

Employer information		
Employer name		
Main contact person	Position	
Physical address		
Mailing address		
Daytime phone	Cell	Email
Specify the 16-week period between March 15 and October 3, 2020 in which the benefit will be applied		
Applicant declaration and signature		
<p>We are submitting this application for the purpose of obtaining financial assistance from the Government of Yukon. The statements herein are to the best of our knowledge, true and correct. We affirm that we understand the criteria and intent of the program and are applying to it in good faith. We understand that all or part of this application may be made available to the public in accordance with the <i>Access to Information and Protection of Privacy Act</i>.</p> <p>We understand the Government of Yukon or its agents may audit any or all of the records, including financial records of the recipient or its agents as is necessary to satisfy the Government of Yukon that the objectives and activities of the program have been carried out and that the funds have been spent in accordance with the terms of this program. We acknowledge that in the event of non-compliance with the program's terms and conditions, the outstanding amounts will immediately become repayable.</p>		
_____ Signature of authorized representative	_____ Print applicant name	_____ Date

**Attach the following:**

- Proof of your office location (such as a utility bill, or lease), notice of assessment for the year or municipal business license (where applicable).
- For each eligible employee, please provide name, position, wage, dates and hours worked. Employers may provide this information by providing one of the following:
  - A payroll report for the eligible essential workers which includes:
    - the employee name and address,
    - essential occupation,
    - dates worked,
    - hours worked and hourly wages, and
    - income subsidy paid to eligible essential workers; or,
  - Each eligible essential worker's pay stubs for the period the income subsidy was paid, providing the pay stub includes all of the information listed above; or,
  - The client worksheet with employee pay information.
- Employee agreement forms.

**If we approve your funding we can send it to you by direct deposit. You can [sign up for direct deposit now](#).**

Personal information on this form is collected under the authority of Section 29(c) of the *Access to Information and Protection of Privacy (ATIPP) Act* for the purpose of carrying out a program and/or providing financial assistance to the applicant. The collection, use and disclosure of your personal information is managed in accordance with the *ATIPP Act* and all or part of this information may be made available to the public. For more information about the collection, use and disclosure of your personal information, contact the Department of Economic Development's ATIPP coordinator/records officer 867-667-5946, or privacy officer/director of Finance, Administration and Systems 867-667-5933.