



CWCF
FCCT

CANADIAN
WORKER
CO-OP
FEDERATION

FÉDÉRATION
CANADIENNE DES
COOPÉRATIVES
DE TRAVAIL

Tenacity Works Fund Application for Emergency Relief

Accepted from May 15, 2020 to August 31, 2020; Program may end early if out of funds.

Name of Co-op: _____

Business Number: _____

Amount Requested: _____

Address:

Street: _____

City: _____

Province _____

Postal Code: _____

Phone: _____

Email: _____

Website: _____

Year Launched: _____

Brief description of the business:

Type of co-op:

Worker Co-op _____

Multi-stakeholder Co-op with worker member class _____

Solidarity Works! La Solidarité nous réussit!

Please list any professional service providers that your co-op works with on a regular basis: (Bookkeeper, accountant, Lawyer, Insurance provider)

Please explain how your co-op has been impacted by the Covid-19 pandemic:

Briefly describe how you think the loan would enable your co-op to survive/continue successfully:

Please include the following with your application:

- Annual financial statements (from previous year-end)
- Interim financial statements for current year (unless your previous year-end was not more than 2 months ago)
- High-level (summary) financial projections covering 3 years showing the co-op's expectations for resuming business – monthly for the first year and annually for the following 2 years. This should indicate how the Tenacity Works Fund loan would be used.
- A narrative action plan (2-4 pages) demonstrating how the co-op plans to survive and thrive.

Date: _____

Name and role of signatory: _____

Signature: _____

Contact telephone: _____ Contact email: _____