

INDIGENOUS SERVICES CANADA - 2021/2022

COVID-19 Request for Accessing Public Health Support for First Nations and Inuit Communities - Ontario Region

Submit completed request form to: sac.covid-19fnihbontario.isc@canada.ca

Privacy Notice - Protected Information

The collection, use and disclosure of personal information is required to assess your request for reimbursement and is derived from the Department of Indigenous Services Act. We will collect, use and disclose personal information in accordance with the Privacy Act.

By submitting your request form, we are authorized to disclose the information submitted with this application in accordance with subsection 8(2) of the Privacy Act (for example, pursuant to an order from a court or Tribunal that compels the production of such information).

Funding Agreement Acknowledgement:

We understand to expedite the process that funding will be processed by Amendment Notice to our existing funding arrangement and we understand that all terms and conditions in relation to this funding within our funding agreement remain in effect.

SECTION 1 - Organization Information

Organization/Community Name:	Recipient # (if known):
<input type="text"/>	<input type="text"/>
Name of Main Contact:	Email Address:
<input type="text"/>	<input type="text"/>
Street Address:	City/Community:
<input type="text"/>	<input type="text"/>
Postal Code:	Telephone number:
<input type="text"/>	<input type="text"/>
Name of Secondary contact:	Email Address:
<input type="text"/>	<input type="text"/>
Street Address:	City/Community:
<input type="text"/>	<input type="text"/>
Postal Code:	Telephone number:
<input type="text"/>	<input type="text"/>

SECTION 2 - COVID-19 Request for Funding

[The COVID-19 Community Guide on accessing additional public health support can be reviewed for eligible expense categories](#)

Please include any documentation of expenses, where available. If you prefer to include a separate sheet with your calculation outlining the details of planned or incurred expenses, please indicate "see attached" in the chart below.

Requested Expense Item	Description and reason for request	Quantity	Cost per unit	Total Cost
Total Amount Requested:				

SECTION 3 - Chief or Equivalent Authorized Official

DECLARATION:

The Information provided is accurate to the best of my knowledge.

1. Print Name:	Title:
<input type="text"/>	<input type="text"/>
Telephone Number (with area code):	Email address:
<input type="text"/>	<input type="text"/>
Signature of Chief or Equivalent Authorized Official X	Date (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>
2. Print Name:	Title:
<input type="text"/>	<input type="text"/>
Telephone Number (with area code):	Email address:
<input type="text"/>	<input type="text"/>
Signature of Second Authorized Official X	Date (DD-MM-YYYY)
<input type="text"/>	<input type="text"/>

SECTION 4 - Submitting a Request

Please sign, scan and send your completed request by email to:

sac.covid-19fnihbontario.isc@canada.ca

INDIGENOUS SERVICES CANADA - 2021/2022

COVID-19 Request for Accessing Public Health Support for First Nations and Inuit Communities - Ontario Region

Appendix A

Instructions:

Review the COVID-19: First Nations Community Guide on Accessing Additional Supports for First Nations and Inuit Communities during COVID-19. The link can be found here:

[Accessing additional public health support for First Nations and Inuit communities during COVID-19](#)

Complete **SECTION 1** in full with relevant information.

Complete **SECTION 2** and include a brief description of the item or service and the essential function it provides to the community in reducing the spread of COVID-19, or to respond to cases in your community.

Include any documentation of expenses, where available. If you prefer to include a separate sheet with your calculation outlining the details of planned or incurred expenses, please indicate "see attached" in the sample chart below.

Sample Template:

Requested Expense Item	Description and reason for request	Quantity	Cost per unit	Total Cost
Staffing & Surge Capacity	Employ a community-based worker to assist in assessment and triage.	1 Full Time	\$24/hour	\$ 11,520.00
Infection Control Supplies	Hand sanitizer refills stations located in public buildings.	50 L	\$9.98/L	\$ 499.00
Supports to Update Pandemic Plan	Support from public health expertise; please see attached pandemic plan	see attached	see attached	\$ 1,500.00
Mental Health and Wellbeing	Building adaptation - to maintain physical distancing	3 buildings	\$1,000/unit	\$ 3,000.00
Total Amount Requested:				\$16,519.00

Please ensure a Chief or Equivalent Authorized Official completes **SECTION 3**.

Once complete, send the proposal to the First Nations and Inuit Health Branch COVID-19 inbox:

sac.covid-19fnihbontario.isc@canada.ca

Once the Review Committee has assessed the request, you will receive an email confirming what has been approved. **A Confirmation of Acceptance email response will be required from the Chief, Executive Director, or equivalent authorized official. This email must be copied to all members of your Council or your Board, and confirm acceptance of the following:**

- a. the funding for the activities outlined in the approved request; and
- b. amendment to your Funding Agreement to include the COVID-19 funding, activities and any required reporting.

Funding approvals will be actioned on receipt of the Confirmation of Acceptance email from the Chief, Executive Director, or equivalent authorized official.