



City of Spruce Grove/ Community Social Development  
**Community Grant Program – Domestic Violence**

Application Form 2022

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 PM October 1, 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  
Email: [kampofo@sprucegrove.org](mailto:kampofo@sprucegrove.org) Cell: 587-532-9971

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 Community Grant Program – Domestic Violence. 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 applying 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

**PART B: PROGRAM INFORMATION**

- a. Provide a brief overview of the organization and mandate.
- b. 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.)
- c. Program location: If you know the exact location(s) of where programs will be offered, please include. If you do not have an exact location, please tell us what community (i.e., City of Spruce Grove) the programs are intended to take place.
- i. Please describe considerations for accessibility for Spruce Grove residents.
- d. Please indicate the primary area of focus for your program (choose one or more):
- Government of Alberta Approved Offender Treatment Program
  - Offender Treatment Program
  - Programs for Victims of Domestic Violence
  - Programs for Children Exposed to Domestic Violence

**PART C: PROGRAM EVALUATION**

Grant recipients are required to provide a year-end report that includes a minimum of two measures from one or both of the following categories:

- 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.)
- a. Please describe the following as it related to the organization’s activities, program(s), or services being applied for as a part of this grant.

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 two measures, (pick any combination (2 individual, 2 community, or 1 community, 1 individual))

<b>Category</b> EXAMPLE: Individual EXAMPLE: Community	<b>Outcome Statement</b> EXAMPLE: Individuals understand the impact of their actions on others. EXAMPLE: Community members have access to domestic violence programming.	<b>Indicator</b> EXAMPLE: % of individuals in the treatment program that indicate positively (agree or strongly agree) that they accept responsibility for their actions. EXAMPLE: Percentage of individual that complete programming. Target 65%.	<b>Measure (i.e. evaluation question, community data)</b> EXAMPLE: Post-program evaluation survey responses or interview (depending on ability to complete). EXAMPLE: Tracking completion rates for programming.

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**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 (please indicate the other sources of funding and the amount)

c. Budget Estimate. Complete the budget request sheet and submit as an attachment.

- Please provide a detailed breakdown of the funds requested within the eligible cost categories and what they would be allocated for using the budget request sheet.
- Please 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.

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

**PART E: ADDITIONAL INFORMATION**

- a. Please provide any additional information that may assist us in better understanding your organization or its services/ programs during the application review (max. 300 words)

<p><b>DECLARATION:</b> In making this application, we the undersigned, confirm:</p>	
<ul style="list-style-type: none"> <li>• that we have read the Community Grant – Domestic Violence Guidelines;</li> <li>• that we understand that this application form and all required attachments must be completed in full and received before 4:30 pm MT on Friday, October 01, 2021;</li> <li>• that we understand the term of the Community Grant – Domestic Violence is January 1 to December 31, 2022 and that all expenditures must happen during this term; and</li> <li>• 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.</li> </ul>	<p><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>