



**Special Assistance Grant (SAG) Application – Communities Impacted by
Hurricane Fiona**

Name of Community: _____

Contact Person for Application: _____

Phone #: _____ Email: _____

Please describe nature of the request:

Section B: Financial Information

Total Funding requested: \$ _____

Please include all receipts, invoices, quotes etc.

Signature: _____

Title: _____

Date: _____

**Please be advised that if further clarification and other supporting documentation is
required, you will be contacted accordingly.**

Submit completed application and supporting documentation to:

Department of Municipal and Provincial Affairs
Municipal Finance Division
4th Floor, West Block
P.O. Box 8700
St. John's, NL A1B 4J6

Facsimile: (709) 729-3605
E-mail: SpecialAssistanceGrants@gov.nl.ca

Questions? Please call 1-877-729-4393 or E-mail: SpecialAssistanceGrants@gov.nl.ca