**APPLICATION FORM**

**PURPOSE:** FASD Family/Caregiver Support Groups bring together people who are providing care for a child, youth or adult with FASD or for those living with FASD. Groups may be facilitated by service providers, volunteers or both.

Subsidies are being made available through an application process to existing and new FASD Support Groups to provide a forum for families and caregivers to support each other, share information on FASD, learn from each other’s experience, and improve outcomes for individuals living with FASD.

Please refer to the corresponding [Application Guidelines](file:///%5C%5CSv005%5Chn_data%5CPROJECT_DATA%5CBEST_START%5CProjects%5CFASD%20Network%20Support%5CGrants%5CRevised%20and%20combined%20application%20package%5CApplication%20Package%20-%20Validated%5CWeb%5CFASDSubsidy_Guidelines_28Sep18.docx) and [Frequently Asked Questions](file:///%5C%5CSv005%5Chn_data%5CPROJECT_DATA%5CBEST_START%5CProjects%5CFASD%20Network%20Support%5CGrants%5CRevised%20and%20combined%20application%20package%5CApplication%20Package%20-%20Validated%5CWeb%5CFASDSubsidy_FAQs_28Sep18.docx) for more information on how to complete your application.

**APPLICATION TIMELINES AND INSTRUCTIONS:**

* Applications are available in English and French.
* Applicants must send their completed application form no later than noon on Wednesday, October 24, 2018.
* Please send completed applications via email:
	+ English applications can be sent to: FASDsupport@healthnexus.ca.
	+ French applications can be sent to: TSAFsupport@nexussante.ca.

|  |
| --- |
| **FASD Support Group Leader Contact Information** |
| **Please select the option that best describes you:**[ ]  Service provider from a non-profit or charitable organization[ ]  Volunteer group leader (such as parent, caregiver, or community member)[ ]  Other *(please describe)*: Click here to enter text. |
| **Name:** Click here to enter text. |
| **Organization:** Click here to enter text.*(leave blank if applying as a volunteer)* | **Position:** Click here to enter text.*(leave blank if applying as a volunteer)* |
| **Phone Number:** Click here to enter text. | **Email:** Click here to enter text. |
| **FASD Support Group Information** |
| **Name of your FASD Support Group** *(group name should be a unique identifier amongst other groups)***:**  Click here to enter text.  |
| **Are you a new or existing Support Group?**[ ]  Existing Support Group [ ]  New Support Group |
| **If you are an Existing FASD Support Group, when was the group originally established?** Click here to enter text. |
| **If you are an Existing FASD Support Group, do you receive funding from other sources?** [ ]  Yes [ ]  No If YES, please identify sources: Click here to enter text.  |
| **Does your FASD Support Group support one or more of the groups below?**[ ]  Indigenous populations [ ]  Rural populations [ ]  Remote areas [ ]  Franco-Ontarians [ ]  Other Click here to enter text. |
| **What geographic area or community does your FASD Support Group serve?** Click here to enter text. |
| **FASD Support Group Funding Request** |
| **What amount of funding are you requesting?** *(All applicants may apply for up to $4,500)* Click here to enter text. |
| **Please provide a brief overview of your plans for the funding. (Specific details are required in the Action Plan on the following pages.)**Click here to enter text. |
| **Please provide a brief summary of how the funding and activities will help your community.**Click here to enter text. |

**ACTION PLAN TEMPLATE:**

Please complete the following action plan with details related to your proposed activities. Refer to sample template as a guide.

Sample:

|  |
| --- |
| **Sample Action Plan Template**  |
| **Activity**What are your planned activities?Use a new row for each new activity | **Participants**Who will the activities support? | **Budget**What will each activity cost? | **Monthly Timelines**What are your timelines for each activity? | **Expected Reach**How many people will participate in each activity? | **Intended Outcomes**How else will you know your activities are helping?i.e. positive feedback from participants or increased attendance |
| **Example Activity #1:**Create flyer to promote weekly group and share at local community sites (e.g., grocery store, library, community centre, arena, health centre) | Parents/Caregivers of children with FASD  | Design flyer: $600Print flyer: $300 | Design: Nov 2018Printing: Dec 2018Sharing: Jan 2019 | 500 | Group attendance at weekly meetings will increase after flyers are distributed. |
| **Example Activity #2:**Hire guest speakers (once/month) for FASD Support Group | Parents/ Caregivers of children with FASD | Speaker honoraria: $900 for 6 sessionsFood: $300 for 6 sessions | Oct 2018-Mar 2019 | 15 participants / session (6) | Participants will provide positive feedback and feel more informed about highlighted topic. |
| **Example Activity #3:**Offer formal, FASD informed child care at weekly parent Support Group | Children with FASD | $1,900 | Nov 2018-Mar 2019 | 10 children / session (6) | Group participation will increase due to increased accessibility for parents and caregivers to attend local groups. |
|  |  | Total: $4000 |  |  |  |

**ACTION PLAN:**

Please complete a new row for each activity. All activities must be completed, and all funds must be spent by March 31, 2019.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity**What are your planned activities? | **Participants**Who will the activities support? | **Budget**What will each activity cost? | **Monthly Timelines**What are your timelines for each activity? | **Expected Reach**How many people will you help/suppose through each activity? | **Intended Outcomes**How else will you know your activities are helping?i.e. positive feedback from participants or increased attendance |
| **Activity 1:**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Activity 2:**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Activity 3:**Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Totals:**  |  | Total: Click here to enter text. |  |  |  |

Please complete your application form electronically and submit it via email:

English applications can be sent to: FASDsupport@healthnexus.ca.

French applications can be sent to: TSAFsupport@nexussante.ca.