



# TOWN OF GIBSONS

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## COVID-19 Safe Restart Community Grants

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### Purpose:

To support Not-for-Profit organizations that provide services to vulnerable people in our community during the COVID-19 pandemic.

**Total Grant Fund:** \$20,000. **Maximum award per organization:** \$1,000.

**Process:** Staff will administer the program and will contact all applicants once award decisions have been made. As this an open intake grant process, applications will be reviewed in the order that they are received.

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### Application:

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

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

Contact Information:

Mailing address \_\_\_\_\_

Phone number. \_\_\_\_\_ Email address \_\_\_\_\_

Grant Amount Requested: \_\_\_\_\_ (maximum \$1,000)

How has the Covid-19 pandemic impacted the way you provide services to vulnerable people the community?

Have there been any services that you have not been able to provide due to COVID-19?

To support the grant amount requested on page 1, please list the expenses that your organization has incurred or expects to incur in 2022 in order to support vulnerable people in our community during the COVID-19 pandemic.

| Description of expense  | Amount |
|---|--------|
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| <u>Less</u> any reimbursement received from another level of government or grant organization |        |
| <b>Total grant requested*</b>   |        |

**Signature(s) and Conditions:**

I certify that to the best of my knowledge the information provided in this application is accurate and complete and is endorsed by the organization that I represent.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_