Family and Community Support Services (FCSS)
COVID-19 Special Program Grant Application

COVID-19 RELATED GRANT APPLICATION OVERVIEW

The goal of Family and Community Support Services (FCSS) is to help communities increase the social well-being of individuals, families and community. For services to be eligible for this grant they must address the social well-being of those most impacted by COVID-19 and demonstrate the measures which will be implemented to safely provide services while limiting the spread of the virus.

Services should target one or more of the following demographics: seniors, individuals with chronic medical conditions, caregivers, families with children at home and individuals with limited access to supports.

Services should align with one or more of the following funding priorities: help people maintain independence, build resiliency and strengthen their ability to cope during the COVID-19 pandemic; provide supports to help sustain people to remain in the community during the COVID-19 pandemic; and coordinate services and programs to address the social well-being of vulnerable Albertans during the COVID-19 pandemic.

This grant funding is for Town-based non-profit organizations serving people in Edson.
- We encourage groups and organizations to work together.
- We will not fund expenditures made before the program/project is approved by the Town of Edson.

APPLICATION INSTRUCTIONS

1. All parts of the form must be completed:
   - If you need more space, you may submit extra pages.
   - You must attach photocopies of any required or additional documents.
   Feel free to include any additional information that you feel is relevant and may strengthen project/program application.

QUESTIONS?

Contact:
Alicja Broda
Community Development Coordinator
Town of Edson
Phone: 780 723 4403
Fax: 780 723 7250
Email: AlicjaB@edson.ca

HOW TO SUBMIT AN APPLICATION

Return completed application to:

Town of Edson
Family and Community Support Services
PO Box 6300, 605 – 50th Street
Edson, AB, T7E 1T7

Or email: AlicjaB@edson.ca

ELIGIBLE SERVICES

Eligible expenses include:
- Services to allow individuals, seniors and families who are isolated to have their home needs met. Examples include: delivery of goods, such as groceries or prescriptions, coordination of housekeeping services, caregiver relief and other services.
- Services to build capacity and strengthen volunteer work in the community. Examples include: food and meal service delivery or provision, grocery shopping, helplines, volunteer support coordination, out of pocket expenses for volunteers and information services.
- Provide alternate ways of supporting individuals and families so people can function within this new environment. Examples include: technological supports and assistance, telephone mentoring, counselling/emotional mental health supports and supports to help address economic and food security needs.
- Expand or supplement efforts to provide information and referral services and telephone/ online support. Examples include: crisis/distress lines, promotion of information and services, posters and signage.

INELIGIBLE SERVICES

Ineligible expenses include but are not limited to the following:
- Any expense NOT related to addressing the social well-being of those most vulnerable due to COVID-19.
- Offering direct assistance in the form of money or shelter.
- Being primarily rehabilitative or health-focused in nature.
- Purchase of any capital assets.
- Any costs required to sustain an organization that do not relate to direct service delivery under the project.
- Programs that provide transportation services.
- Programs that are only focused on an individual's leisure or recreational needs.

SECTION A: ORGANIZATION/AGENCY INFORMATION

CONTACT INFORMATION

Name of Agency/Organization

Street Address

Mailing Address | Postal Code

Contact Person | Position

Phone Number | Fax Number

Email Address

Are you a non-profit organization?	If yes, please provide your registration number:
YES NO	

PAST PARTICIPATION

Have you received funding from FCSS before?   YES   NO

If yes, please provide the following information:

Project Year: _____   Amount: _____

Please provide a brief description:

SECTION B: REQUEST FOR FUNDING

PROGRAM/SERVICE INFORMATION

Program Name:_____

Program Location:_____

Program Start Date:_____ End Date: _____

Total Funds Requested: _____ Percentage of the budget this represents:_____

Please select one or more of the following social outcome statements for your program/service:

Individuals experience personal well-being

Individuals are connected with others

Children and youth develop positively

Families have social supports

The community is connected and engaged

Community and social issues are identified and addressed

Select which strategic direction from the five below (regulatory statements of FCSS) best links to your outcome statement. Your project may have more than one strategic direction.

SD1 Help people to develop independence, strengthen coping skills and become more resilient

SD2 Help people to develop an awareness of social needs

SD3 Help people to develop interpersonal and group skills which enhance constructive relationships among people

SD4 Help people and communities to assume responsibility for decisions and actions which affect them

SD5 Provides supports that help sustain people as active participants in the community

PROGRAM/SERVICE DESCRIPTION

Please provide a brief overview of the service or program you intend to provide.
Please explain the safety measures you will implement to limit the spread of COVID-19.

SOCIAL OUTCOMES

Please describe how you will acheive the social outcome identified with your program/service.

DEMOGRAPHIC

Which demographic will your project target and what difference will your program/service make in the Edson Community and in the lives of those involved?

ORGANIZATION'S CAPACITY

Describe your organization's capacity to execute your program/service and identify community partners, number of volunteers and their roles.

OUTCOMES

We will connect with you regarding the outcomes we would like you to collect through this program.

SECTION C: COVID-19 SPECIAL PROGRAM BUDGET

PROGRAM INFORMATION

Program Name: _____

Program Start Date: _____ End Date: _____

Description of Item and Contributing Agency	Fill in the three columns below. Calculations will automatically be performed for these figures.			
	Contribution/funds provided by your agency (if any)	Contribution/funds provided by other (if any)	Funds requested from FCSS Grant	**Projected Cost**
Direct Program Costs				
Administrative				
TOTALS				

In the "Description of Item" column please identify who provided the contribution and/or what the contribution is (i.e. in-kind contributions, volunteer labour, or money).

APPLICANT AGREEMENT (*Sign and keep a copy for your records*)

I declare that:

- I am a duly authorized representative having legal, financial and/or executive signing authority for the above noted organization.

- The information provided within this application form and supporting documentation is true, accurate and endorsed by the above organization.

- I am aware that the information provided in this application may be available to the public.

- The project will benefit the general community and not specific individuals/families.

- A Final Budget Report indicating the service's expenses and revenue will be provided to the Town of Edson after execution of the service. Please see the grant approval letter for grant submission deadline.

- I understand that an overdue or outstanding Final Budget Report may affect future applications.

- Other obligations of this grant include, but are not limited to, provision of adequate insurance, risk management and Occupational Health and Safety systems. All relevant public health and safety practices must be followed.

- The contribution from the Town of Edson will be recognized through any publications, advertising or other suitable means. Please contact the Town of Edson Community and Protective Services office to receive a copy of our logo.

Signature: _____   Date: _____

Print Name: _____   Position: _____