

## Application for Funding from KFL&A Refugee Relief Fund

### What is the purpose of the fund?

This fund was established to support the settlement of refugees in the Kingston, Frontenac, Lennox and Addington region. The fund is available to assist all refugees with extra-ordinary expenses not covered by any government organization or program. The fund cannot be used to offset day to day living expenses that are expected to be paid for in cash or kind by a private sponsorship group.

### What types of expenses are eligible?

Examples of the type of expenses that will be considered:

- Mobility and other medical devices such as wheelchairs, walkers, glasses, hearing aids (not covered by the Interim Federal Health insurance)
- Education/Training programs and certification costs
- Legal fees relating to settlement
- Interpretation Costs
- Counseling
- Emergency expenses

### Who can apply?

Applications need to be made by registered not for profit/charitable organizations on behalf of refugee families or individuals. Organizations can apply for more than one grant, so long as each application is for a specific family or individual.

### How do we apply?

All applications are to be completed and returned to the Grant Review Committee care of:

United Way KFLA  
417 Bagot Street  
Kingston, ON K7K 3C1 or by email to  
admin@unitedwaykfla.ca

We encourage all applicants to meet with a settlement worker at Kingston Community Health Centre (KCHC) and to meet with KEYS to review their application prior to submission. Whenever possible, please provide written estimates of the cost of the items/services being requested or if the item/services have already been received provide an invoice with the application.

No personal identifying information will be received by the Grant Review Committee. Applications will be reviewed quarterly by the Grant Review Committee and decisions communicated to the settlement workers for follow up with the applicant.

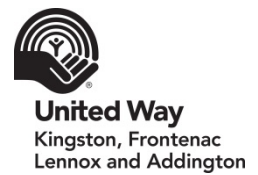
All funds will flow through a registered not for profit/charitable organization for payment of approved applications (for instance the Sponsorship Agreement Holder or local church). For expenses not yet incurred, 90% of the approved costs for an application will be given out when approved and the remaining amount paid upon receipt. For expenses already incurred, the full amount will be paid upon approval up to the maximum allowed.

### Grant Review Committee

This team is made up of a group of community volunteers who have expressed an interest in assisting with the refugee settlement process and have experience with a grant review process. This group will be supported and resourced by staff members from the City of Kingston, KCHC, Community Foundation of Kingston & Area and United Way.

### How much can I receive?

The Refugee Relief Fund has a limited amount of funding which was donated by individuals in the KFLA community and the Community Foundation of Kingston & Area. In order to ensure equity of access to all refugees, there is a limit of \$2,000 per application. Families/individuals can only apply once in the fiscal year.



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## Application Deadlines

Applications are listed in the United Way website at <https://www.unitedwaykfla.ca/refugeerelief/>. The Grant Review Committee will review applications on a quarterly basis with funding recommendations to be made within 2 weeks of the meeting. Urgent applications may be reviewed on an as needed basis.

**Please complete all of the information on this page. Only the information in the middle section of this page and attachments will be shared with the Grant Review Committee to protect confidentiality.**

Are you a Government Sponsored Refugee? Yes  No

Are you from Syria? Yes  No

Surname of Refugee Family/Individual \_\_\_\_\_

Sponsoring Organization (if applicable) \_\_\_\_\_

Contact Person with Sponsoring Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

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Please describe the item or service being requested from this funding

Item or Service Name \_\_\_\_\_

Description of the Item or Service (for services include # of hours/ cost per hour)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Cost \_\_\_\_\_ Amount Requested (Max \$2000) \_\_\_\_\_

Have other sources of funding been sought for this item/service? Yes  No

If yes, please provide more details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this expense already been incurred? Yes  No

If yes, please attach a copy of the bill/invoice for the expenses.

If no, please attach copies of any estimates you have received to validate the cost estimate.

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