

INDIGENOUS SERVICES CANADA - 2020/2021

COVID-19 Request for First Nations & Inuit Health - 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 Name:	<input type="text"/>	Recipient # (if known):	<input type="text"/>
Name of Main Contact:	<input type="text"/>	Email Address:	<input type="text"/>
Street Address:	<input type="text"/>	City/Community:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone number:	<input type="text"/>
Name of Secondary contact:	<input type="text"/>	Email Address:	<input type="text"/>
Street Address:	<input type="text"/>	City/Community:	<input type="text"/>
Postal Code:	<input type="text"/>	Telephone number:	<input type="text"/>

SECTION 2 - COVID-19 Request for Funding

The COVID-19 Community Guide 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.

Expense category	Description of the expenses	April 1, 2020 To March 31, 2021
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:	<input type="text"/>	Title:	<input type="text"/>
Telephone Number (with area code):	<input type="text"/>	Email address:	<input type="text"/>
Signature of Chief or Equivalent Authorized Official X	Date (DD-MM-YYYY)		<input type="text"/>
2. Print Name:	<input type="text"/>	Title:	<input type="text"/>
Telephone Number (with area code):	<input type="text"/>	Email address:	<input type="text"/>
Signature of Second Authorized Official X	Date (DD-MM-YYYY)		<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