

COVID 19 FUNDING APPLICATION

OTL FUNDING SUPPLEMENT FOR FAMILIES

NAME _____

COMMUNITY: _____

OTL DATES: _____

OTL CAMP LOCATION _____

AUTHORIZATION: X _____

A. Number of People OTL	Allocation/Person:	Number of Days:	Subtotal:
*This allocation can be used towards the purchase of food and OTL supplies for your family camp (e.g. cleaning supplies, camping supplies, etc.)			
B. KM's to OTL Location	Mileage Rate:	Return:	Subtotal:
		X2	

TOTAL (A+B): _____

ADDITONAL NOTES: _____

CLAIMANTS
SIGNATURE: _____

DATE: _____