**Application FOR FUNDING**

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| **Application Date** | Click or tap here to enter text. |
| **Organization Name** | Click or tap here to enter text. |
| **Funding Period** | January 1, 2026, to December 31, 2026 |
| **Term** | 1 year |

**INSTRUCTIONS FOR COMPLETING APPLICATION**

1. The Domestic Violence Prevention Grant application consists of 3 parts:
   1. Application
   2. Budget Template
   3. Supporting Documents
2. Before starting, review the 2026 Grant Information & Guide in its entirety.
3. Complete all sections of this application to the best of your ability.
4. If you have any questions, please contact:

Community Social Development

City of Spruce Grove

Email: csd@sprucegrove.org

Phone: 780-962-7618 (press 5)

*This information that you provide to the City of Spruce Grove is collected under the authority of the Protection of Privacy Act (POPA) under section 4(c). The information will be used for the purpose of managing the grant application and approval process. All personal information will be used and managed in accordance with Part 1 of POPA. If you have any questions about the collection, use and disclosure of personal information, please contact the Access and Privacy Office at 780-962-2611 or by email:* [*ATIA@sprucegrove.org*](mailto:ATIA@sprucegrove.org)*.*

**SECTION A: ORGANIZATION INFORMATION**

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| 1. **Organization Legal Name**  Click or tap here to enter text. | |
| 1. **Organization Operating Name** (how you are known in the community)   Click or tap here to enter text. | |
| 1. **Year Established**  Click or tap here to enter text. | 1. **Organization Type**   Non-Profit Charity |
| 1. **Is your organization currently in good standing with its governing body, including having submitted the most recent annual return on time and meeting all compliance requirements?** Yes No   *If no, please explain:*  Click or tap here to enter text. | |
| 1. **Organization Primary Address**   **Street:** Click or tap here to enter text.  **City/Town:** Click or tap here to enter text.  **Province:**  **Postal Code (A1A 1A1)**:Click or tap here to enter text. | |
| 1. **Organization primary contact for questions about this grant application**   **Name:** Click or tap here to enter text.  **Position:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text. | |
| 1. **organization mission, vision, and primary activities**   Click or tap here to enter text. | |

**SECTION B: ORGANIZATIONAL EFFECTIVENESS**

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| 1. **Does your organization have the following in place?**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Document** | **Yes** | **No** | **In Development** | **Notes / Description** (e.g., year adopted, last updated) | | **Organizational Bylaws** |  |  |  | Click or tap here to enter text. | | **Strategic Plan** |  |  |  | Click or tap here to enter text. | | **Board Governance Policies**  (e.g., Roles & Responsibilities; Code of Conduct; Conflict of Interest) |  |  |  | Click or tap here to enter text. | | **Operational Policies**  (e.g., DEI, HR, Financial Oversight) |  |  |  | Click or tap here to enter text. | |
| 1. **Previous Year’s Outputs**   **Number of unique individuals served in the past year:** Click or tap here to enter text.  **Number of Spruce Grove residents supported:**  Click or tap here to enter text.  **Number of Parkland County residents supported:** Click or tap here to enter text. |
| 1. **Community Collaboration**   **Does your organization collaborate with other community groups to address domestic violence and/or abuse at the community level?**  Yes   No  *If yes, please identify the community groups involved and describe the nature and scope of your collaboration.*  Click or tap here to enter text. |
| 1. **Diversity, Inclusion, Equity, Belonging**   **Does your organization charge for the programs and services it provides?**  Yes  No  *If yes, how do you accommodate lower-income individuals and families?*  Click or tap here to enter text.  **Describe the actions your organization takes to support diversity and create an inclusive environment?**  Click or tap here to enter text. |

**FOR SECTIONS C & D:** Provide information only about the programs/services for which you are requesting funding. You will be required to report on these specific activities if funding is approved.

**SECTION C: PROGRAM/SERVICE DESCRIPTION**

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| 1. **Program/Service Name(s)**   Click or tap here to enter text. |
| 1. **New, Existing, or Expanded Program/Service**   New program/service  Continuation of existing program/service with no expansion  Expansion of established program |
| 1. **Total Requested Funding:** Click or tap here to enter text. |
| 1. **Program/Service(s) Summary**   Provide a broad overview of the program/service(s) goals and objectives, expected results, and target group.  Click or tap here to enter text.  How do these program/service(s) meet the objectives and priorities of this grant?  Click or tap here to enter text.  Describe the need, issue, or gap the program/service(s) aims to address including any relevant statistics or background information.  Click or tap here to enter text.  Provide any data, evidence, or research that helped guide the development of the program/service(s).  Click or tap here to enter text.  Number of unique participants from Spruce Grove you anticipate the funded program/service(s) will serve annually.  Click or tap here to enter text.  Will the community you serve be involved in planning and delivering the program/service(s)?  Yes  No  *If yes, describe how:*  Click or tap here to enter text. |
| 1. **Access for Spruce Grove Participants Will the program/service(s) be provided within the City of Spruce Grove boundary?**   **Yes  No**  ***If no, how will your organization ensure that Spruce Grove residents can access the program/service(s), and are you able to offer the funded programs or services within Spruce Grove?***  Click or tap here to enter text.  **Describe how you will measure and demonstrate that Spruce Grove residents are successfully accessing the program/service(s).**  Click or tap here to enter text. |
| 1. **Measures and Outcomes What specific outcomes are the program/service(s) expected to achieve with this grant funding?** Click or tap here to enter text.   **Provide the specific measures you will use to evaluate these outcomes.**  Click or tap here to enter text. |

**SECTION D: FINANCIAL**

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| 1. **Current Domestic Violence Prevention Grant Funding Is your organization currently funded (in full or in part) by the Domestic Violence Prevention Grant?** Yes  No   ***If yes, is it meeting the expected outcomes for the current funding period?*** Yes  Partially  No  If you selected “Partially” or “No,” please provide a brief explanation of the challenges encountered and the steps taken to address them:  Click or tap here to enter text. |
| 1. **Program/Service(s) Budget**   Provide a detailed budget for the proposed program/service(s) using the attached Excel worksheet. List costs by category (e.g., personnel, materials, training).  Click or tap here to enter text. |
| 1. **Additional Funding Sources**   List all other confirmed and potential sources of funding and in-kind support for the proposed program/service(s) using the attached Excel worksheet. |
| 1. **Impacts of Funding**   Briefly explain why this funding is necessary for the success of the program/service(s) (justify the need for the request).  Click or tap here to enter text.  What would be the impact if your organization does not receive the full requested funding?  (e.g., would the program/service(s) still be implemented, would it be scaled back, or would certain components be delayed or cancelled?)  Click or tap here to enter text. |

**SECTION E: ADDITIONAL CONSIDERATIONS**

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| 1. **Alignment with City of Spruce Grove’s Guiding Principles**   The City’s [Social Sustainability Plan Refresh 2023](https://www.sprucegrove.org/media/6480/spp-refresh-of-the-refresh-20230529-edited-document-final-uploaded-to-web.pdf) acts as a guide for achieving long-term goals and provides objectives and actions that address complex social issues. The strategies included in the plan are designed to strengthen the existing social fabric of the community by working with partners to raise awareness of social issues and support initiatives that enhance social well-being.  *Please select all strategies that most closely align with your organization and/or the proposed initiative(s) in this grant application. You may choose more than one, but only where your initiative has a clear and direct connection.*  **THEME 1 – Supporting the HEALTH, HAPPINESS and WELL-BEING of residents**  Goal 1: Access to Supports for Well-Being  Community organizations have access to training and professional development.  Residents can access a variety of mental health programs and supports.  Residents impacted by complex issues feel understood and supported.  Goal 2: Safe and Healthy Relationships  Residents can access prevention programs and initiatives to support safe, healthy relationships.  Goal 3: Living Free from Violence/Abuse  Community groups collaborate to reduce and eliminate domestic violence/abuse.  Victims of abuse are supported with local services, resources, and stabilization supports.  Goal 4: Strong Community Connections  Residents and groups can access resources to strengthen community connections.  Partnerships promote diversity, inclusion, equity, and belonging (DIEB).  Residents have opportunities to shape strategies that address community priorities. |
| 1. **Additional Information**   If there is anything not already addressed in this application that you feel would help us better understand your organization or the proposed program/service(s), please provide it here.  Click or tap here to enter text. |

**SECTION F: DECLARTION & AUTHORIZATION**

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| **I, as the authorized individual, hereby declare that:**   1. The information provided in this application is accurate, complete, and truthful to the best of my knowledge. 2. A detailed budget is included, along with all required supporting documentation. 3. I am authorized to submit this application on behalf of the organization named within. 4. I understand that late applications will not be accepted. 5. I understand that, if awarded, the organization will enter into an agreement outlining specific terms for fund use, reporting, and compliance with grant requirements. 6. The organization consents to any follow-up communications or evaluations conducted by the grantor if necessary.   **Name of authorized individual:** Click or tap here to enter text.  **Title:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.  **Date:** Click or tap here to enter text. |