

Social Services Support for COVID-19 Funding Request Form

Applicant Information

Name of Organization:

Address:

Local FCSS Program:

Type of Organization (please select one):

- | | |
|---|--|
| <input type="checkbox"/> Incorporated non-profit organization or registered charity | <input type="checkbox"/> First Nation |
| <input type="checkbox"/> Religious or faith-based organization | <input type="checkbox"/> Other (please specify): |

Please note: unincorporated non-profit organizations or community groups should apply in partnership with a registered organization.

Is this a collaboration between multiple groups or organizations?

- Yes No

If yes, please list the organizations involved:

Project Information

1. Total amount of funding requested:

2. What geographic location(s) will be served through this funding?

3. Which vulnerable group(s) will this funding support (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Individuals experiencing mental health challenges |
| <input type="checkbox"/> Caregivers | <input type="checkbox"/> Individuals or families experiencing violence |
| <input type="checkbox"/> Individuals or families with low or limited income | <input type="checkbox"/> Individuals or families with limited access to support (remote) |
| <input type="checkbox"/> Families with young children | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Individuals with chronic or underlying medical conditions | |

4. How many individuals do you expect to serve through this funding?

5. Briefly describe the social need related to COVID-19 this funding will help to address:

6. Briefly describe how the funding will be used to support the vulnerable groups identified above:

7. Which outcome(s) will this funding address (select all that apply):

- Enable vulnerable Albertans to have their social well-being needs met, which have been compromised during or as a result of the COVID-19 pandemic.

Performance measure:

- 1) Number of individuals served through Social Services Support for COVID-19 grant

- Engage individuals, families, communities and civil societies in identifying and implementing ways to meet their social well-being needs during the COVID-19 pandemic.

Performance measures:

- 1) Number of community organizations/funded agencies engaged in providing services and supports
2) Number of volunteers engaged in providing services and supports

- Provide additional social infrastructure to support the social well-being of Albertans who are affected either directly or indirectly by COVID-19.

Performance measure:

- 1) Type of additional supports created/provided

Budget

Please provide a breakdown of estimated project costs. Please also provide details about the expenditure e.g. number of staff hours for project, print 500 flyers; Annual Zoom membership; 200 gift cards (\$50 each).

Expenditure	Expenditure Details	Amount
Administration		
Front-line staff (includes salary and benefits)		
Support staff		
Supplies		
Service costs (delivery costs, training, travel)		
Other (please list and provide amount)		
•		
Total		

Declaration

I, _____ (name in full) of the City of _____, in the Province of Alberta, am
the _____ (position) of _____ (name of organization
applying), and certify that the information contained in this application is true, accurate, and complete and that I
am a representative with designated signing authority/decision-making authority in our organization.

Contact Information

Primary Contact Name:

Primary Contact Telephone:

Primary Contact Email:

Secondary Contact Name:

Secondary Contact Telephone:

Secondary Contact Email: