

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. 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, [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.](#)