



LOAN APPLICATION

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Federal Economic Development
Agency for Southern Ontario

Agence fédérale de développement
économique pour le Sud de l'Ontario

Canada

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CHECKLIST OF ITEMS TO INCLUDE WITH THIS LOAN APPLICATION

The following is a comprehensive list of items to include with your application, although some items will not apply depending on your situation. Please provide as much information as you have access to. For clarification, please contact a CDC staff member.

REQUIRED TO BE SUBMITTED WITH THIS COMPLETED APPLICATION:	
X	A copy of a Birth Certificate <u>OR</u> Passport; <u>AND</u> Driver's Licence for each business owner and spouse (as applicable)
	If a new business start-up, or if scope of business activity has recently changed, please provide: <ul style="list-style-type: none"> ○ Your Business Plan and Financial Projections, if complete; <u>OR</u> ○ A one page Executive Summary describing the business and future plans; <u>OR</u> ○ A completed Business Model Canvas (as provided by the CDC)
	Resumes of all business owners, if available.
AS SOON AS AVAILABLE: (If all necessary information is available immediately, processing time may be shorter)	
	If you are incorporated, a copy of your Articles of Incorporation. If you are not incorporated, or have a trade name under the corporation, a copy of your Master Business Licence, if available.
	If you are an existing business or are purchasing an existing business: <ul style="list-style-type: none"> ○ 3 years of historical year-end financial statements (Profit & Loss and Balance Sheet); and ○ Most recent Income Tax Returns and Notice of Assessment, plus ○ Interim financial statements (Profit & Loss and Balance Sheet), and ○ Current aged accounts payable and accounts receivable listings
	A complete list of all the business assets (equipment, furniture, fixtures, inventory, computers, vehicles, land, buildings, etc.) that you own or propose to acquire, including your estimation of the fair market value.
	If you are intending to use land and building for security, a copy of the Assessment Notice for that property and a statement of mortgage balances for that property. You may also provide a copy of a Property Appraisal if available.
	Quotes for proposed expenditures to be financed by Loan, if available.
	If purchasing a Business or Commercial Property, please provide a copy of the Offer to Purchase, if available.
	Most recent Personal Income Tax Returns with Canada Revenue Agency Notices of Assessment, and proof of current income, for all business owners and spouses (as applicable).

Loan Application Fees:

There is a loan application fee; this fee will be taken directly from your first advance if your loan is approved. There is no cost to go through the application process. The loan application fee is based on the type of loan applied for and will range between \$75.00 and \$500.00.

General Information and Guidelines

The Orillia Area Community Development Corp. (CDC) is a community managed non-profit organization designed to foster the creation of new jobs by helping business start-ups, maintenance or expansions. Generally, loans of up to \$250,000.00 are available for this purpose. Under special circumstances, a loan of up to \$350,000 may be considered. The Corporation tries to be as flexible as possible in lending where traditional lenders cannot fill the entire need.

Application Process

1. The General Manager of the CDC may approve certain loans up to \$25,000.00. Amounts over \$25,000.00, are reviewed and approved by the CDC's Investment Committee. The Investment Committee is a group of local volunteers with significant and varied business experience. The Committee general meets twice per month to review loan applications.
2. The Orillia Area Community Development Corp. has adopted a two stage application process. The first stage of the process involves a summary review of your request for financing by the Investment Committee. After this review the Committee will make a decision as to whether or not to move to the final stage of the process. For the final stage, more detailed information is reviewed, and a final decision is made. If all the necessary information to make a final decision is available at the first stage, the processing time can be shorter.
3. You only need to prepare a Business Plan if you are a new business start-up, or if you are making significant changes to the way your business operates.
4. Interest Rates generally range between the CDC Base Rate and the CDC Base Rate + 6.00%. The CDC Base Rate shall be no lower than 5.00%, and shall be established at the Canadian Prime Lending Rate plus 2.00%. The interest rate charged by the CDC will reflect the risk and security of the loan, and the applicant's business and credit history. Some exceptions apply for loans to social enterprises.
5. Applicants must be located in the CDC coverage area, which includes: the City of Orillia; the Townships of Oro-Medonte, Severn, and Ramara; and the Chippewas of Rama First Nation.

What Happens Once a Loan is Approved

1. Legal documentation is prepared in the following manner:
 - (a) If the security is to be in the form of a General Security Agreement (lien on company receivables, inventory and equipment) and the business structure is a simple one, CDC staff prepares legal documentation for your signature. Guarantors may need to seek Independent Legal Advice from their lawyer.
 - (b) If the security includes a mortgage on land, or in other complicated situations, the CDC will require the services of a lawyer. If the loan amount is over \$50,000.00, you will be required to have separate legal counsel. You will be responsible for the fees of the CDC's lawyer, as well as your own lawyer. This process may take up to an additional four weeks.
2. You will be required to submit financial statements, periodically, for review.
3. Pre-authorized debits are required for loan payments and can be processed on the first or fifteenth of each month. Any payments that are returned due to insufficient funds, account closed, account frozen, etc., are subject to a **\$40.00 charge**.

NOTE: As the Corporation is financially supported by the Government of Canada, representatives of the Minister are permitted access to all client files for monitoring and evaluation purposes. You may be contacted from time to time by representatives of the Minister as part of the evaluation of the performance of the project. All client files are held in strictest of confidence and files will not leave the CDC office without prior consent of the client.

BACKGROUND INFORMATION

Please complete as much information as you have available.

BUSINESS INFORMATION						
Business Name						
Address <i>(if you have selected a location)</i>						
City		Prov		Postal Code		
Telephone		Fax		Email		
Web Site				Date you plan on starting		
Structure	Sole Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		Corporation <input type="checkbox"/>	
Location	Owned ___	Date Purchased				
	Leased ___	Expiry Date				
Rate per sq. foot				Total sq. foot area		
Federal Business Number or HST #:						

OWNER INFORMATION # 1						
Name					% Owned (if partnership)	
Address						
City		Prov		Postal Code		
Telephone		Fax		Email		

OWNER INFORMATION # 2						
Name					% Owned (if partnership)	
Address						
City		Prov		Postal Code		
Telephone		Fax		Email		

PAST SOLVENCY		
Have you ever owned a business in the past?	Yes	If yes explain the current status of the business:
	No	

<i>Have you owned a business that has ever been in receivership or declared bankruptcy?</i>	<i>Yes</i> <i>No</i>	<i>If yes explain:</i>
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LEGAL ADVISOR			
<i>Legal Firm</i>		<i>Lawyer's Name</i>	
<i>Phone</i>		<i>Fax</i>	
<i>Address</i>			

FINANCIAL ADVISOR			
<i>Accounting Firm</i>		<i>Accountant's Name</i>	
<i>Phone</i>		<i>Fax</i>	
<i>Address</i>			
<i>Who will do the monthly business bookkeeping?</i>			

COMMERCIAL INSURANCE COVERAGE			
<i>Commercial Insurance Broker</i>		<i>Policy Number</i>	
<i>Phone</i>		<i>Fax</i>	
<i>Address</i>		<i>Contact Name</i>	

VEHICLE INSURANCE COVERAGE			
<i>Vehicle Insurance Broker</i>		<i>Policy Number</i>	
<i>Phone</i>		<i>Fax</i>	
<i>Address</i>		<i>Contact Name</i>	

BUSINESS BANKING INFORMATION			
<i>Business Bank</i>			
<i>Address</i>			
<i>Telephone</i>		<i>Contact</i>	

BUSINESS REFERENCES	
Name & Address	Contact Name
	Phone
Name & Address	Contact Name
	Phone
Name & Address	Contact Name
	Phone

DOES YOUR BUSINESS HAVE ANY OUTSTANDING LOANS?			
Loan # 1	Purpose of Loan		Interest Rate
Address	Phone	Fax	
Contact Name	Original Balance	Amount Outstanding	
What security does the lender have for this loan?			
Advance Date	Maturity Date	Payment	Comment:
Loan # 2	Purpose of Loan		Interest Rate
Address	Phone	Fax	
Contact Name	Original Balance	Amount Outstanding	
What security does the lender have for this loan?			
Advance Date	Maturity Date	Payment	Comment:

Have all required Government Remittances (GST/HST, Employer Source Deductions) been paid in accordance with your remittance schedule (check yes or no)?

Yes No If there are remittances owing to the Government, please complete the table below.

OWING TO	AMOUNT	DETAILS

SOURCES AND USES OF FUNDS FOR THIS LOAN APPLICATION:

<i>Sources of Funds</i>	<i>Amount</i>	<i>Uses of Funds</i>	<i>Amount</i>
<i>Owner(s) Investment</i>		<i>Equipment</i>	
<i>Bank Loan/Line of Credit</i>		<i>Inventory</i>	
<i>CDC Proposed Loan</i>		<i>Computer</i>	
<i>Private Investor</i>		<i>Land & Building</i>	
<i>Other (please specify below)</i>		<i>Business Purchase</i>	
		<i>Office Furniture</i>	
		<i>Vehicles</i>	
		<i>Advertising</i>	
		<i>Utility Deposits</i>	
		<i>Accounts Payable Consolidation</i>	
		<i>Debt Consolidation</i>	
		<i>Government Arrears (GST, PST, employer source deductions)</i>	
		<i>Other (please specify below)</i>	
<i>Total A</i>		<i>Total B</i>	

* Total A and B above must equal.

How did you hear about the CDC? If a bank made a referral, please indicate which bank.

- | | |
|---|--|
| <input type="checkbox"/> Bank: _____ | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Past/Existing CDC Client | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other: _____ |

LOAN REQUEST	
\$ _____	Anticipated Repayment: _____ years
JOB MAINTENANCE AND CREATION POTENTIAL	
How many staff do you currently employ (including yourself)?	Full Time: # Part Time: #
How many staff do you expect to add in the next 6 months as a result of this loan application?	Full Time: # Part Time: #

PLEASE LIST ALL THE FINANCIAL INSTITUTIONS WHERE YOU CURRENTLY HAVE A BANK ACCOUNT.		
Bank Name	Address	Account Number
NEXT OF KIN INFORMATION		
Name		Telephone
Address		

THE APPLICANT UNDERSTANDS AND AGREES:

(a) That the Applicant will be responsible for payment of all charges relative to preparation, execution and registration of such documents as may be required by the CDC or its solicitors, in the event this application is approved. Such fees will be deducted from any monies advanced to the undersigned.

(b) That the terms and conditions of any financing which may be authorized will be set forth in a Commitment Letter and Loan Agreement, for agreement and acceptance by the Applicant;

(c) That the statements made herein are for the express purpose of obtaining financing from the CDC and are to the best of the Applicant's knowledge and belief true and correct. The Applicant understands that additional information in support of this application must be supplied to the CDC, if requested, before adequate consideration can be given to this application. The Applicant realizes that any present or future indebtedness of the Applicant, or the Applicant's business, to the CDC may become due and payable if any information provided by the Applicant to the CDC proves to be inaccurate or incomplete;

(d) That in applying for this financing and, in the event that the CDC approves such application, the Applicant's personal and confidential business information will be requested from the Applicant and/or collected from third parties that have information about the Applicant's business and personal financial status for the purposes of determining the Applicant's eligibility for financing and reporting to The Federal Economic and Development Agency for Southern Ontario.

DISCLOSURE, RELEASE AND WAIVER OF LIABILITY

- (a) The Applicant acknowledges that he or she approached the CDC to obtain financing.
- (b) The Applicant acknowledges that he or she is solely responsible for the success or failure of his/her business, and that any information which is provided to the Applicant by representatives of the CDC is for the Applicant's understanding only. It is the Applicant's responsibility to verify the accuracy of such information or to seek additional information concerning any aspects of the Applicant's proposed business.
- (c) The Applicant further agrees to hold the CDC harmless and hereby releases and discharges the CDC from any actions, damages, claims or demands which may arise, directly or indirectly, as a result of any act or omission by the CDC in providing information to the Applicant, and to indemnify the CDC from any such actions, damages, claims or demands which might be suffered by the Applicant's business or any guarantor in connection with any such information.

COLLECTION, USE, AND DISCLOSURE OF PERSONAL AND BUSINESS INFORMATION

- (a) The Applicant acknowledges that, as the operation of the CDC is financially supported by the Government of Canada, representatives of Industry Canada are permitted access to the files of the CDC for monitoring and evaluation purposes and that the Applicant may be contacted by representatives of Industry Canada and that, such information as is acquired by the Ministry will be treated as confidential.
- (b) The Applicant acknowledges receipt of the CDC's *Privacy Statement* and hereby consents to his or her personal and business information being collected, used, retained, and disclosed by the CDC for the limited purposes as set out above. The Applicant further understands that under Federal privacy law, he or she has access to the information held by the CDC and knows to refer to the CDC's *Privacy Policy* or contact the Chief Privacy Officer if a question or concern arises about the handling of the Applicant's personal information.
- (c) The Applicant further understands and consents to the CDC publicizing the Applicant's business venture if the Applicant is successful in obtaining financing from the CDC, which may or may not include personal information such as the name, business name and photo of the Applicant.

DATED at _____, this _____ day of _____, 20__.

_____ <i>Name of Witness</i>	_____ <i>Name of Applicant</i>
_____ <i>Signature of Witness</i>	_____ <i>Signature of Applicant</i>
_____ <i>Name of Witness</i>	_____ <i>Name of Spouse (if applicable)</i>
_____ <i>Signature of Witness</i>	_____ <i>Signature of Spouse (if applicable)</i>

If your business is other than a sole proprietorship, all partners or shareholders, and their spouses are required to submit a separate Personal Financial Statement.

PERSONAL FINANCIAL STATEMENT

PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION

First Name	Middle Name	Surname	SIN (optional)	Date of Birth
Home Address		City	Prov	Postal Code
Home Telephone	Residence Own Rent Other	How long at present address: Years Months		No of Dependents
Occupation	Currently Employed by(include address):		How long with employer?	Yrs Months
Employers Phone No: ()	Marital Status:	Have you ever declared bankruptcy? Yes No		If YES, when?

PERSONAL DATA ON SPOUSE: Under the laws of Canada or the provinces your spouse may have a legal interest obligation arising from your business dealings and may also have an interest in your personal assets.

Spouse's Name:	Date of Birth:	S.I.N. Number (optional):
Spouse's Current Employer(include address)	How long with employer Years Months	Spouse's Work Number: ()
Occupation:	Have you ever declared bankruptcy? Yes No	If YES, when?

ASSETS List and Describe all Assets		LIABILITIES List credit cards, open lines of credit and other liabilities		
	VALUE		BALANCE OWING	MONTHLY PAYMENT
Total Cash on hand	\$	Bank Loans (itemize)	\$	\$
Automobile Make Model Year				
Automobile Make Model Year		Lines of Credit (itemize)		
Accounts, Notes, Receivable (please itemize)				
Total Real Estate Owned (see schedule A on reverse)		Credit Cards (itemize)		
Investments				
RRSP's		Total Mortgages on Real Estate owned (see Schedule. A on reverse)		
Recreational Equipment (itemize)		Other Obligations (Please itemize)		
		TOTAL MONTHLY PAYMENTS		\$
Other Assets (Household Goods, etc.)		TOTAL LIABILITIES (2)	\$	
TOTAL ASSETS (1)	\$	NET WORTH (1-2)	\$	

GENERAL INFORMATION

Have you ever had an asset repossessed? Yes ___ No ___	Are you a party to any claims or lawsuits? Yes ___ No ___
Do you owe any taxes prior to the current year? Yes ___ No ___	

IF YES TO ANY QUESTION ABOVE, PLEASE PROVIDE DETAILS:

INCOME SOURCES **SUNDRY PERSONAL OBLIGATIONS**

Your Current Gross Monthly Income	\$	Please provide details below if you answer Yes to the following question not listed above
Your Spouse's Gross Monthly Income	\$	Do you have other obligations? (i.e. Cosigner, endorser, guarantor?) ___ Yes ___ No
Net Monthly Rental Income (from Schedule B on reverse)	\$	
Other Income (please itemize)	\$	Details of any of the above:
TOTAL	\$	

SCHEDULE A – REAL ESTATE OWNED (please provide details on your share of real estate owned)

PROPERTY ADDRESS # 1	Zoning	Present Market Value	Amount of Mortgage Liens Outstanding	Gross Monthly Rental Income	Net Monthly Rental Income
	Residential or Commercial	\$	1 st	\$	\$
			2 nd		
City	Prov:	Purchase Price	Monthly Mortgage Payments	Month/Year Acquired	Taxes, insurance, maintenance & misc. per month
			\$		
			1 st		\$
			2 nd		
Registered Owner:			% Owned:		
Registered Owner:			% Owned:		

Name of First Mortgagor: _____ **Name of Second Mortgagor:** _____

PROPERTY ADDRESS # 2 (if applicable)	Zoning	Present Market Value	Amount of Mortgage Liens Outstanding	Gross Monthly Rental Income	Net Monthly Rental Income
	Residential or Commercial	\$	1 st	\$	\$
			2 nd		
City	Prov:	Purchase Price	Monthly Mortgage Payments	Month/Year Acquired	Taxes, insurance, maintenance per month
			\$		
			1 st		\$
			2 nd		
Registered Owner:			% Owned		
Registered Owner:			% Owned		

Name of First Mortgagor: _____ **Name of Second Mortgagor:** _____

DISCLOSURE AND RELEASE STATEMENT

To: The Orillia Area Community Development Corp. (the "CDC")

1. I, hereby certify that the information in this Statement of Personal Assets and Liabilities is a complete and true declaration. The property values shown above are the fair market values of the properties and the amount of debts is the total potential indebtedness (inclusive of any other loans, credit cards, or other debts for which I have signed as a guarantor).
2. I confirm that if any statement I have made herein or in accompanying materials proves to be incorrect in any way, I shall notify the CDC immediately.
3. I authorize the CDC to obtain personal credit information about me from any source. By executing this statement, I acknowledge as notice in writing, the CDC's intent to obtain this information and I authorize each source to provide this information to the CDC.
4. I understand and agree that in order to perform a credit investigation, I need not provide my Social Insurance Number ("SIN") if I can provide alternative identification that is acceptable to the credit reporting agencies. If I do provide my SIN, I consent to the CDC using this information for the limited purpose of performing a credit investigation.
5. I authorize the CDC to retain this Statement of Personal Assets and Liabilities and any financial records, credit and reference reports for the CDC's records and reporting to Industry Canada who oversees the Community Futures Program.
6. I confirm receipt of the CDC's *Privacy Statement* and understand and consent to the CDC collecting, using, retaining and disclosing the information contained in this Statement of Assets and Liabilities for the limited purpose of determining my eligibility for financing as is required by law, and by Industry Canada. I understand that the CDC will handle my personal information in strict confidence in accordance with Federal privacy law as set out in the CDC's *Privacy Policy*. If I have any questions or concerns about the management of my information, I may refer to the *Privacy Policy*, available at www.orilliacdc.com or contact the Chief Privacy Officer.
7. I understand and agree that my Personal Financial information may be, at any time throughout the application and/or approval process, disclosed to any co-applicant, spouse, partner or guarantor of this loan application.

Yes or No

- I am currently the subject of litigation before a court, tribunal, government board or agency, or there is a threat of such litigation. There are unexecuted judgment(s) registered against me, such as:

- I have made an assignment or have been petitioned into bankruptcy; there are writs registered against my name. If yes, provide details: _____.
- I certify that I am a Canadian Citizen or Landed Immigrant.
- I would like to be added to the CDC's e-Newsletter list to receive information about business support Services, community resources and events. (I will have the option to unsubscribe at any time.)

DATED AT _____ THIS _____ DAY OF _____, 20____.

Witness

Signature - Applicant

Witness

Signature - Spouse (if applicable)

Privacy Statement

INTRODUCTION

The Orillia Area Community Development Corp. (CDC) is a federally supported not-for-profit community organization with a volunteer Board of Directors and professional staff whose purpose is to support community economic development and small business growth through business loans or loan guarantees.

This document summarizes the CDC's privacy policies and procedures that have been developed to comply with Canada's *Personal Information Protection and Electronic Documents Act* ("PIPEDA"). PIPEDA sets out rules for the collection, use and disclosure of a client's or customer's personal information, as well as safeguarding that information in the course of commercial activity as defined in the legislation.

WHAT IS "PERSONAL INFORMATION"

Under PIPEDA, "Personal Information" means any information that is identifiable to an individual, including name, address, telephone number, Social Insurance Number, and date of birth. It also includes, but is not limited to, other information relating to identity, such as, nationality, gender, marital status, financial information and credit history.

PURPOSES FOR PERSONAL INFORMATION

The CDC collects only that personal information required to assess a prospective applicant's eligibility for financial assistance, as well as to report to The Federal Economic Development Agency of Southern Ontario, the federal agency that administers the Community Futures Program in southern Ontario.

CONSENT

At the time of completing a loan application, the express, written consent of the individual applicant will be sought for the collection, use, retention and disclosure of their personal information for the purposes set out in the CDC's privacy policy.

An applicant may choose not to provide some or all of the personal information requested, but if the CDC is unable to collect sufficient information to validate a financing request, the application for financing may be turned down.

ACCURACY

The CDC endeavors to ensure that all personal information in active files is accurate, current and complete. When a client notifies the CDC that his or her personal information requires correction or updating, the necessary changes will be made. Information contained in closed files is not updated.

LIMITING USE, RETENTION & DISCLOSURE

The CDC uses and retains personal information for only those purposes to which the individual has consented.

Personal information will be disclosed to only those CDC employees, volunteer members of committees and/or Board of Directors that need to know the information for the purposes set out in the CDC Privacy Policy.

SAFEGUARDS

The CDC utilizes a number of physical, organizational and technological measures to safeguard personal information from unauthorized access or inadvertent disclosure in accordance with its *Information Security, Retention and Destruction Policy*, including but not limited to:

Physical

Active files are stored in locked filing cabinets and restricted to CDC employees and authorized individuals only. Closed files are stored in locked cabinets and disposed of in accordance with the CDC's Record, Retention & Destruction Policy.

Organizational

The CDC employees, volunteers, and third party service providers sign confidentiality agreements binding them to safeguarding the confidentiality of personal information to which they have access.

Technological

Personal information contained on the CDC computers and the electronic database is password protected. As well, the Internet server or router has firewall protection to protect against virus attacks and hacking into the database.

Electronic Transmission of Information

Notwithstanding the technological safeguards implemented by the CDC, all Internet transmissions are susceptible to possible loss, misrouting, interception and misuse. For this reason, as part of the application that individuals sign consenting to their personal information being collected, used, retained, and disclosed, the CDC will assume that it has the individual's consent to communicate via the Internet unless notified to the contrary.

INDIVIDUAL ACCESS

An individual who wishes to review or verify what personal information is held by the CDC, may do so by making a request, in writing to the CDC's Chief Privacy Officer. Upon verification of the individual's identity, the Chief Privacy Office will provide a written report within 60 days.

INVESTIGATING COMPLAINTS

Any concern or issue about the CDC's personal information handling practises may be made, in writing, to the Chief Privacy Officer. Upon verification of the individual's identity, the Chief Privacy Officer will act promptly to investigate the complaint and provide a written report to the individual.

If the individual is dissatisfied with the report provided by the Chief Privacy Officer, or feels that the corrective action taken by the CDC is insufficient, the individual may direct a complaint to the Federal Privacy Commissioner in writing. The address of the Federal Privacy Commissioner is provided in this Privacy Statement for your convenience.

AMENDMENTS TO OUR PRIVACY POLICY

This Privacy Statement is a summary of the CDC's Privacy Policy. For full particulars of the CDC's privacy policies and procedures, please request a copy of the Privacy Policy from the CDC or a copy may be obtained from the Internet website at: www.orilliacdc.com.

The CDC Privacy Policy and this Privacy Statement are in effect May 27th, 2004 and is retroactive to January 1, 2004. The CDC's Privacy Policy and this Privacy Statement may be updated from time to time to reflect amendments in applicable Federal and Provincial laws. Any changes to this Privacy Policy will be posted on the CDC website and will apply to personal information collected from the date of the posting of the revised Privacy Policy.

CANADIAN ANTI-SPAM LEGISLATION (CASL)

Canada's new Anti-Spam Legislation (CASL), passed in 2010 and entered into force in 2013, helps Canadians to avoid damaging spam. Both PIPEDA and CASL obligations will be upheld by the CDC by following the regulations. For more information about CASL and your rights please visit:

<http://fightspam.gc.ca>

CONTACT INFORMATION

If you have any questions regarding the CDC's Privacy Policy, Information Security, Retention and Destruction Policy, and/or this Privacy Statement, or you wish to make an access to personal information request, please contact:

Susan Stacey
Chief Privacy Officer
CDC
22 Peter St. S., Box 2525
Orillia, Ontario
L3V 7A3
[sstacey@orilliacdc.com](mailto:ssacey@orilliacdc.com)
Phone: (705) 325-4903 ext. 105
Facsimile: (705) 325-6817

OTHER HELPFUL PRIVACY LINKS

For a copy of *PIPEDA*, or for answers to other questions regarding privacy legislation, below are some helpful privacy links.

Federal Privacy Commissioner
<https://www.priv.gc.ca/en/>
112 Kent Street
Ottawa, ON K1A 1H3

Provincial Privacy Commissioner
<https://www.ipc.on.ca>

The CDC Privacy Policy: <https://www.orilliacdc.com/privacy-policy/>