

Part 1

A • Instructions

This form is used to apply for the Pandemic Staffing Support Benefit.

The Pandemic Staffing Support Benefit will provide assistance to organizations for their additional staffing costs that cannot be accommodated from within their existing revenue / resources as a result of the COVID Pandemic. The Pandemic Staffing Support Benefit is intended to assist in offsetting the following costs:

- **Overtime** – the portion of staffing costs related to overtime worked by employees but not the cost if the staff worked regular hours. i.e. the 50% increase in hourly wages would be covered but not the regular wage.
- **Sick Time** – sick time expenses paid to staff when they have exhausted their sick time benefits, as a result of COVID. Staff are expected to access other available benefits first, including the Canada Recovery Sickness Benefit.
- **Staff Replacement Costs** – costs in excess of regular staffing costs to replace staff including use of casual staff and external health services companies.

Eligibility

To be eligible for the Pandemic Staffing Support Benefit, organizations must be funded by the Department of Families for the delivery of shift-staffed home services on behalf of Community Living disABILITY Services.

Organizational surplus will be considered and those organizations that maintain an operating surplus equivalent to two months of Department of Families revenue or more may be deemed ineligible.

Application

Organizations can apply monthly and must complete all sections of the application including submission of all required information. Efforts will be made to provide assistance within two weeks of receiving the application unless the organization can demonstrate an urgent need for immediate financial assistance.

Organizations are required to submit their monthly operating statement to demonstrate that their need for financial assistance is real and immediate.

The Department may also request additional information, if required, to process the application.

B • Agency Information

Agency Name			
Contact Name			
Contact Phone		Contact Email	

C • Benefit Request

Identify the purpose which the benefit is being requested:

More than one box may be selected

1. Overtime
 2. Sick Time
 3. Staff Replacement Costs

Month Requested: **Nov 2020** **Dec 2020** **Jan 2021** **Feb 2021** **Mar 2021**

Identify the amount of the costs incurred:

1. **Overtime Amount:** \$
2. **Sick Time Amount:** \$
3. **Staff Replacement Amount:** \$

D • Application Summary

Total Claim Amount	
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Check here if you have provided the monthly statement of operations for your organization

Have you applied for any other wage or staffing benefits (Yes or No):
If yes, please specify and indicate approved/expected amount:

E • Declaration

The Board of Directors and management of the agency have reported accurate financial information at the time of the application. Signed on behalf of the Board of Directors and management:

Board member name

Board member signature

Date

Executive Director name

Executive Director signature

Date

Please return completed forms to:

Agency Accountability and Support Unit
ATTN: **Application - Pandemic Staffing Support Benefit**
300-777 Portage Avenue
Winnipeg, MB R3G 0N3
Fax: (204) 948-4656
Email: aasu@gov.mb.ca