



City of Spruce Grove/ Community Social Development  
**FCSS Community Grant-Preventative Social Programs**

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 PM September 24, 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  
Tel 780-962-2611 Ext 232  
Cell: 587-532-9971  
Email: [kampofo@sprucegrove.org](mailto: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 <b>Alberta</b>	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:

**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.
  
  
  
  
  
  
  
  
  
  
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 an virtual programming
  - a. Please describe considerations for accessibility for Spruce Grove residents.
  
7. 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 outcome measure that they have asked participants of the grant-funded program. On an agreement scale of 1-6 (1. Strongly disagree, 2. Disagree somewhat, 3. Disagree, 4. Agree somewhat, 5. Agree, 6. Strongly agree) measure any of three outcomes in your annual report

As a result of [program]...

1. Individual Outcomes
  - I am better at getting through hard times because I believe in myself.
  - I am better at handling whatever comes my way.
  - I am more willing to try again if something I do doesn't work.
  - I have some new information on how to better manage my stress.
2. Family Outcomes
  - I have built connections with other parents in my neighborhood/community.
  - My family has more people we can count on to help us
  - My family has strengthened existing connections with other families
  - I am better able to access the resources available for my family when we need them
3. Community Outcomes
  - The program has helped me to feel a sense of belonging to my neighbourhood/community.
  - I know more about where I can connect with others in my neighbourhood/community.

- I am more aware of the resources and supports available in my community.
- I feel more comfortable with people of other cultures, races or ethnic groups.

**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 outcomes.

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, families, or the community? What is the evidence/ research to support this?

**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><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 Recovery Grant Guidelines;</li> <li>• we understand this application form and all required attachments must be completed in full and received before 4:30 p.m. MT on September 24, 2021;</li> <li>• we understand the term of the Community Preventative Social Grant is November 01, 2021 to March 31, 2022 and 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 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>