



## Satellite Internet for Remote Areas Program

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High-speed internet access can be a valuable tool for the business sector, as it facilitates marketing and communications efforts, and can introduce significant operational efficiencies. MCN acknowledges this, and also recognizes that many businesses are located beyond the reach of terrestrial broadband service. The Satellite Internet for Remote Areas Program (SIRA) has been introduced to help rural and remote Northern Ontario businesses and organizations secure high-speed internet access for business purposes.

### A) Eligibility

Small- and medium-sized businesses operating on a full-time basis, with minimum annual sales of \$35,000, are eligible. Seasonal businesses, such as tourism operations, are also considered eligible. Non-profit organizations may also apply for assistance. The program is not available to cottagers, private homes or hobby-businesses. For the purposes of this program, subsidies will be provided to qualifying business within Muskoka and Almaguin.

### B) Terms of the Program

Eligible applicants may receive up to 75% of the supported costs of equipment and installation of 2-way high-speed internet service (Ka-band), to a maximum of \$1000. Supported costs include the satellite dish and associated connectivity equipment, and installation fees. ***The service provider chosen must be an authorized Telesat reseller.*** Travel costs incurred by the vendor to install the equipment may also be considered eligible if the business is located more than 50 km from the ***nearest*** satellite equipment provider. This program is available for a limited time and you may apply for assistance while funds last.

**Before you buy:** *You are not obliged to follow this two-step process, but we suggest that you do in order to confirm that the costs you are incurring are eligible, and that there are still funds available in the program.*

- i. To ensure that you're eligible for assistance, you may wish to complete and send in the attached application form BEFORE you purchase the equipment. You'll need to select an eligible satellite vendor and secure a quote. If you need help choosing a vendor, MCN can provide you with a list of authorized providers.
- ii. Upon receipt of your application, MCN will contact you regarding your eligibility.
- iii. If you are eligible and wish to continue, you may proceed with the installation. You may then send your original receipt and proof of payment to MCN for reimbursement as per program guidelines.
- iv. Funds are limited and applications will be processed in the order they are received.

### C) Instructions for Applicants

The following instructions will help you complete the attached application form. The numbered items correspond to each section on the application form.

1. Small and medium full-time businesses and non-profit corporations are eligible for this program. Hobby- and part time-businesses are not eligible.
2. Include full contact details, including the physical address and/or description of the remote location to which this application will apply.
3. Provide additional details on the remote location, i.e. why it is considered a remote area.
4. Identify a contact person (business reference) at an agency, community organization or institution that will verify your status as a full-time business or non-profit corporation. This could be a bank, a Community Futures Corporation, Chamber of Commerce, trade association, Local Services Board, etc.
5. Provide information on the vendor from whom you have purchased or will purchase the service. Include a contact name that we may call to verify that you have received the service. If you plan to get monthly internet service from another vendor, provide the name of the business and a phone number.
6. Attach your quotation from the selected satellite service provider and/or vendor.

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#### Send completed applications by mail, fax or e-mail to:

Attention: Shannan Boothby  
Muskoka Community Network  
440 Ecclestone Dr. Unit C4  
Bracebridge, ON P1L 1Z6

Email: [shannan.boothby@mcnet.ca](mailto:shannan.boothby@mcnet.ca)  
Phone: 705-646-9044  
Fax: 866-646-5022  
Web: [www.mcnet.ca](http://www.mcnet.ca)



# Satellite Internet for Remote Areas Application

Is this application for a (check one)		Registration/Incorporation Information (required)			Admin Use
<b>Small Business</b>	<input type="checkbox"/>	Business Information Number:			
<b>Non-profit Corporation</b>	<input type="checkbox"/>	Incorporation Number:			
<b>1. Organizational Information</b>					
<b>Name of Organization:</b>					
<b>Description of Business or Organization:</b>					
<b>Number of Employees</b>	Fulltime:		Part time/Seasonal/Casual:		Total No.:
<b>2. Applicant Information</b>					
<b>Contact Name:</b>					
<b>Physical Address : or location</b>					
<b>Mailing Address :</b>					
<b>Phone :</b>			<b>Email :</b>		
<b>Purpose of internet service:</b>					
<b>3. Details of Remote Area</b>					
Please ensure that you clearly indicate your remoteness as well as nearest large community.					
<b>Name/Description of rural area:</b>					
<b>Is there any other form of high speed internet available in the area?</b>		<input type="checkbox"/> Yes	<b>Do you have road access?</b>		<input type="checkbox"/> Yes
		<input type="checkbox"/> No			<input type="checkbox"/> No
<b>4. Business Reference</b>					
Identify a contact person (business reference) at an agency, community organization or institution that will verify your status as a full-time business or non-profit corporation. This could be a bank, a Community Futures Corporation, Chamber of Commerce, trade association, Local Services Board, etc.					
<b>Contact Name:</b>			<b>Organization:</b>		
<b>Phone:</b>			<b>Email:</b>		
<b>5. Satellite Internet Information</b>					
<b>Satellite Equipment Provider:</b>					
<b>Contact Name:</b>					
<b>Mailing Address:</b>					

Phone :	Email:	
Name of Internet Service Provider (if different)		

6. Projected Costs	Admin Use
Please attach a quote from your installer	

**How did you hear about this program? (Check one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Muskoka Community Network                 | <input type="checkbox"/> Chamber of Commerce       |
| <input type="checkbox"/> Community Based Network                   | <input type="checkbox"/> Internet Service Provider |
| <input type="checkbox"/> Community Futures Development Corporation | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Business /Trade Association               |  |

**7. Declaration:**

I declare that:

- I have read, understood, and agree to comply with the terms and conditions of this program
- I have not (or the organization has not) received any other public sector funding for ka-band satellite internet, and
- To the best of my knowledge, the information in this application is complete and correct.

Print Name	Position
Signature (if emailing this application, insert a scanned signature)	Date

***Applications will only be processed if they are complete.***

Administration Use Only	Confirmed by	Date
Application File Complete		Date
Receipts and Proof Of Payment Received		Date
Authorization		Date
Application File Closed		Date



**MUSKOKA COMMUNITY NETWORK**  
**DISCLOSURE AND RELEASE CONSENT**

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1. We (“we” refers herein to the “applicant”) hereby certify that the information shown in this application is a complete and true declaration.
2. We confirm that if any statement we have made herein or in accompanying materials proves to be incorrect in any way, we shall notify Muskoka Community Network (“MCN”) immediately upon discovery.
3. We understand that additional information in support of this application may be requested by MCN, and that additional information may need to be received before additional consideration can be given to this application.
4. We authorize MCN to retain this application and any related reports for MCN records and reporting to FedNor/Industry Canada who oversees programs. We acknowledge that, as the operation of MCN is financially supported by the Government of Canada, representatives of FedNor/Industry Canada are permitted access to the files of MCN for monitoring and evaluation purposes and that we may be contacted, as the Applicant, by representatives of FedNor/Industry Canada and that, such information as is acquired by the Ministry will be treated in accordance with the Ministry’s privacy policy.
5. We understand MCN has a *Privacy Statement*, which we may view at any time, and understand and consent to MCN collecting, using, retaining and disclosing the information contained in this application for the limited purpose of determining eligibility for financial assistance of this program, and as is required by law, and by FedNor/Industry Canada. We understand that MCN will handle our personal information in strict confidence in accordance with the Federal Privacy law as set out in MCN’s *Privacy Policy*. If we have any questions or concerns about the management of our information, we may refer to the *Privacy Policy*, available at [www.mcnet.ca](http://www.mcnet.ca) or by contacting MCN.
6. We understand that the terms and conditions of any financial contribution which may be authorized will be set forth in an approval letter, for which we must be in agreement with and accept.



**MUSKOKA COMMUNITY NETWORK  
DISCLOSURE AND RELEASE CONSENT**

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7. We acknowledge that we are solely responsible for the success or failure of our project, and that any information, which is provided to us, as the applicant, by representatives of MCN, is for our understanding only. It is our responsibility, as the applicant, to verify the accuracy of such information or to seek additional information concerning any aspects of our proposed project.
8. We further agree to hold MCN harmless and hereby release and discharge MCN from any actions, damages, claims or demands which may arise, directly or indirectly, as result of any act or omission by MCN in providing information to the Applicant, and to indemnify MCN from any such actions, damages, claims or demands which might be suffered by the Applicant in connection with any such information.
9. We further understand and consent to MCN publicizing our project, if we are successful in obtaining a financial contribution from MCN, which may or may not include personal information such as the name of the Applicant.

DATED, at \_\_\_\_\_, this day of \_\_\_\_\_ 20\_\_\_\_

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*(Name of Organization)*  
Please print

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*(Name of Representative with signing authority)*  
Please print

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*(Signature of Representative)*  
I have the authority to bind the Corporation  
or Proprietors

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*(Name of Witness)*  
Please print

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*(Signature of Witness)*