

Social Services Support for COVID-19 Funding Request Form

Applicant Information

Name of Organization: Click or tap here to enter text.

Address: Click or tap here to enter text.

Local FCSS Program: Click or tap here to enter text.

Type of Organization (please select one):

- Incorporated non-profit organization or registered charity
- Religious or faith-based organization

- First Nation
- Other (please specify): Click or tap here to enter text.

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: Click or tap here to enter text.

Project Information

1. **Total amount of funding requested:** Click or tap here to enter text.

2. **What geographic location(s) will be served through this funding?** Click or tap here to enter text.

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

- Seniors
- Caregivers
- Individuals or families with low or limited income
- Families with young children
- Individuals with chronic or underlying medical conditions
- Individuals experiencing mental health challenges
- Individuals or families experiencing violence
- Individuals or families with limited access to support (remote)
- Other (please specify): Click or tap here to enter text.

4. **How many individuals do you expect to serve through this funding?** Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

7. Which outcome(s) will this funding will 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.

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

Declaration

I, Click or tap here to enter text. (name in full) of the City of Click or tap here to enter text., in the Province of Alberta, am the Click or tap here to enter text.(position) of Click or tap here to enter text. (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: Click or tap here to enter text.

Primary Contact Telephone: Click or tap here to enter text.

Primary Contact Email: Click or tap here to enter text.

Secondary Contact Name: Click or tap here to enter text.

Secondary Contact Telephone: Click or tap here to enter text.

Secondary Contact Email: Click or tap here to enter text.