

# Crisis Support Fund Program

## Expense Reimbursement Application

### 1. APPLICATION QUESTIONS

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For full application instructions, please review the [Expense Reimbursement Application Instructions](#).

If you have questions about the Crisis Support Fund Program, how to complete your application or which application form to use, contact the RHRA at [info@rhra.ca](mailto:info@rhra.ca) or 1-855-ASK-RHRA (1-855-275-7472).

If your application is approved, a representative from RHRA will contact you to obtain banking information to transfer the approved funds. Funds can only be transferred via direct deposit.

### 2. APPLICANT INFORMATION

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#### Applicant Retirement Home Details:

Home Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Licensee Name: \_\_\_\_\_  
RHRA License No.: \_\_\_\_\_  
No. of Suites/Rooms: \_\_\_\_\_ / \_\_\_\_\_

#### Financial Contact:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Person Completing Application:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Authorized Signatory

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. DETAILS OF FINANCIAL CRISIS**

**A. Please describe in detail the financial crisis the Applicant Retirement Home is facing, including how and when it started, how it has affected the home's residents, including their mental and physical condition, and the home's current financial status.**

**4. OTHER RESOURCES**

**A. Please describe your efforts to obtain the necessary funding by community supports or credit:**

**B. Have you received funding through ORCA's COVID-19 Retirement Homes Support Program?**

Yes    No

**If yes:**

**Funding received from ORCA: \$ \_\_\_\_\_**

**How was it spent?**

**If no:**

**Please explain below why you haven't applied for funding through ORCA:**

**5. QUOTES OBTAINED**

**A. Did you obtain more than one quote for each expense for which you are requesting reimbursement?**

*Applicant Retirement Homes requesting more than \$50,000 are required to have made every effort to obtain more than one quote from different vendors.*

N/A (Less than \$50,000 requested)

\$50,000 or more requested:

More than one quote obtained (attach all quotes to the application)

Only one quote obtained (*please explain below why only one quote was obtained*):

**6. FUNDING REQUEST**

**What expenses are you requesting reimbursement for?**

*Check off all that apply below and provide the amount requested for each type of expense.*

Expense	Vendor	Amount
<input type="checkbox"/> Costs to move residents to alternate accommodations and/or provide care		\$
<input type="checkbox"/> Food		\$
<input type="checkbox"/> Specialized training (e.g., IPAC training)		\$
<input type="checkbox"/> IPAC supplies (e.g., PPE such as gowns, masks and gloves, cleaning supplies)		\$
<input type="checkbox"/> Maintenance costs related to imminent closure		\$
<input type="checkbox"/> Deep cleaning or other maintenance of the Home following an outbreak or to prevent an outbreak		\$
<input type="checkbox"/> Outbreak management expertise		\$
<input type="checkbox"/> Outbreak management interventions		\$
<input type="checkbox"/> Implementation of compliance orders or requirements arising from compliance orders		\$
Staffing:		
<input type="checkbox"/> Care supports		\$
<input type="checkbox"/> Essential services		\$
<input type="checkbox"/> Screening for illness		\$
<input type="checkbox"/> Backfill for front-line staff if employees are absent due to COVID-19		\$
<input type="checkbox"/> Additional staffing to prevent COVID transmission/provide increased levels of service		\$
<input type="checkbox"/> Additional staffing due to illness or need for increased staffing ratios to manage the crisis		\$
Other costs related to COVID-19 (detail below):		
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<b>TOTAL REQUEST</b>		\$ _____

**7. VENDOR INFORMATION**

For each vendor identified in Section 6, provide the following information. All vendors must be registered businesses.

*Invoices must be paid prior to submitting an application for reimbursement funding; if an invoice is not paid prior to submitting the application, the Applicant Retirement Home must use the [Advance Funding Application Form](#) to apply for funding instead.*

**Vendor No. 1:**  Paid Invoice Attached

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor business number/HST number: \_\_\_\_\_

<p><b>Description of goods or services provided for which the Applicant Retirement Home is requesting reimbursement</b> <i>(Include date(s) of delivery or date(s) service was provided):</i></p>

<p><b>Relationships</b> <i>(Applicants must declare any current or prior relationships with the vendor)</i></p>									
<table style="width: 100%;"> <tr> <th style="text-align: center; padding: 5px;">Relationship</th> <th style="text-align: center; padding: 5px;">Details</th> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Personal relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor                 </td> <td style="height: 40px;"></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Professional relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor                 </td> <td style="height: 40px;"></td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> None                 </td> <td style="height: 40px;"></td> </tr> </table>	Relationship	Details	<input type="checkbox"/> Personal relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor		<input type="checkbox"/> Professional relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor		<input type="checkbox"/> None		
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<input type="checkbox"/> Professional relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor									
<input type="checkbox"/> None									

<p><b>Prior Transactions</b> <i>(Describe briefly below any prior dealings or transactions with the Vendor.)</i></p>



**Vendor No. 2:**

**Paid Invoice Attached**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Vendor business number/HST number: \_\_\_\_\_

Postal Code: \_\_\_\_\_  
  
 Phone: \_\_\_\_\_

**Description of goods or services provided for which the Applicant Retirement Home is requesting reimbursement** *(Include date(s) of delivery or date(s) service was provided):*

**Relationships** *(Applicants must declare any current or prior relationships with the vendor)*

Relationship	Details
Personal relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor	
Professional relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor	
None	

**Prior Transactions** *(Describe briefly below any prior dealings or transactions with the vendor.)*



**Vendor No. 3:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Vendor business number/HST number: \_\_\_\_\_

**Paid Invoice Attached**

Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Description of goods or services provided for which the Applicant Retirement Home is requesting reimbursement** *(Include date(s) of delivery or date(s) service was provided):*

**Relationships** *(Applicants must declare any current or prior relationships with the vendor)*

Relationship	Details
Personal relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor	
<input type="checkbox"/> Professional relationship(s) between any Applicant Retirement Home staff member, management personnel or owners and the vendor	
None	

**Prior Transactions** *(Describe briefly below any prior dealings or transactions with the vendor.)*

**DOWNLOAD EXTRA VENDOR PAGES IF REQUIRED**

## 8. APPLICANT ACKNOWLEDGEMENTS

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Please initial each paragraph below to affirm that the Applicant Retirement Home is not requesting reimbursement for expenses that are ineligible under the Crisis Support Fund Program's policies:

\_\_\_\_\_ The Applicant Retirement Home is not requesting reimbursement for expenses that have been covered by another source of funding (such as the RHRA's Emergency Fund or government supports).

\_\_\_\_\_ The Applicant Retirement Home is not requesting reimbursement for expenses that are not directly or indirectly related to the prevention and containment of the COVID-19 pandemic.

\_\_\_\_\_ The Applicant Retirement Home is not requesting reimbursement for expenses covered by insurance.

Please read the following information carefully and confirm that you have read and understood the information provided by initialing each paragraph below:

\_\_\_\_\_ The provision of crisis funding to Applicant Retirement Homes does not in any way affect the RHRA's obligation to monitor their compliance with the *Retirement Homes Act, 2010* and to take action to protect residents.

\_\_\_\_\_ The RHRA will continue to inspect Applicant Retirement Homes (whether before, during or after receiving funding).

\_\_\_\_\_ If an Applicant Retirement Home is in crisis or expects to enter a crisis state without the requested funding, the home can expect to be inspected in the short-term, at the RHRA's sole discretion.

\_\_\_\_\_ The Applicant Retirement Home recognizes that the RHRA, at its sole discretion, may make any of the following decisions with respect to this application for funding under the Crisis Support Fund Program:

- Approve the application as submitted
- Approve the application for a lesser amount than requested
- Approve the application for a greater amount than requested
- Deny the application entirely

\_\_\_\_\_ Applicant Retirement Homes are reminded that pursuant to s.118 of the *Retirement Homes Act, 2010*, no person shall knowingly provide false or misleading information to an inspector, the Registrar or any person employed or retained by the RHRA in any statement or document in respect of any matter relating to the Act or the regulations, whether made or given orally, on paper or electronically. **The s. 118 requirement applies to this Application for funding support. If an Applicant provides knowingly false or misleading information on an Application for funding, including subsequently spending funds inappropriately or not in accordance with the Application, it may constitute a contravention of s.118, the RHRA may require the funds to be repaid, and additional action may be taken.**



**9. LIABILITY AND INDEMNIFICATION**

**Please complete the following paragraph:**

In submitting this application for funding through the RHRA Crisis Support Fund,

I, \_\_\_\_\_ (name), in my capacity as an authorized signing officer for

\_\_\_\_\_ (Applicant Retirement Home), release the RHRA from any liability for the services/goods provided by the Applicant Retirement Home's chosen vendor(s) and agree to indemnify and defend the RHRA (which includes its employees, agents, officers and directors) from and against all loss, cost, damages and expense, including legal expense, on a full recovery basis, that the RHRA incurs arising from the provision of crisis funding to the Applicant Retirement Home.

<b>Signature</b> <i>Authorized Signatory</i>	<b>Date</b> <i>(DD/MM/YYYY)</i>

**Submit your application, paid invoices/receipts and quotes (if required) to**  
[info@rhra.ca](mailto:info@rhra.ca)