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 2 – Funding Requested by Program**

**Reminder:** Please complete this form for each program that you are applying for and attach to Part 1 when you submit your completed application package.

## Section A - Program Details

Please fill in the table below indicating which program type you are applying for, the service hours for this program, and the number of staff that are currently delivering the services of this program.

|  |  |  |  |
| --- | --- | --- | --- |
| Program Type | Location | Service Hours | Number of Staff Currently Delivering Services |
| [ ]  Community-Based Victim Service[ ]  Community-Based Victim Service – DVU[ ]  Police-Based Victim Service[ ]  Multicultural Outreach[ ]  Outreach[ ]  PEACE[ ]  Stopping the Violence Counselling |  |  |  |

## Section B - Technology

Please fill out the table below to request technology funding. Refer to the application guide for details on eligible costs and examples to assist in filling out this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Item/Service and Rationale | Quantity | Total Expenses (Actual or Estimated) | Expense Status |
|  |  |  | [ ]  Purchased[ ]  To be Purchased |
|  |  |  | [ ]  Purchased[ ]  To be Purchased |
| Total | N/A |  | N/A |

## Section C - PPE/Engineering Controls

Please fill out the table below to request PPE and engineering controls funding. Refer to the application guide for details on eligible costs and examples to assist in filling out this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Item/Service and Description | Quantity | Total Expenses (Actual or Estimated) | Expense Status |
|  |  |  | [ ]  Purchased[ ]  To be Purchased |
|  |  |  | [ ]  Purchased[ ]  To be Purchased |
| Total | N/A |  | N/A |

## Section D - Additional Staffing & Travel

Please fill out the table below to request additional staffing and travel funding. Refer to the application guide for details on eligible costs and examples to assist in filling out this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Description, Rationale, Time Period, and Position (if applicable) | Total Hours (Staffing Only) | Total Expenses | Expense Status (Travel Only) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  |  | N/A |