

Collaboration Grant

Collaboration Grants are allocated under the Strathcona County Social Framework Community Grants [Policy](#) (SER-005-001). The purpose of Collaboration Funding is to support the non-profit sector to mobilize partnerships and collective resources to address community-wide social issues. Collaboration Grants are **available for one, two or three years of funding**. Organizations may only submit one Collaboration Funding application per year as the primary applicant (fiscal agent). An organization may be the fiscal agent for no more than one active core and one active collaboration grant at a time.

Resources and Assistance

For information on definitions, eligibility criteria, evaluation criteria and other details, refer to the Social Framework Community Grants [Guidelines](#) and the Social Framework Community Grants [Policy](#) available on the Strathcona County Website www.strathcona.ca/fcsgrants.

At least one orientation session for organizations will be conducted during the application period. Contact Family and Community Services for details.

If you require additional information or assistance, call (780) 464-4044 or visit Family and Community Services by appointment at 2nd Floor, East Wing Community Centre, 401 Festival Lane, Sherwood Park, AB, T8A 3W7. Mail can be directed to the address at the top of this application.

Eligibility

Eligibility criteria include:

- Two or more organizations must submit a joint application. Single organizations are not eligible.
- At least one of the applicants must be a registered non-profit group in good standing.
- Applicants must be able to provide social supports in Strathcona County.
- An organization and/or proposal that is primarily mandated with a sports or recreation focus is ineligible.
- Proposed activities must be based and delivered primarily in Strathcona County and primarily benefit Strathcona County citizens.
- The fiscal agent must not already receive direct financial assistance through the municipal annual budget process¹.
- Voting members of the Board must not currently hold paid staff positions in the organization.
- Programming must not substantially duplicate services provided by a government or government agency.

¹ For the purposes of this process, direct financial assistance does not include a Strathcona County Social Framework Core Grant, Strathcona County Council Priority Funds, Strathcona Community Investment program or Arts Culture and Heritage Community Investment program. It also does not include indirect support from Strathcona County to groups including staff consultations, reduced rates for services or facilities, or other indirect support as specified in existing Strathcona County policies.

Eligible and Ineligible Expenses

Funding is provided for costs related to collaborative project stages, i.e. project planning and materials, delivery and evaluation (e.g. administrative, delivery, facility and technical material assistance). Eligible and ineligible expenses are outlined in the Strathcona County Social Framework Community Grants [Guidelines](#). Further details are available in the Social Framework Community Grants [Policy](#).

Application

The **submission deadline** for 2023 Collaboration Funding is **noon on October 17, 2022**. The original, signed grant application and required supporting documents must be received by Strathcona County Family and Community Services by the deadline. Late applications may not be accepted. Incomplete applications or those lacking required supporting documents may not be considered.

Evaluation of Application

Priority is given to prevention and early intervention services. Consideration may be given to intervention services as determined by evidence of community need. Other evaluation criteria are outlined in the Social Framework Community Grants [Guidelines](#) and the Social Framework Community Grants [Policy](#).

During the review process, applicants may be asked to present their initiative to the Community Grants Advisory Committee. Applicants may also be contacted by the Grants Team to discuss changes in application scope and/or budget.

Grant Allocations

Recommendations from the Community Grants Advisory Committee will be presented to Strathcona County Council for granting allocation decisions, normally made during the first quarter of each calendar year. Successful and unsuccessful applicants are promptly notified of the results.

Successful grant recipients will sign a Grant Agreement to receive funds. Successful applicants must adhere to reporting time-lines, information requirements and other conditions outlined in the Grant Agreement.

Collection and Use of Personal Information

Personal information is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer the Social Framework Community Grants Program. Please be aware that the name of the organization, description of the project, and grant value may be made public as allowed or required by law. If you have any questions regarding the collection, use, or disclosure of this information, contact the Coordinator, Finance & Strategy at 780-464-4044.

Part A: Application Information

Proposal Summary

A1. Fiscal Agent Name _____
The legal registered name of the fiscal agent organization that is applying.

A2. Partner Organization Name(s) _____
The legal registered name(s) of the partner organization(s) that is/are applying.

A3. Proposal Title (15 words) _____
The title of your initiative, program or project.

A4. Confirm you are applying for a Collaboration Grant _____

A5. Check the type of initiative you are proposing. (Refer to the [Guidelines](#) for definitions)

- ☐ A project
☐ A program

A6. Funding Request Year 1 \$ _____ Year 2 \$ _____ Year 3 \$ _____

What is your funding request per year? Collaboration Grants are available for one, two or three years. Fill in all three years. Please fill in \$0 for the years you are not applying.

Organization Information

FISCAL AGENT ORGANIZATION (A fiscal agent is the organization that agrees to accept and be responsible for the grant funds on behalf of the collaboration.)

A7. Fiscal Agent Date of Incorporation _____
Date (YYYY/MM/DD)

A8. Fiscal Agent Next Annual General Meeting Date _____
Date (YYYY/MM/DD)

A9. Fiscal Agent Board Members
List the current board members and their roles.

Board Members	Roles

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A10. Fiscal Agent Main Contact (Name and Title) _____

The name and title of the Executive Director or principal person responsible for the proposal.

A11. Fiscal Agent Main Contact

Phone Number

Email Address

A phone number and email address for the Main Contact.

A12. Fiscal Agent Supporting Contact (Name and Title) _____

The name and title of the Board Chair or President, or another senior contact responsible for the proposal.

A13. Fiscal Agent Supporting Contact

Phone Number

Email Address

A phone number and email address for the Supporting Contact.

A14. Fiscal Agent Organization Contact

Phone Number

Email Address

Address

Website

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PARTNER ORGANIZATION(S)

PLEASE COMPLETE FOR EACH ORGANIZATION IN THE COLLABORATION

A15. Partner Organization Name: _____

A16. Partner Organization Date of Incorporation: _____
Date (YYYY/MM/DD)

A17. Partner Organization Next Annual General Meeting Date: _____
Date (YYYY/MM/DD)

A18. Partner Organization Board Members
List the current board members and their roles.

Board Members	Roles

A19. Partner Organization Main Contact (Name and Title) _____
The name and title of the Executive Director or principle person responsible for the proposal.

A20. Partner Organization Main Contact _____
Phone Number _____ Email Address _____
A phone number and email address for the Main Contact.

A21. Partner Organization Supporting Contact (Name and Title) _____
The name and title of the Board Chair or President, or another senior contact responsible for the proposal.

A22. Partner Organization Supporting Contact _____
Phone Number _____ Email Address _____

A23. Partner Organization Information _____
Phone Number _____ Email Address _____

_____ Address _____ Website _____

**IF THERE ARE MORE ORGANIZATIONS IN THE COLLABORATION, PLEASE COPY THIS PAGE
AND ADD THE ABOVE INFORMATION AS AN ATTACHMENT**

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Part B: Organizations at a Glance

The questions in this section are an opportunity for you to describe each organization. Complete this section per applicant. If there are more applicants in the collaboration, make copies of page 7 and complete B4-B6 for each additional partner organization and include the information as an attachment. In Part C, you will have a chance to describe the specific work you are applying for together.

FISCAL AGENT

B1. For the Fiscal Agent, what is the vision and/or mission of your organization? (100 words)

B2. For the Fiscal Agent, provide a brief overview of your organization including its mandate and programs or services. (175 words)

B3. For the Fiscal Agent, describe your organization's strengths or successes. (150 words)

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PARTNER ORGANIZATION(S)

Partner Organization Name: _____

B4. For the Partner Organization, what is the vision and/or mission of your organization? (100 words)

B5. For the Partner Organization, provide a brief overview of your organization including its mandate and programs or services. (175 words)

B6. For the Partner Organization, describe your organization's strengths or successes. (150 words)

ALL APPLICANTS OF THE COLLABORATION

B7. For all applicants, describe why your organizations chose to work together and your approach to collaboration. (200 words)

Part C: Proposal

The questions in this section are an opportunity for you to describe the work you are proposing, and how it aligns with the priorities of the Social Framework Collaboration Grant.

Proposal

C1. Pitch your proposal in two sentences. (75 words)

The first sentence should explain what you are trying to achieve. The second sentence should explain how you intend to achieve it. You will have the opportunity to elaborate on your proposal below.

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C2. Describe your proposal in detail. (500 words)

Explain your proposed strategies, techniques and activities. What will you do? If appropriate, include your anticipated outputs such as numbers of programs, events and individuals.

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C2. (Continued) Describe your proposal in more detail. (500 words)

Explain your proposed strategies, techniques and activities. What will you do? If appropriate, include your anticipated outputs such as numbers of programs, events and individuals.

C3. Describe the specific role and contributions of each organization involved in the collaboration. (500 words)

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C3. (Continued) Describe the specific role and contributions of each organization involved in the collaboration. (500 words)

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C4. Identify 3 to 5 deliverables that your initiative will achieve with Collaboration funding. (150 words)

*Please answer in point form. Deliverables should be measurable. Should you be a successful recipient, your three to five deliverables will be identified in your granting agreement and **form the basis for your reporting**.*

C5. What community need, opportunity or issue are you addressing? What evidence do you have to support this need? (150 words)

Use statistics, research, anecdotes and/or other relevant sources of information.

C6. What is your goal or objective? (100 words)

Consider using point form with three to four points.

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C7. What supports your solution or approach? (100 words)

Consider drawing on research, experience from your organization, or best practices from other organizations or communities. If your idea is new, what inspired it?

C8. Who will benefit from your proposal? (150 words)

Who are your beneficiaries? Include estimated numbers of beneficiaries. Does your initiative support diverse populations? Confirm that your initiative will be delivered in Strathcona County and primarily benefit Strathcona County residents.

C9. What are your strategies to reduce barriers and be inclusive? (100 words)

Do your beneficiaries face barriers to participation and inclusion? How do you propose to reduce any anticipated barriers?

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C10. What will you be doing that is unique in Strathcona County? Describe how your proposal will leverage the work others are doing. (150 words)

How is your role or approach distinct from other services, organizations or government services?

C11. How will you evaluate your work? (150 words)

Provide a brief summary of your proposed approach to evaluation. How will you know whether you have been successful? How do you anticipate incorporating learnings from this initiative into this or other work?

Outcome Alignment

C12. What is the PRIMARY focus of your proposal?

Prevention _____ Early Intervention _____ Intervention _____

Check ONLY ONE. If your proposal will address more than one area, select only the area where most of the grant dollars will be allocated. Definitions are included in the Strathcona County Social Framework Community Grants guidelines.

C13. Choose at least **one (1)** Social Framework Outcome and at least **one (1)** corresponding indicator that your initiative aligns with most closely. Should you be a successful grant recipient, the outcomes and indicators you choose will be the ones you report on in your grant report.

- ☐ **Affordability** - "Citizens have the capacity to meet their basic needs."
Indicators: (choose at least one indicator)
- ☐ Participants demonstrate an increased awareness of the barriers to meeting their basic needs.
 - ☐ Participants report an increased knowledge of resources to access subsidies and affordable services in the community.
 - ☐ Participants demonstrate an increased ability to meet their basic needs.
- ☐ **Safety** - "Citizens feel physically, emotionally, spiritually and mentally safe."
Indicators: (choose at least one indicator)
- ☐ Participants report an increased understanding of the factors which affect safety.
 - ☐ Participants report an increased knowledge of community resources to address safety.
 - ☐ Participants demonstrate increased capacity to make choices which support safety and well-being.
- ☐ **Access to programs and services** - "Citizens have straightforward access to programs and services that are easy to find."
Indicators: (choose at least one indicator)
- ☐ Participants report an increased knowledge of programs and services in the community.
 - ☐ Participants report increased ease and ability to navigate programs and services in a way that is physically, emotionally, spiritually and mentally safe for them.
 - ☐ Participants demonstrate increased engagement with programs and services which help them address their identified needs in ways that are meaningful to them.
- ☐ **Connectedness and inclusion** - "Citizens are connected to one another and their individual differences are valued and respected."
Indicators: (choose at least one indicator)
- ☐ Participants are aware of opportunities to meaningfully engage with their community.
 - ☐ Participants report an increased sense of belonging/inclusion in their community.
 - ☐ Participants demonstrate an increased ability to engage in meaningful ways with their community.

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C14. Choose at least **one (1)** Strathcona County Common Outcome and at least **one (1)** corresponding indicator that your initiative aligns with most closely. Should you be a successful grant recipient, the outcomes and indicators you choose will be the ones you report on for your annual/final grant report.

- ☐ **Resilient individuals** - "Citizens have the skills to address identified issues."
- Indicators:** (choose at least one indicator)
- ☐ Participants demonstrate characteristics that are likely to help them address their identified issues.
(i.e.- Resiliency, optimism, positive self-esteem, sense of meaning/ purpose, belief systems and/or healthy sense of identity).
 - ☐ Participants demonstrate that they have the capacity to navigate the options and resources available to them.
 - ☐ Participants demonstrate an increased capacity to address their identified issues.
- ☐ **Thriving families** - "Citizens have increased family function."
- Indicators:** (choose at least one indicator)
- ☐ Participants report increased awareness of the elements of a healthy, stable family environment.
 - ☐ Participants report a positive change in their family's routine.
 - ☐ Participants demonstrate increased positive interactions among family members.
(i.e.- listening to each other, accepting each other for who they are, praising each other, solving problems together and/or supporting other family members to feel good about themselves/ each other).
- ☐ **Welcoming and engaged community** – "Citizens feel positive about their involvement in the community."
- Indicators:** (choose at least one indicator)
- ☐ Participants demonstrate an increased interest in community activities or groups.
(i.e.- try activities that are new to them, get involved in volunteering for or organizing community activities and/or become part of a group of people with common interests).
 - ☐ Participants report being involved in activities that are meaningful and significant to them.
 - ☐ Participants report that they enjoy spending time in their community.
- ☐ **Strong sector** - "Community organizations effectively deliver services, collaborate and adapt to changing circumstances."
- Indicators:** (choose at least one indicator)
- ☐ Organizations report making evidence-based improvements to their practice/ policy.
 - ☐ Organizations demonstrate training or practices which strengthen organizational capacity.
(i.e.- board and financial governance, succession planning, evaluation support, new partnerships and/or use of volunteers).
 - ☐ Organizations report increased capacity to engage in collaborative efforts.
 - ☐ Organizations report that they are better able to meet community needs due to collaborative efforts.

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C15. Describe how your proposal aligns with the outcomes you selected. *(175 words)*

C16. Is there other information that should be considered in the evaluation of your proposal? *(175 words)*

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Part D: Funding

The questions in this section are an opportunity for you to present the budget for your proposal. Refer to the application guidelines for additional instructions and definitions.

(SFCC/CG = Social Framework Community Core and/or Collaboration Grant)

D1. Does the fiscal organization hold a current SFCC/CG?

- ☐ Yes
☐ No

D2. Do you anticipate grant money to remain after March 2023?

- ☐ Yes
☐ No

D3. If you answered yes to D2, how much do you anticipate will remain. \$ _____

D4. Does the fiscal organization have outstanding SFCC/CG financial or outcomes reports due to Strathcona County Family and Community Services? (check one)

- ☐ Yes
☐ No

D5. If you answered yes to D4, when do you expect to submit the outstanding report? _____
Date (YYYY/MM/DD)

D6. In addition to the Social Framework Community Collaboration Grant, what other sources of funding will contribute to your proposal?

Source	Amount	Secured	Tentative/Pending

Please identify the source of funding, the amount, and whether it is secured, or tentative (waiting on results).

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D7. Complete the financial table below. Identify the total revenue and expenses associated with your project or program only. Complete only for the years for which you are applying for funding.

For the Year 1 budget, indicate the dollar allocations for the Fiscal Agent organization and for all Partner Organizations combined. For subsequent years, enter the overall budget for your proposal.

Note: Omit commas when entering values (e.g.: for ten thousand enter \$10000.00 not \$10,000.00)

Complete the financial table for the year(s) for which you are applying for funding.	Year 1 Proposal Budget		Year 2 Proposal Budget	Year 3 Proposal Budget
	Fiscal Agent	Partner(s)		
Revenues				
Strathcona County Social Framework Grant	\$	\$	\$	\$
Other Government Grants	\$	\$	\$	\$
Other Agency Grants or Subsidies	\$	\$	\$	\$
Donations	\$	\$	\$	\$
Membership Fees	\$	\$	\$	\$
Program Fees	\$	\$	\$	\$
Other (please specify)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Revenues	\$	\$	\$	\$
Expenditures				
Salaries and Benefits				
Full-Time Positions	# \$	# \$	# \$	# \$
Part-Time Positions	# \$	# \$	# \$	# \$
Administration	\$	\$	\$	\$
Program Supplies and Materials	\$	\$	\$	\$
Professional / Contracted Services	\$	\$	\$	\$
Staff Training and Development	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Facility Costs	\$	\$	\$	\$
Other (please specify)				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Expenditures	\$	\$	\$	\$
Net Difference	\$	\$	\$	\$

Part E: Supporting Documents

Required

E1. Most recent Year End Audited Financial Statements from the fiscal agent and from each partner organization, signed by either an external auditor or two designated members of the Board, are attached.

Optional

You can include material to support your application, but it is not guaranteed that it will be reviewed or considered as part of the evaluation of your proposal.

E2. Strategic Plan _____
Enter the web address for the document or type 'attached' if it is attached to your application.

E3. Annual Report _____
Enter the web address for the document or type 'attached' if it is attached to your application.

E4. Other Supporting Material _____
Enter the web address for the document or type 'attached' if it is attached to your application.

Part F: Signing Authority – Fiscal Agent

I certify that:

- a quorum of board members has approved this application and that the decision is recorded in the minutes of a board meeting that can be provided to Strathcona County on request,
- on request, my organization will provide to Strathcona County the minutes for the most recent Annual General Meeting, Bylaws, or incorporation documents,
- voting board members do not hold paid staff positions in the organization,
- attached year-end financial statements are accurate, and that
- to the best of my knowledge, the grant application information is correct.

Name of Board Member (print)
(with signing authority)

Signature

Date (YYYY/MM/DD)

Name of Board Member (print)
or Executive Director
(with signing authority)

Signature

Date (YYYY/MM/DD)

IMPORTANT: Application **MUST** be signed by TWO people