

Application for Emergency Funding

Request for Funding for additional costs for services to deal with COVID 19

If you have incurred increased costs specifically related to the COVID 19 crisis please detail the nature of the additional costs below.

Staffing costs: Please briefly describe the functions being performed by staff related to COVID 19, including the number of new staff hired, if applicable, and the date(s) on which they were hired.

Please provide a cost summary of the additional staffing costs.

Non-staffing operating costs: Please briefly explain the nature of each of your additional operating cost increases related to COVID 19.

- 1.
- 2.
- 3.
- 4.
- 5.

Please provide a cost summary for each of the non-staff operating costs listed above, including costs per month, if applicable.

- 1.
- 2.
- 3.
- 4.
- 5.

Request for funding for NEW services relating to COVID 19

If your organization wishes to provide additional services to the community related to COVID 19 but has been unable to do so for financial reasons, please describe the nature of the proposed services below.

Nature of Additional Service:

For each proposed additional service please describe the nature of that service and include as a part of your description answers to the following questions:

- (a) Is your proposed service an enhancement of an existing service, or does it provide a service which does not currently exist? If the service is an enhancement of an existing service please explain why this enhancement would be beneficial.
- (b) Who will be served by your proposed service?
- (c) What unmet needs does your proposed service address?
- (d) Will your proposed service be delivered in partnership with any other organization(s)?
- (d) What would be the start date?

Please use as much space as you feel is necessary.

Financial Summary:

Total amount being requested from Emergency funds for provision of this additional service

\$ _____

(to be broken down further on the following page)

Is funding being received from other sources for this service?

Yes ____ No ____

Please identify the funder; describe the amount and nature of additional funding (if applicable).

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Please complete the budget form below. The net cost amount should match the amount requested above.

| | |
|---|--|
| Delivery of program/services (staff costs) | |
| Other program-related expense | |
| Other program-related expense | |
| Third party contribution(s) (enter as a negative) | |
| Net cost for program delivery | |

4.0 Other Information

Please provide any other information or details on your project which you feel would be relevant.

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|--|

Declaration

I hereby declare that all information provided in this application is accurate.

(Signature)

(Date)

Name

Position

Organization

Address

Applicant contact information to discuss proposal

Name

Contact info

Applications for Emergency Funding are due no later than **Wednesday, April 15, 2020** by email or hard copy. Only signed applications will be accepted.

Applications sent by email should be sent to rwest@stthomas.ca.