



The program has been extended for an additional 16 weeks per worker between October 15, 2020 and February 15, 2021.

| Employer information | | |
|--|----------|-------|
| Legal business name | | |
| Main contact person | Position | |
| Physical address | | |
| Mailing address | | |
| Daytime phone | Cell | Email |
| Brief business description | | |
| Did the business completely cease operations between October 15, 2020 and February 15, 2021? If so, between which dates? | | |

Applicant declaration and signature

On behalf of the applicant, I hereby acknowledge and certify that:

- a) I have the authority to complete and submit this application on behalf of the applying business.
- b) I have read and understand this application and will submit all the required information with this proposal. I understand incomplete applications cannot be assessed and may be deemed ineligible.
- c) I have read and understand this application and should this application be approved I will submit all the required reporting deemed necessary by the Government of Yukon for verification purposes. I understand that refusing to provide this documentation may result in Government of Yukon reclaiming all or a portion of awarded funding.
- d) The information provided herein is complete, true and accurate and that any other information given in the future in connection with this application will also be complete, true and accurate.
- e) I authorize the Government of Yukon to make any other enquiries it deems necessary to evaluate this application.
- f) The Government of Yukon may share this application and/or make enquiries of such persons, firms, corporations, federal, provincial and municipal government departments/agencies, and not-for-profit, economic development or other organizations regarding the applicant as may be appropriate in the opinion of Government of Yukon, and to share information with them, as the Government of Yukon deems necessary in order to assess this application or to refer the application.
- g) The wage top-up amount are/will not be included with any CEWS applications.
- h) The wage top-up amount will be recorded separately from regular wages.
- i) No employee is receiving supplement for more than 640 hours over the 16-week period.
- j) The business complies to the Yukon *Employment Standards Act*. Employers with staff in the Yukon Nominee Program must also comply with all Yukon Nominee Program terms and conditions.
- k) The subsidy is considered taxable income to the employee and all applicable tax deductions will be made.

l) Personal information on this form is collected under the authority of Section 29(c) of the *Access to Information and Protection of Privacy Act (ATIPP)* 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.

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 *Access to Information and Protection of Privacy Act*.

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.

Signature of authorized representative

Print applicant name

Date

Attach the following:

- A completed client worksheet Excel spreadsheet.
- Proof of your office location (such as a utility bill, or lease), notice of assessment for the year or municipal business.
- Employee agreement for all employees in the application.
- Copies of the most recent pay stubs, for all employees in the application, covering the dates and proof of wages paid. **Yukon income support amount must be recorded as a separate pay category on the paystub.**

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