

Fetal Alcohol Spectrum Disorder (FASD) Family/Caregiver Support Group Funding Application Form



Funding Provided by the Government of Ontario

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 ideally 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](#) and [Frequently Asked Questions](#) 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 by **Monday, June 29, 2020**.
- 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

FASD Support Group Leader Contact Information	
<p>*Please select the option that best describes you:</p> <p><input type="checkbox"/> Service provider from a non-profit or charitable organization</p> <p><input type="checkbox"/> Volunteer group leader <i>(such as parent, caregiver, or community member)</i></p> <p><input type="checkbox"/> Other <i>(please specify):</i></p>	
<p>*Name:</p>	
<p>Organization <i>(Leave blank if applying as a volunteer):</i></p>	<p>Position <i>(Leave blank if applying as a volunteer):</i></p>
<p>*Phone Number:</p>	<p>*Email:</p>

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FASD Support Group Information
<p>*Name of your FASD Support Group (Group name <i>MUST</i> mention city or area e.g. Thunder Bay FASD Support Group or A Night out with Friends- London ON):</p>
<p>*Location/address of your FASD Support Group (Please enter full mailing address, <i>with postal code</i>. Only exception is if the group is going to be virtual <i>and</i> accept members from everywhere):</p>
<p>*Is your group a Registered Canadian charity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please enter the Registration no:</p>
<p>*Are you a new or existing Support Group?</p> <p><input type="checkbox"/> Existing Support Group <input type="checkbox"/> New Support Group</p>
<p>If you are an Existing FASD Support Group, when was the group originally established?</p>
<p>If you are an Existing FASD Support Group, do you receive funding from other sources?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please identify sources:</p>
<p>If you are an Existing FASD Support Group, did you previously benefit from the FASD Family/Caregiver Support Group Funding?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please specify:</p> <p><input type="checkbox"/> Cycle 1 – Fall 2018-Spring 2019 <input type="checkbox"/> Cycle 2 – Spring 2019-Spring 2020</p>

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***Do you have or plan to have a separate bank account for your Group to hold the funds?** *(Or do/will a sponsor agency hold the funds for you?)*

- Yes No

If YES, please specify:

If NO (no separate bank account and/or no sponsor), Health Nexus will hold the funds for your group.

***What is/will be the method of service delivery?** *(Please select all that apply)*

- Virtual *(telephone, videoconference, teleconference, etc.)* In Person

***What are/will be the languages of service?**

- English French *(if delivered by Francophone(s))*
 Other *(please specify. e.g. French by interpretation; other languages; interpretation services available):*

***Does your FASD Support Group support one or more of the groups below?**
(Please select all that apply)

- Indigenous populations Rural populations Remote areas
 Franco-Ontarians Newcomers
 Other *(please specify):*

***Who is the FASD Support Group intended for?** *(Please select all that apply)*

- Adults with FASD *(or suspected FASD)* Children with FASD *(or suspected FASD)*
 Youth with FASD *(or suspected FASD)* Parents/Caregivers

***One sentence description of the group:**

***Will there be concurrent children's programming?**

- Yes No

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***What is (are) your catchment area(s)?** *(Where are the members coming from? Please select all that apply)*

- | | | | |
|----------------|---|--|---|
| NORTH | <input type="checkbox"/> Kenora | <input type="checkbox"/> Rainy River | <input type="checkbox"/> Thunder Bay |
| | <input type="checkbox"/> Cochrane | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Algoma |
| | <input type="checkbox"/> Timiskaming | <input type="checkbox"/> Manitoulin | <input type="checkbox"/> Parry Sound |
| | <input type="checkbox"/> Nipissing | <input type="checkbox"/> Muskoka | |
| EAST | <input type="checkbox"/> Haliburton | <input type="checkbox"/> Renfrew | <input type="checkbox"/> Ottawa |
| | <input type="checkbox"/> Prescott and Russell | <input type="checkbox"/> Stormont, Dundas, and Glengarry | |
| | <input type="checkbox"/> Leeds and Greenville | <input type="checkbox"/> Lanark | |
| | <input type="checkbox"/> Frontenac | <input type="checkbox"/> Lennox and Addington | <input type="checkbox"/> Prince Edward |
| | <input type="checkbox"/> Hastings | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Kawartha Lakes |
| | <input type="checkbox"/> Durham | <input type="checkbox"/> Northumberland | |
| | | | |
| CENTRAL | <input type="checkbox"/> York | <input type="checkbox"/> Simcoe | <input type="checkbox"/> Dufferin |
| | <input type="checkbox"/> Peel | <input type="checkbox"/> Wellington | <input type="checkbox"/> Halton |
| | <input type="checkbox"/> Waterloo | | |
| WEST | <input type="checkbox"/> Grey | <input type="checkbox"/> Bruce | <input type="checkbox"/> Huron |
| | <input type="checkbox"/> Perth | <input type="checkbox"/> Oxford | <input type="checkbox"/> Brant |
| | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Niagara | <input type="checkbox"/> Haldimand |
| | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Elgin | <input type="checkbox"/> Middlesex |
| | <input type="checkbox"/> Lambton | <input type="checkbox"/> Chatham-Kent | <input type="checkbox"/> Essex |
| | | | |
- TORONTO**
- VIRTUAL** *(open to all)*

FASD Support Group Funding Request

***What amount of funding are you requesting?** *(All applicants may apply for up to \$4,500)*

***Do you anticipate that your group will experience barriers that would require additional support?** *(Accessibility, cultural barriers, remote areas)*

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***Please provide a brief overview of your plans for the funding and list partner agencies.** *(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.)*

***Please provide a brief summary of how the funding and activities will help your community.**

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ACTION PLAN TEMPLATE:

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

Sample:

Details of expenses <i>(What do you plan to do?)</i>	Budget <i>(What will each activity cost?)</i>	Participants <i>(Who will the activity support?)</i>	Monthly Timelines <i>(What is the timeline for each expense?)</i>	Expected Reach <i>(How many people will you help/support through each activity?)</i>	Intended Outcomes <i>(How will you know your activities are helping?)</i>
Group/event Facilitation	\$1,400				
e.g.: Hire Guest speakers (once/month) for FASD Support Group	\$1,000	Parents/Caregivers of children with FASD	June-September 2020	15 participants/session (4)	Participants will provide positive feedback and feel more informed about highlighted topic
e.g.: Childcare	\$400	Children with FASD	June-September 2020	10 children/session (4)	Group participation will increase due to increased accessibility for parents and caregivers to attend local groups
Training	\$1,750				
e.g.: 2 days educational workshop (Enhancing Care and Understanding of FASD)	\$1,750	Facilitators Volunteers Parents/Caregivers of children with FASD	July 2020	50 participants	More satisfaction, confidence, and competence in FASD skills and strategies to support their children/the community

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Transportation and Food	\$650				
e.g.: Snacks and refreshments	\$350	Parents/Caregivers of children with FASD	June-September 2020	15 participants/session (4)	
e.g.: Snacks and refreshments for children	\$200	Children with FASD	June-September 2020	10 children/session (4)	
e.g.: Transportation allocation for some families	\$100	Parents/Caregivers of children with FASD Children with FASD	June-September 2020	2-3 participants/session (4)	Group participation will increase due to increased accessibility for parents and caregivers to attend local groups
Resources, Technology and Program Materials	\$570				
e.g.: Create flyer/social media plan to promote group at local community sites	\$240	Parents/caregivers of children with FASD	Design: July 2020 Printing: August 2020 Sharing: September 2020	500 participants	Group attendance at weekly meetings will increase after flyers/social media campaign are public
e.g.: Wi-Fi allocation for some families (for virtual meetings)	150	Parents/caregivers of children with FASD	June-September 2020	25 participants/session (4)	Group participation will increase due to increased accessibility for parents and caregivers to attend
e.g.: Group supplies (booklets...)	\$180	Parents/caregivers of children with FASD Children with FASD	June-September 2020	25 participants/session (4)	
TOTAL	\$4,500				

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ACTION PLAN:

Please complete a new row for each activity. All activities must be completed, and all funds must be spent by **March 31, 2021**.

Details of expenses <i>(What do you plan to do?)</i>	Budget <i>(What will each activity cost?)</i>	Participants <i>(Who will the activity support?)</i>	Monthly Timelines <i>(What is the timeline for each expense?)</i>	Expected Reach <i>(How many people will you help / support through each activity?)</i>	Intended Outcomes <i>(How else will you know your activities are helping?)</i>
Group/event Facilitation					
Training					

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Transportation and Food					
Resources, Technology and Program Materials					
TOTAL					

If you need more space for your action plan, please send an email to Malou Gabert at m.gabert@healthnexus.ca.

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