



COVID-19 Business Support Grant

Applicant Name _____

Phone Number _____

Business Name _____

Civic Address _____

My business is a (check one):

- Restaurant, bar, pub, lounge, café
- Entertainment/recreation facility
- Personal/wellness service

Expenses (attach supporting documentation)

Monthly Billing Calculation	
1001 - Lease / Mortgage - Total expense	
Dates of billing cycle	
1002 - Number of days in billing cycle	
1003 - Number of days within billing cycle affected ¹	
Divide: line 1003 by line 1002 = Total percentage	
Total 1001 Payable	
2001 – Utility Water - Total expense	
Dates of billing cycle	
2002 - Number of days in billing cycle	
2003 - Number of days within billing cycle affected ¹	
Divide: line 2003 by line 2002 = Total percentage	
Total 2001 Payable	
3001 – Utility Electricity - Total expense	
Dates of billing cycle	
3002 - Number of days in billing cycle	
3003 - Number of days within billing cycle affected ¹	
Divide: line 3003 by line 3002 = Total percentage	
Total 3001 Payable	
4001 – Natural Gas - Total expense	
Dates of billing cycle	
4002 - Number of days in billing cycle	
4003 - Number of days within billing cycle affected ¹	
Divide: line 4003 by line 4002 = Total percentage	
Total 4001 Payable	

Applicant Name	Business Name	Civic Address

5001 – Utility Phone / Internet - Total expense	
Dates of billing cycle	
5002 - Number of days in billing cycle	
5003 - Number of days within billing cycle affected ¹	
Divide: line 5003 by line 5002 = Total percentage	
Total 5001 Payable	

² complete additional forms for multiple billing cycles

6001 - Subtotal	
7001 - Estimated percentage of business affected by restrictions ³	
8001 - Total requested support amount	

Completed forms may be submitted via email to cao@fairview.ca or mailed / delivered to the
Town of Fairview Administration Office,
Box 730 Fairview Alberta T0H1L0

Signature

Date

¹ Enter number of days affected by the provincial closure mandate within the billing cycle

² Businesses affected by closures for multiple expense billing cycles, please complete additional forms for each billing cycle and attach documentation. Business billing documentation must show the business physical address.

³ Approximately calculate the percentage of your business operations that has been affected by the mandated provincial business closures

ADMINISTRATION (this section is to be completed by Town of Fairview Administration Only)

Approved Amount:	Approval Date:
Town of Fairview CAO Daryl Greenhill, CLGM	
Signature:	

The personal information that is provided on this form to the Town of Fairview is collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act — Section 33(c). The information will be used for the purpose of contacting you regarding your application. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act and can be reviewed upon request subject to the provisions of the Act. Questions regarding the collection of personal information can be directed to 780-835-5461 or by email at reception@fairview.ca.

To find out more information about this program, including your right to appeal a decision or program limits, please refer to the COVID-19 Business Support Program policy, available on our website or by request at the Administration Office.

* COVID 19 Business Support Grant limited to a maximum of \$5,000.00 per business with a maximum program funding of \$75,000.00
Grant funding will be provided in order of application arrival.