COVID-19 Support Fund Application Form

Please refer to the COVID-19 Support Fund Application Guide for further instructions on how to complete your application.

# **PART 1 - Applicant Information**

## Contact Details

|  |  |
| --- | --- |
| Agency: |  |
| Mailing Address: |  |
| City/Town: |  |
| Province: |  |
| Postal Code: |  |
| Contact Person: |  |
| Alternate Contact: |  |
| Telephone: |  |
| Email: |  |
| Contractor Legal Name |  |
| Contract Number |  |

## COVID-19 Impact

Please briefly describe how the COVID-19 pandemic has impacted your organization and the programs that are funded by the ministry. This should include any adjustments you have had to make to working arrangements for staff, changes to the physical environment, changes to how services are delivered, increased/decreased demand for services, fundraising impacts, etc. This section is intended to assist the ministry in understanding the impact across the sector only and is not part of the assessment process. (Max 500 words)

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## Other Sources of Funding

Please fill in the table below if you have applied for or received other sources of funding or support for the same or similar purposes for which you are requesting funding through this application. Refer to the application guide for further details and examples to assist filling out this section.

Other funding received will be considered when determining the funding that will be provided through this support fund. Please notify the branch if your agency receives funding through another source after submitting this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Source | Status | Description | Contribution Type | Total Amount |
|  | [ ]  Applied[ ]  Received |  | [ ]  In-kind[ ]  Cash |  |
|  | [ ]  Applied[ ]  Received |  | [ ]  In-kind[ ]  Cash |  |
|  | [ ]  Applied[ ]  Received |  | [ ]  In-kind[ ]  Cash |  |

Note: Please ensure that needs which were not met through funding from these other sources are included in your Application Form Part 2 for the respective program.

## Signature

**To be signed by an authorized signatory of the sponsoring organization.**

* The information contained in this application is accurate and complete.
* The application is made on behalf of the organization named with its full knowledge and consent.

I acknowledge that should this application be approved, I will be required to submit a report on how the grant funds were spent.

|  |  |
| --- | --- |
| **Name of authorized representative**: |  |
|  | **(Authorized representative)** |
| **Title:** |  |
| **Signature:** |  |
| **Date:** |  |