



City of Spruce Grove/ Community Social Development
FCSS Community Grant

Application Form 2021

This grant program has specific eligibility requirements. The application should clearly show how the proposed programs and services meet these requirements.

This application form must be received by the closing date: **4:30 P.M. July 28, 2021**. Late or incomplete applications will not be processed.

In order to complete this application, please review the grant information guide thoroughly.

CONTACT INFORMATION

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

Kusi Ampofo, Community and Social Investment Analyst, Social Planning
Community Social Development
Cell: 587-532-9971
Email: kampofo@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

Organization Name		
Organization status (please select): <input type="checkbox"/> Registered Charity <input type="checkbox"/> Registered Not-Profit Corporation/Society)		Fiscal Year End (MMDD)
Mailing Address	Street Address (if different than mailing address)	
City/ Town	Province Alberta	Postal Code
BN/Registration No.:	Social Media (indicate type: Web, Facebook, Instagram, Twitter, etc.)	

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:

Indicate which areas are being addressed as a result of the proposed program and/or service (select at least 1):

- Social Well Being and Isolation** - promoting social connection and reducing feelings of isolation.
- Vulnerable Populations** – focusing on community inclusion, healthy living, mental health services, addictions support, financial literacy programs, or transportation.
- Neighbour Connections** - Building capacity and promoting connection at a neighborhood level.

PART B: PROGRAM INFORMATION

1. Provide a description of the organizational activities, program(s), and/or services being proposed in relation to this grant. (If additional space is needed, an attachment of up to one page can be included.)

2. Explain how this program/project/service is preventative in nature and enhances the social wellbeing of individuals and/or families through prevention strategies at the earliest opportunity.

3. How was the need for the program/project/service determined? How long will the program address the need?

4. How does your proposal relate to FCSS outcomes (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:

5. Will you be working with other groups? If so, in what capacity?
6. Program location: please tell us what community (i.e., City of Spruce Grove) the programs are intended to take place, including primary location of a virtual programming
 - a. Please describe considerations for accessibility for Spruce Grove residents.
 - b. Indicate the primary area of focus for your program (youth, adult, seniors, family, etc):

PART C: PROGRAM EVALUATION

Grant recipients are required to provide a year-end report that includes a minimum of one measure from one or both of the following categories. Please highlight the evaluation question you will ask for your activities:

- i. Individual outcomes (i.e., changes in knowledge, attitudes, skills, etc. of participants)
- ii. Community-level outcomes (i.e., changes in partnerships, community safety, accessibility of programs, etc.)
- iii. Please use Table 1 as a guide when writing the year-end report

Table 1: Program Evaluation Guide.

Category Individual or community	Outcome Statement	Indicator	Measure (i.e. evaluation question, community data) Post-program evaluation survey responses
Individual	Describe how the funding has helped to improve social well-being of individuals	Social Well-being – Individual indicator	Did individuals express an increase in personal well-being?
Community	Explain how the program has facilitated the improvement of social well-being of the community	Social Well-being- Community indicator	Did people express a sense of belonging in their community/neighborhood?

Please briefly answer the following questions:

1. Describe the following as it relates to the organization’s activities, program(s), or services being applied for in relation to FCSS overarching outcome: Belonging.
 - I. Anticipated Outputs (i.e., number of clients served, number of programs offered, etc.)

 - II. How will this program lead to positive change for individuals or the community? What is the evidence or research to support this?

 - III. How will you measure or demonstrate positive change? Please use at least one measure: community or/ individual base outcome

PART D: FINANCIAL

- a. FUNDING REQUEST
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. Budget Estimate. Please complete the Budget Request Sheet and submit as an

attachment. **Please note the following when completing the Budget Request Sheet**

- Provide a breakdown of the funds requested within the eligible cost categories and what they would be allocated for using the budget request sheet.
- Break down/ project or program expenses that are specific for that program (e.g. contracted counsellor).
- Include in the general category any expenses that are not specific to one of the projects or programs being applied for.
- For administrative expenses, please highlight how these are needed to support the project or program.

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

<p>DECLARATION: In making this application, we the undersigned, confirm:</p>	
<ul style="list-style-type: none"> • that we have read the 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 July 28, 2021; • we understand the term of the Community Recovery Grant is September 01, 2021 to March 31, 2022 and all expenditures must happen during this term; and • that 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. 	<p style="text-align: center;"><i>Board Member(s) and/or Executive Director Initials</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>_____ Signature of Board Member <i>(must have signing authority)</i></p>	<p>_____ Signature of Board Member or Executive Director <i>(must have signing authority)</i></p>
<p>_____ Print Name</p>	<p>_____ Print Name</p>
<p>_____ Date: (YYYY-MM-DD)</p>	<p>_____ Date: (YYYY-MM-DD)</p>