



**CWCF**  
**FCCT**

CANADIAN  
WORKER  
CO-OP  
FEDERATION

FÉDÉRATION  
CANADIENNE DES  
COOPÉRATIVES  
DE TRAVAIL

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## Tenacity Works Fund Application for Emergency Relief

Accepted until August 31, 2021; 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)

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

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

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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: \_\_\_\_\_