NBFRF Grant 270-day Check-in

Direct Services (over $10,000 and providing direct services)

# Tell Us a Bit about Your NBFRF Project or Service

**Your Organization’s Name:**

**Contact Name and Position:**

**Contact Phone Number:**

**Contact E-mail Address:**

**Your NBFRF Project / Service Name:**

**How much of the North Bay Fire Relief Fund grant has been expended?** $

**How much of the North Bay Fire Relief Fund grant remains?** $

**Project / Service Type:** Select **Direct Services**

# Areas of Action

**Basic Needs**

\_\_Food security / distribution

\_\_ Housing preservation / home repair

\_\_ Shelter / temporary housing needs

**Health and Community Wellbeing**

\_\_ Behavioral health services

\_\_ Medical care

**Continuity of Social Services**

\_\_ Case management / care coordination

\_\_ Child care

\_\_ Elder care

**Emergency financial assistance**

\_\_ Economic hardship

\_\_ Loss of home

Who Are the Fire Survivors You’re Serving?

**Approximate Number of Fire Survivors You’ve Helped Thus Far because of Your NBFRF Grant:**

**Please describe the fire survivor community you continue to serve through the NBFRF's support:**

**How have the needs of fire survivors changed over the course of your support?**

**Is there a fire survivor story you would like to share with us?***Please make sure this story does not contain any confidential or personally identifiable information.*

# How Are Things Going?

**Have you run into any roadblocks in expending funds? If so, what?**

**If you haven't expended funds, when do you think you will have all funds expended?**

**Is there anything else you’d like the NBFRF team to know? Your thoughts are very important to us.**

**We’re proud to be in it together.**