



Community Government Hosting Evacuees Grant APPLICATION FORM

Instructions

Please complete all sections, sign, and date the application form and return to:
disasterassistance@gov.nt.ca.

Grant Decisions

All applications received within 30 days of an Evacuation Order being lifted and/or community residents are able to return home will be assessed for eligibility. Grant decisions are made and communicated in writing to applicants within 10 business days of MACA receiving a fully completed application.

Obligations of the Recipient of Funding

A community government is not required to provide any financial reporting but are required to use the funds for the following expenses for evacuees: lodging, meals, essential items such as toiletries, baby diapers and formula. Please see Guidelines for further information.

1. APPLICANT INFORMATION

Name of Community Government	
Contact Person	
Title of Contact Person	
Contact Phone Number	
Contact Email Address	
Contact Mailing Address	
Alternate Contact Person	
Title of Alternate Contact Person	
Alternate Contact Phone Number	
Alternate Contact Email Address	

2. REGISTERED EVACUEES

Please select the number of registered evacuees you have hosted:

Check one	# of registered evacuees	Maximum Eligible Grant Amount
<input type="radio"/>	1-9	\$0
<input type="radio"/>	10-19	\$20,000
<input type="radio"/>	20-29	\$30,000
<input type="radio"/>	30+	\$40,000

Please attach a registration list that shows the number of evacuees hosted by the community government as outlined in the Hosting Evacuees Grant Guidelines.

3. HOSTING COSTS

Using the table later in this application form, itemize and list the expenditures that the community government incurred for hosting registered evacuees during the period an evacuation order was in place. Please see the Guidelines for more information on eligible hosting costs.

4. DONATIONS / OTHER SOURCES OF FINANCIAL SUPPORT

Using the table, itemize any donations or other sources of financial support you may have received for the same expenditures related to hosting evacuees. For example, if donations from a registered charity were received for these same purposes.

If a community government requested funding from other sources and the request was not approved, please attached the associated documentation.

Expenditure Items	Expenditure Costs
Total Expenditures (A)	
DONATIONS / OTHER FINANCIAL SUPPORT	
Total Anticipated Revenue (B)	
Total Expenses (A)	
Minus Total Anticipated Revenue (B)	
Funding Request (C)	

5. NAME AND SIGNATURE OF CONTACT OR ALTERNATE CONTACT

Name _____

Title _____

Signature _____

6. CERTIFICATION

I certify that the information given is accurate and complete and that I am authorized to request this grant on behalf of my Community Government. I understand that the information provided in this application may be accessible under the *Access to Information and Protection of Privacy Act*.

Name _____

Title _____

Signature _____

Date _____