shareholders of the company.  I agree that the information contained in this form and the attached documents may be used for the purpose of verifying the company's credit rating.  I confirm that the company respects, and hereby undertakes to comply with, all government health measures to protect the population in the covid-19 pandemic situation.  I confirm that the company is not in default and complies with the laws, regulations, decrees, ministerial orders, and standards to which it is subject in Quebec.  I understand that a false statement could result in the refusal of the application. | | | | | | | | |
|  | | |  |  | |  | |  |
|  | **Signature of authorized person** | | **Title** | | | | **Date** | |

IMPORTANT

To be processed, the request for financial assistance must be submitted **no later** than four weeks after lifting the state of emergency.

**Please send your form duly completed to** [**ngagnon@developpementvs.com**](mailto:ngagnon@developpementvs.com) **and ensure all required documents are attached.**