**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 so families, caregivers and individuals with FASD can support each other, share information about FASD, learn from each other’s experiences, 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** **April 17, 2019.**
* Please send completed applications via email:
	+ English applications can be sent to: FASDsupport@healthnexus.ca.
	+ French applications can be sent to: TSAFsupport@nexussante.ca.

**Questions with \* are mandatory**

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| **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* ***MUST*** *mention city or area i.e Thunder Bay FASD Support Group or A Night out with Friends- London ON)***:**Click here to enter text.  |
| **\*Location/address of your FASD Support Group** *(please note a complete mailing address)*Click here to enter text. |
| **\*Is your group a Canadian charity?**[ ]  Yes [ ]  No  |
| **\*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 a date. |
| **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.  |
| **\*Do you have or plan to have a separate bank account for your Group to hold the funds, or do/will you have a sponsor agency to hold the funds?**[ ]  Yes [ ]  No If YES, please specify: Choose an item.*If NO, Health Nexus will hold the funds for your group.* |
| **\*Does your FASD Support Group support one or more of the groups below?**[ ]  Indigenous populations [ ]  Rural populations [ ]  Remote areas [ ]  Franco-Ontarians [ ]  New comers [ ]  Other Click here to enter text.**\*Who is/are your primary group(s) to support?**[ ]  Adults with FASD [ ]  Children with FASD [ ]  Youth with FASD [ ] Parents/Caregivers  |
| **\*What is (are) your catchment area(s)?** *(Where are the members coming from?)***NORTH** [ ] Kenora [ ] Rainy River [ ] Thunder Bay [ ] Cochrane [ ] Sudbury [ ] Algoma [ ] Timiskaming [ ] Manitoulin [ ] Parry Sound [ ] Nipissing [ ] Muskoka**EAST** [ ] Haliburton [ ] Renfrew [ ] Ottawa [ ] Prescott and Russell [ ] Stormont, Dundas and Glengarry [ ] Leeds and Greenville [ ] Lanark [ ] Frontenac [ ] Lennox and Addington [ ] Prince Edward [ ] Hastings [ ] Peterborough [ ] Kawartha Lakes [ ] Durham [ ] Northumberland**CENTRAL** [ ] York [ ] Simcoe [ ] Dufferin [ ] Peel [ ] Wellington [ ] Halton [ ] Waterloo**WEST** [ ] Grey [ ] Bruce [ ] Huron [ ] Perth [ ] Oxford [ ] Brant [ ] Hamilton [ ] Niagara [ ] Haldimand [ ] Norfolk [ ] Elgin [ ] Middlesex [ ] Lambton [ ] Chatham-Kent [ ] Essex[ ] **TORONTO** |
| **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.** *(Please describe your overall goals and paint a picture of the events your team has planned. Specific details and costs associated 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:

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| **Details of expenses***(What do you plan to do?)* |  **Budget***(What will each activity cost?)* | **Participants***(Who will the activity support?)* | **Monthly Timelines***(What are your timeline for each expense?)* | **Expected Reach***(How many people will you help/support through each activity?)* | **Intended Outcomes***(How else will you know your activities are helping?)* |
| **Group/event Facilitation**  | **$1,400** |  |  |  |  |
| i.e Hire Guest speakers (once/month) for FASD Support Group | $1,000 | Parents/Caregivers of children with FASD | March-June 2019 | 15 participants/session(4) | Participants will provide positive feedback and feel more informed about highlighted topic |
| i.e Child care | $400 | Children with FASD | March-June 2019 | 10 children/session(4) | Group participation will increase due to increased accessibility for parents and caregivers to attend local groups |
| **Training** | **$1,750** |  |  |  |  |
| i.e 2 days educational workshop (Enhancing Care and Understanding of FASD) | $1,750 | FacilitatorsVolunteersParents/Caregivers of children with FASD | May 2019 | 50 participants | More satisfaction, confidence and competence in FASD skills and strategies to support their children/the community |
| **Transportation and Food** | **$700** |  |  |  |  |
| i.e Snacks and refreshments | $350 | Parents/Caregivers of children with FASD | March-June 2019 | 15 participants/session(4) |  |
| i.e Snacks and refreshments for children | $250 | Children with FASD | March-June 2019 | 10 children/session(4) |  |
| i.e Transportation allocation for some families  | $100 | Parents/Caregivers of children with FASDChildren with FASD | March-June 2019 | 2-3 participants/session (4) | Group participation will increase due to increased accessibility for parents and caregivers to attend local groups |
| **Resources and Program Materials** | **$520** |  |  |  |  |
| i.e Create flyer/social media plan to promote group at local community sites | $300 | Parents/caregivers of children with FASD | Design: March 2019Printing: April 2019Sharing: May 2019 | 500 participants | Group attendance at weekly meetings will increase after flyers/social media campaign are public |
| i.e Group supplies (booklets…) | $220 | Parents/caregivers of children with FASDChildren with FASD | March-June 2019 | 25 participants/session (4) |  |
| **TOTAL** | **$4,500** |  |  |   |  |

**ACTION PLAN:**

Please complete a new row for each activity. All activities must be completed, and all funds must be spent by **February 14, 2020**.

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| **Details of expenses***(What do you plan to do?)* | **Budget***(What will each activity cost?)* | **Participants***(Who will the activity support?)* | **Monthly Timelines***(What are your timeline for each expense?)* | **Expected Reach***(How many people will you help/support through each activity?)* | **Intended Outcomes***(How else will you know your activities are helping?)* |
| **Group/event Facilitation**  |  |  |  |  |  |
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| **Training** |  |  |  |  |  |
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| **Transportation and Food** |  |  |  |  |  |
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| **Resources and Program Materials** |  |  |  |  |  |
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| **TOTAL** |  |  |  |   |  |

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.