



City of Spruce Grove/ Family & Community Support Services

FCSS Community Recovery Grant

Application Form 2020

This application form must be received by the **EXTENDED** closing date: **4:30 P.M. September 29, 2020**.
Late or incomplete applications will not be processed.

Prior to completing this application, please review the **FCSS Community Recovery Grant Guide**.

CONTACT INFORMATION

Questions regarding the completion of this application form can be directed to:

Erin McKeown, Manager, Social Planning
Email: csd@sprucegrove.org

This information is being collected under the authority of section 33(c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer the City of Spruce Grove FCSS Community Recovery Grant Program. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.

PART A: APPLICANT INFORMATION

Legal name of organization		
Legal status of organization (e.g. Registered Charity OR Registered Not-Profit Corporation/Society)		Fiscal Year End (MMDD)
BN/Registration No.:		Social Media (indicate type: Web, Facebook, Instagram, Twitter, etc.)
Mailing Address		Street Address (if different than mailing address)
City/ Town	Province Alberta	Postal Code

Main Contact Name: Title:			
Primary Phone	Ext	Cell	Email

Executive Director Name:			
Primary Phone	Ext	Cell	Email

Board Chair/President Name:			
Primary Phone	Ext	Cell	Email

Provide a brief overview of your organization and mandate:

5. How does your proposal meet FCSS Community Recovery Grant objectives (Check all that apply):

- Encourages development of independence, strengthens coping skills and promotes resistant to crisis;
- Helps people develop an awareness of social needs;
- Develops interpersonal and group skills which enhance constructive relationships among people;
- Helps people and communities assume responsibility for decisions and actions which affect them;
- Provides supports that help sustain/engage people as active participants in the community.

Additional comments:

6. Will you be working with other groups/ organizations? If so, in what capacity?

7. Please describe considerations for accessibility for Spruce Grove residents.

PART C: PROGRAM EVALUATION

Grant recipients are required to provide a year-end report that includes tracking a minimum of one FCSS outcome measure.

Please indicate which of the following evaluation questions and outcomes will be tracked for this grant:

- As a result of (insert name) I am more connected with others in my community/neighbourhood.*

- As a result of (insert name), I know more about how to access the community resources I need.*
- As a result of (insert name) I am better at handling whatever comes my way.*

PART D: FINANCIAL

- a. FUNDING REQUEST (Attach budget breakdown for applications over \$1000).

Amount of funding requested: \$ _____

- b. Are there other sources of funding (monetary or in-kind) being applied for or accessed for this program?

No Yes

If Yes, indicate the other sources of funding and the amount: \$ _____

- c. Financial Statements. Signed audited financial statements of the most recent fiscal year must accompany this application as an attachment.

PART E: ADDITIONAL INFORMATION (OPTIONAL)

- a. Please provide any additional information that may assist us in better understanding your organization or its services/ programs during the application review (max. 500 words)

DECLARATION: In making this application, we the undersigned, confirm:

Board Member(s) and/or Executive Director Initials

- we have read the FCSS Community Recovery Grant Guidelines; _____
- we understand this application form and all required attachments must be completed in full and received before 4:30 p.m. MT on September 29, 2020; _____
- we understand the term of the FCSS Community
 - Recovery Grant is October 31, 2020 to March 31, 2021.
 - All expenditures must happen during this term; and
- we are authorized by the applicant organization to complete the application and hereby represent to the _____

City of Spruce Grove and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent. _____

Signature of Board Member
(must have signing authority)

Signature of Board Member or Executive Director
(must have signing authority)

Print Name

Print Name

Date: (YYYY-MM-DD)

Date: (YYYY-MM-DD)