



APPLICATION FORM

PURPOSE: FASD Family and Caregiver Support Groups bring together people who are providing care for children, youth, or adults with FASD or for individuals with FASD or possible 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 with FASD.

Please refer to the corresponding [Application Guidelines](#) and [Frequently Asked Questions](#) for more information.

APPLICATION TIMELINES AND INSTRUCTIONS:

- The application form is available in English and French.
- Applicants must send their completed application form by **Monday, June 12, 2023:**
 - By email at FASDSupport@healthnexus.ca
 - By mail to Health Nexus, 240 Richmond St W, Toronto, ON M5V 1V6

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>
<p>*Signing officer:</p>	



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):</p>					
<p>Who is the FASD Support Group intended for? (Please select all that apply)</p> <p><input type="checkbox"/> Adults with FASD (or possible FASD) <input type="checkbox"/> Children with FASD (or possible FASD)</p> <p><input type="checkbox"/> Youth with FASD (or possible FASD) <input type="checkbox"/> Parents/Caregivers</p>					
<p>*One-sentence description of the group:</p>					
<p>*Location/address of your FASD Support Group (Please enter full mailing address):</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> <table><tr><td><input type="checkbox"/> 2018-19 Cycle</td><td><input type="checkbox"/> 2019-20 Cycle</td></tr><tr><td><input type="checkbox"/> 2020-21 Cycle</td><td><input type="checkbox"/> 2021-22 Cycle</td><td><input type="checkbox"/> 2022-23 Cycle</td></tr></table>	<input type="checkbox"/> 2018-19 Cycle	<input type="checkbox"/> 2019-20 Cycle	<input type="checkbox"/> 2020-21 Cycle	<input type="checkbox"/> 2021-22 Cycle	<input type="checkbox"/> 2022-23 Cycle
<input type="checkbox"/> 2018-19 Cycle	<input type="checkbox"/> 2019-20 Cycle				
<input type="checkbox"/> 2020-21 Cycle	<input type="checkbox"/> 2021-22 Cycle	<input type="checkbox"/> 2022-23 Cycle			
<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>					



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

- Yes No

If YES, please specify:

In some circumstances Health Nexus may hold the funds for your group.

***What are 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): _____

***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 Grenville |
| <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 areas)*



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

***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. Include the ways that you will show evidence of the impact of your group.**

Fetal Alcohol Spectrum Disorder (FASD)
 Family and Caregiver Support Group Funding
Application Form 2023-24



ACTION PLAN:

Please complete a new row for each activity.

All activities must be completed by **March 15, 2024**, and bookkeeping must be concluded by **March 31, 2024**.

Budget items <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 measure the impact of your activities?)</i>
Group/Event Facilitation <i>Direct supports you want to put into place for group participants (group sessions, webinars, events, etc.).</i>				
Training <i>For group leaders, volunteers and group participants to learn more about FASD strategies.</i>				

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Transportation and Food <i>Provided during activities or events.</i>				
Resources, Technology, and Program Materials <i>Purchases and, services necessary to deliver activities.</i>				
TOTAL				

If you need more space for your action plan, please contact 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: www.fasdinfotsaf.ca

FASD Family and Caregiver Support Group page: www.fasdinfotsaf.ca/gethelp

Application package:

- Application Form: https://fasdinfotsaf.ca/wp-content/uploads/2023/05/FASDSubsidy_Application_2023-24.pdf
- Application Guidelines: https://fasdinfotsaf.ca/wp-content/uploads/2023/05/FASDSubsidy_Guidelines_2023-24.pdf
- Frequently Asked Questions: https://fasdinfotsaf.ca/wp-content/uploads/2023/05/FASDSubsidy_FAQs_2023-24.pdf

Facilitators Guide: Organizing FASD Family/Caregiver Support Groups:
<https://resources.beststart.org/product/j42e-fasd-support-groups-facilitators-guide-dbooklet/>

Service Provider Training: FASD: A Shared Responsibility:
<https://training.fasdinfotsaf.ca/>