COVID Relief Fund for Conservation Organizations

BACKGROUND AND ELIGIBILITY

The Alberta Conservation Association (ACA) recognizes that owing to the on-going issues associated with COVID-19 many of our valued partners in conservation activities are suffering extreme financial hardship, particularly when it comes to raising funds associated with administrative costs. To provide some form of help, the Board of ACA has recently approved a one-time only grant, the “COVID RELIEF FUND”, to be administered in the 2020/21 fiscal year.

This fund will provide **up to $2500** toward administrative costs associated with maintaining the operations of a conservation related organization. The only reporting that will be required is a one-page “impact statement” outlining how the funds were used to help the organization through these uncertain times. The report will be due by March 1, 2021.

To qualify for the funding an organization must meet the following criteria:

1. In the previous five years (April 2015 - April 2019) the applicant has received funding from one of ACA’s grant programs (Conservation, Community and Education, Research or Biodiversity) or has worked directly with ACA as a project partner, providing funding or in-kind support.
2. Be in good standing with the ACA.
3. Provide supporting documentation, in the form of financial statements, that shows a decline in revenue between March and July 2020 of a minimum of 15% compared to the same period in 2019.
4. Must not have been approved for an ACA grant in 2020/21 (there is a separate relief program in place if your organization is currently holding an ACA grant).

Up to $50,000 is available to provide financial relief for conservation organizations. Funding will be provided on a first come basis to those applicants that qualify. Once all funds have been allocated the program will be ended.

APPLICATION PROCESS

Please submit your digital application to tracy.stewart@ab-conservation.com Applications will be accepted on first come basis, effective immediately, until funds are exhausted. The review of applications will begin at the end of September with payments forthcoming within a month of notification approval.

Incomplete applications will be returned to the applicant.

No hardcopy applications will be accepted.

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ACA COVID RELIEF FUND APPLICATION 2020

APPLICANT INFORMATION

|  |  |
| --- | --- |
| Organization |  |
| Applicant’s Name |  |
| Mailing Address |  |
| Email Address |  |
| Telephone Number |  |
| Not-for-profit Business Number (if applicable) |  |
| Amount requested (max $2500) |  |

**PAST FUNDING: In the past 5 years, (April 2015-April 2019), for what project has your organization received an ACA grant, or for what project has your organization partnered directly with the ACA? (Name most recent project only).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Title |  | | | |
| Project Location |  | | | |
| ACA Project Code (if known) |  | | | |
| ACA Staff Involved (if applicable) |  | | | |
| Project Duration | Start date mm/yyyy |  | End date mm/yyyy |  |
| Project Summary (Please include a brief description of your project. Maximum 250 words) | | | | |

**REVENUE DECLINE**

Please attach financial statements showing a decline in revenue between March and July 2020 (combined) of a minimum of 15% compared to the same period in 2019.

**REPORTING REQUIREMENT**

Successful applicants will be required to provide a one-page “impact statement” outlining how the funds were used to help the organization through these uncertain times. The report will be due by March 1, 2021.

**SIGNATURE LINE**

**By signing this document, you are confirming, to the best of your knowledge, that all the information provided in this application is accurate and true. You are also acknowledging that should ACA find that the information provided is not accurate or true then you will be held personally responsible by ACA for the repayment of all funds that have forwarded to your organization as a result of this application.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Name (print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Signature**