



**COVID-19 RESPONSE FUND FOR SE ALBERTA
APPLICATION TO ADDRESS URGENT NEED**

MAXIMUM REQUEST: \$25,000

The COVID-19 Response Fund for SE received an enhancement from the Government of Alberta and is meant to support charities that are working to address the COVID-19 pandemic. Grants will be issued on a rolling basis over the next few months and will be reviewed weekly.

Grants will be made based on alignment to a priority focus area (see below); services to vulnerable populations and to areas that have not received funding through private, corporate, provincial, or federal funding initiatives.

PRIORITY FOCUS AREAS:

- **Food Security**
- **Shelter**
- **Healthcare (physical and mental health)**

Applications are reviewed on a weekly basis.

Section 1: ORGANIZATION PROFILE			
Date:			
Name of Agency:			
Canada Revenue Agency BN/Registration Number:			
Provincial or Federal Incorporation Number:		Year of Incorporation	
Mailing Address:	Address:		
	City:	Province:	Postal Code:
Contact Person Name:			
Title:			
Email:			
Telephone:			
Website:			

Section 2: PROJECT OVERVIEW

Total Amount of Funding Requested: (maximum request: \$25,000)	\$
Provide a brief description of the project, including activities and anticipated outcomes (max 400 words).	
What are the days and hours of operations for your organization?	

Section 3: PROJECT INFORMATION

What geographic area will be funded?	<input type="checkbox"/> Medicine Hat & area <input type="checkbox"/> Forty Mile Community <input type="checkbox"/> Brooks & District Community <input type="checkbox"/> Prairie Crocus Community (Special Area No 2 & 3 & MD of Acadia)
What vulnerable population(s) will this project serve?	
Which priority focus area(s) does this project address?	
Please list any additional areas that this project will address:	

How many individuals will this impact?	
What is the anticipated start/end dates of the project?	
Are you currently providing this service? If no, please explain how the need for this service was determined.	

Section 4: BUDGET

Revenue (requested from CFSEA):	\$
EXPENSES	
Staffing:	\$
Program Material/Supplies:	\$
Travel:	\$
Other:	\$
Total:	\$
Net:	\$

Section 5: AUTHORIZATION/VERIFICATION

Executive Director/Board Chair Name:	
Signature:	
Date:	