

COVID-19 Operational Support Program for Community Halls



Date Received:	
File Number:	
APPLICANT INFORMATION	
Organization Name (Legal operating name):	
Business or Charity Registration Number:	
Primary Contact Name:	Title/Position
Mailing Address:	
Phone Number.:	Fax Number:
E-mail Address:	

Did your community hall experience a reduction in revenue as a result of COVID-19? YES NO
 If yes, how much of a decline would you estimate? %

In the box below, please describe the financial impacts COVID-19 has had on your organization.

Did you receive any funding for operational support through any other Federal or Provincial programs? (I.e. NGO COVID-19 Relief Fund, Emergency Support Fund for Cultural, Heritage and Sport Organizations, etc.) YES NO

Do you usually employ full or part-time staff during the year? YES NO
 Did you employ full or part-time staff in 2020? YES NO
 How many? _____

COVID-19 Operational Support Program for Community Halls



ESTIMATE OF EXPENSES:

Please provide an estimate of the operational costs:

Expense type	December	January	February	March	TOTALS
Heat					
Electricity					
Insurance					
Snow removal					
Bank charges					
Professional fees					
Miscellaneous (Cleaning, etc.)					
Office use only				Total:	
Reimbursement rate 80%					
Total amount payable					

ACCEPTANCE:

Personal information on this form is collected under section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the provision of the Prince Edward Island COVID-19 Operational Support Program for Community Halls. If you have any questions about the collection of this information, you may contact 902-838-0939.

IMPORTANT: You are not required to submit any supporting documents with your application. However, you must maintain records of your income loss and expenses due to COVID-19 for period of three (3) years, as you will have to provide them if requested by the Government of Prince Edward Island. For organizations, this could include relevant financial statements, bills, etc.

Declaration and attestation

On behalf of the organization I declare:

- That I have read and understood the information provided in this application;
- That the information provided to the Government of Prince Edward Island in this application is true, accurate and complete to the best of my knowledge and belief; and
- That I have the authority to bind the organization to this application.

COVID-19 Operational Support Program for Community Halls



I agree:

- That the information provided in this application can be subject to a proof of evidence request at any time before, during, or after the organization's participation in the program; and
- That if the information described above is false or misleading, the Organization be required to repay some or all of the financial assistance that may be approved by the Government of Prince Edward Island through this program.

I attest:

- That the organization shall keep supporting documents proving their eligibility for the program for a period of three (3) years following their approval to the program for audit and compliance purposes; and
- That all the information in this form is true and I understand that the Government of Prince Edward Island may verify its accuracy by comparing it with information from other agencies or departments.

The Organization shall indemnify and hold harmless the Government of Prince Edward Island, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from this application (herein called the "claims"), provided that any such claim is caused in whole or in part of any act, error or omission, including but not limited to those of negligence of the Organization, or anyone directly or indirectly employed by the Organization or anyone for whom the Organization may be liable.

I agree to the disclaimers and privacy statements.

Name (print)	Signature	Date