



COVID 19 Safe Restart Grant in Aid Application  
2021

**GENERAL INFORMATION**

**APPLICATIONS DUE - JUNE 30, 2021**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Contact & Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**GRANT IN AID FUNDING REQUEST**

Funding Request (Maximum \$10,000 per applicant/year): \_\_\_\_\_

1. How will these funds support the community during the COVID 19 pandemic?

2. Does the request for financial assistance align with the general intent of the COVID 19 Safe Restart Funding i.e. addresses operational and fiscal pressures as a result of the COVID 19 pandemic?
- No - If No, not eligible
  - Yes - If Yes, please describe how the financial assistance aligns:

*Where space provided is insufficient, attach additional pages.*



5. List all Agencies to whom a grant has been requested for the ensuing year, and note amount of request and status (approved, denied or pending) of application:

AGENCY	AMOUNT REQUESTED	DECISION

**ORGANIZATION INFORMATION**

6. Is your organization a Charity or Non-Profit Society that is active and in good standing?

- No - If No, not eligible
- Yes - If Yes, provide confirmation of charity or non-profit status - Registered Charity No. \_\_\_\_\_

7. Is the organization in compliance with all municipal policies, plans, bylaws and other applicable regulations (i.e. business licensing, permits and zoning)?

- Yes
- No - If No, please explain:

8. Describe the services and activities provided by your organization and how they provide a benefit to the community and/or members:

9. Describe how COVID 19 has impacted or continues to impact your organization's operations and/or finances:

10. Does the organization provide services or programs to people outside of the City of Salmon Arm?

- No
- Yes - If Yes, please indicate which services or programs are regional in nature:

SERVICES OR PROGRAMS	% OF TOTAL SERVICES OR PROGRAMS

11. Do you plan to provide a portion of the COVID 19 Grant in Aid received to any other organization?

- No
- Yes - If Yes, not eligible

**DECLARATION**

I understand that all required information must be attached to this application to be considered for a COVID 19 Safe Restart Grant in Aid and that additional information may be requested prior to consideration of this application.

I understand that if this application is approved in full or part, it is our organization's responsibility to forward a narrative and financial statement outlining the use of funding to the City of Salmon Arm.

I understand that if this application is approved in full or part, it is our organization's responsibility to contact the City of Salmon Arm if significant changes occur with respect to the organization.

I certify that I am an authorized signing officer of the organization and that the information provided in this application and supporting documentation is true and accurate to the best of my knowledge.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_

*Knowingly submitting an application or information that is not true or accurate will result in loss of eligibility.*