

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 via email to FASDSupport@healthnexus.ca by **Wednesday, May 26, 2021**.

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>

FASD Support Group Information
<p>*Name of your FASD Support Group (Group name MUST mention city or area e.g., Thunder Bay FASD Support Group or A Night out with Friends- London ON):</p>
<p>*One-sentence description of the group:</p>
<p>*Location/address of your FASD Support Group (Please enter full mailing address, with postal code):</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 number: _____</p>
<p>*Has this funding been provided to you before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please specify:</p> <p><input type="checkbox"/> 2018-2019 Cycle <input type="checkbox"/> 2019-2020 Cycle <input type="checkbox"/> 2020-2021 Cycle</p>
<p>*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>*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?)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, please specify:</p> <p>If NO (no separate bank account and/or no sponsor), Health Nexus will hold the funds for your group.</p>

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

- 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)**

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

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

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

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

***What area will your group serve?** *(Please select all that apply)*

NORTH

- | | | |
|--------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Algoma | <input type="checkbox"/> Cochrane | <input type="checkbox"/> Kenora |
| <input type="checkbox"/> Manitoulin | <input type="checkbox"/> Nipissing | <input type="checkbox"/> Parry Sound |
| <input type="checkbox"/> Rainy River | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Thunder Bay |
| <input type="checkbox"/> Timiskaming | | |

EAST

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Frontenac | <input type="checkbox"/> Haliburton | <input type="checkbox"/> Hastings |
| <input type="checkbox"/> Kawartha Lakes | <input type="checkbox"/> Lanark | <input type="checkbox"/> Leeds and Greenville |
| <input type="checkbox"/> Lennox and Addington | <input type="checkbox"/> Muskoka | <input type="checkbox"/> Northumberland |
| <input type="checkbox"/> Ottawa | <input type="checkbox"/> Peterborough | <input type="checkbox"/> Prescott and Russell |
| <input type="checkbox"/> Prince Edward | <input type="checkbox"/> Renfrew | |
| <input type="checkbox"/> Stormont, Dundas, and Glengarry | | |

CENTRAL EAST

- | | |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Durham | <input type="checkbox"/> Toronto |
|---------------------------------|----------------------------------|

CENTRAL WEST

- | | | |
|-----------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Dufferin | <input type="checkbox"/> Peel | <input type="checkbox"/> Simcoe |
| <input type="checkbox"/> York | | |

WEST

- | | | |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Brant | <input type="checkbox"/> Bruce | <input type="checkbox"/> Chatham-Kent |
| <input type="checkbox"/> Elgin | <input type="checkbox"/> Essex | <input type="checkbox"/> Grey |
| <input type="checkbox"/> Haldimand-Norfolk | <input type="checkbox"/> Halton | <input type="checkbox"/> Hamilton |
| <input type="checkbox"/> Huron | <input type="checkbox"/> Lambton | <input type="checkbox"/> Middlesex |
| <input type="checkbox"/> Niagara | <input type="checkbox"/> Oxford | <input type="checkbox"/> Perth |
| <input type="checkbox"/> Waterloo | <input type="checkbox"/> Wellington | |

- VIRTUAL** *(open to all)*

***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 activities (e.g., regular meetings, events, workshops, etc.) your team has planned - 250 words maximum. Please provide specific details and costs on the following pages.

***In order for us to better appreciate the originality of this project, please provide a brief summary of how the funding and activities will help your group participants or community and build capacity for the FASD community.**

Fetal Alcohol Spectrum Disorder (FASD)
 Family and Caregiver Support Group Funding
 Application Form 2021-22



ACTION PLAN:

Please complete a new row for each activity.

All activities must be completed by **March 15, 2022**, and bookkeeping must be concluded by **March 31, 2022**.

Details of Expenses <i>(What do you plan to do?)</i>	Budget <i>(What will each budget item cost?)</i>	Participants <i>(Who will the activity support? e.g., adults with FASD, etc.)</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 successful? e.g., high attendance, reported satisfaction, etc.)</i>
Group/Event Facilitation				
Training				

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.

Please complete your application form electronically and submit it via email to: FASDSupport@healthnexus.ca.

APPENDIX

FASD Ontario Website: <https://new.fasinfotsaf.ca/>

FASD Family and Caregiver Support Group page: <https://new.fasinfotsaf.ca/fasd-support-groups/>

Application package:

- Application Form: https://new.fasinfotsaf.ca/wp-content/uploads/2021/03/FASDSubsidy_Application_2021-22.pdf
- Application Guidelines: https://new.fasinfotsaf.ca/wp-content/uploads/2021/03/FASDSubsidy_Guidelines_2021-22.pdf
- Frequently Asked Questions: https://new.fasinfotsaf.ca/wp-content/uploads/2021/03/FASDSubsidy_FAQs_2021-22.pdf

Facilitators Guide: Organizing FASD Family/Caregiver Support Groups:

<https://resources.beststart.org/product/j42e-fasd-support-groups-facilitators-guide-booklet/>