

COVID-19 Emergency Community Support Fund

Organization Name	Click here to enter text.
Organization Address	Click here to enter text.
Charitable Organization Number	Click here to enter text.
Name and Title of Applicant	Click here to enter text.
Email	Click here to enter text.
Phone Number	Click here to enter text.

1. Service area(s) your organization serves (please check all that apply):

Haldimand
 Norfolk

Is your service currently open/operating?
 Yes No

If no, is your re-opening based on the approval of this funding?
 Yes No

How many staff and/or volunteers does your organization have?
Part-time: Click here to enter text. **Full-time:** Click here to enter text.

2. Client base that funding will assist (please check all that apply):

<input type="checkbox"/> Low income Individuals/families	<input type="checkbox"/> Women/Children/Youth
<input type="checkbox"/> Individuals/families experiencing homelessness or precariously housed	<input type="checkbox"/> LGBTQ2S+
<input type="checkbox"/> COVID-19 impacted employees	<input type="checkbox"/> Refugees
<input type="checkbox"/> Seniors (55+) and Elders	<input type="checkbox"/> Visible minorities
<input type="checkbox"/> Persons with disabilities	<input type="checkbox"/> Veterans
<input type="checkbox"/> Indigenous	<input type="checkbox"/> Other (please specify): Click here to enter text.

3. Indicate the level of need:

Urgent (efforts within the next 3 months)
 Recovery/long-term impact (efforts beyond the next 3 months)

4. Amount of emergency funding requested
\$Click here to enter text.

5. Briefly describe the situation(s) and needs this funding will address:

[Click here to enter text.](#)

Funding may be used to support the following categories.

Check all that apply to your proposed project:

- Shelter and housing related issues
- Administrative costs that relate directly to the project or program
- Equipment and supplies
- Food security
- Homecare or personal support services
- Financial wellness and legal supports
- Social inclusion and learning
- Community outreach and engagement
- Volunteer engagement and recruitment activities
- Access to technology or internet (e.g. phone, computer)
- Access to transportation
- General health and medical services including mental health and addiction support services
- Health care professionals to provide services directly to clients
- Personal hygiene products, cleaning equipment and cleaning /disinfectant supplies
- Personal Protection Equipment (e.g. gloves, masks, gowns, etc.)
- Other: [Click here to enter text.](#)

Briefly describe how your organization will address these situation(s) and needs. Include any existing capacity (staff, volunteers, vehicles etc.) your organization supports in your efforts.

[Click here to enter text.](#)

6. Budget (Include Budget Items, Anticipated Expenses and Any Description Required):

[Click here to enter text.](#)

7. Have you applied for funding from any other source(s)?

Yes No

If yes, please list the source(s) and amount (s):

Source: [Click here to enter text.](#) Amount: [Click here to enter text.](#)

Source: [Click here to enter text.](#) Amount: [Click here to enter text.](#)

Is this application being completed on behalf of another organization that you will be partnering with?

Yes No

If Yes, who? [Click here to enter text.](#)

Haldimand and Norfolk Health and Social Services and Housing Services will assess completed applications as soon as they are received. Due to the immediacy of the need, applications will be assessed on a first-come, first-served basis until funding is depleted. Depending on the number of applications received, Haldimand and Norfolk Health Social Services and Housing Services may not be able to provide the full dollar amount requested or be able to fund every application. Depending on available funds, and the duration of this public health crisis, funding may be re-offered at a future date.

Completed applications must be emailed to:

Louise Lovell, Program Manager, Homeless Prevention Services, Haldimand Norfolk Social Services and Housing

Email: Louise.Lovell@hnhss.ca

Subject Line: Social Services Relief Fund