



Calgary's Building Safer Communities Fund

Funding Application Form

Applications due September 19, 2022 by 11:59 pm (MST)

ALL INFORMATION PROVIDED IS PUBLIC

*This form is provided for reference only.
Please submit using [Funding Information Management System \(FIMS\)](#).*

BACKGROUND

All Calgarians deserve to feel safe and connected. Recognizing community concerns regarding urban violence, The City of Calgary and Public Safety Canada are working together to build safer and more resilient communities through the Building Safer Communities Fund (BSCF). The intent of Calgary's BSCF initiative is to provide targeted, time-limited investments to support community organizations to further develop and enhance community-based prevention and intervention strategies specifically for young people, to reduce gun and gang violence in Calgary.

Organization Information

Organization Name:	
Act Registered Under:	
Registration Number:	
Year of Registration:	
Website:	
Mailing Address:	
Street Address (if different from mailing address):	
Primary Contact:	
Phone Number:	
Email address:	
Program Lead:	
Phone Number:	
Email Address:	

1. To help us get to know your organization better, does your organization have the following in place? If the items in the list below have not been previously submitted to The City, please upload them in FIMS in the 'Documents' section. These documents will be required for this application process .	Yes	No
Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Organization Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
List of Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan, including vision and mission	<input type="checkbox"/>	<input type="checkbox"/>
Organization's most recent audited financial statement	<input type="checkbox"/>	<input type="checkbox"/>

Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>
Board Governance Policies	<input type="checkbox"/>	<input type="checkbox"/>
Business Plan for the program	<input type="checkbox"/>	<input type="checkbox"/>
Commercial General Liability insurance (No less than 2 million dollars)	<input type="checkbox"/>	<input type="checkbox"/>
Operational Policies and Practices (e.g. <i>Financial Policies, Human Resources Policies, Business Continuity Plan, Diversity and Inclusion policies, Information and Technology Plan etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Comments (<i>Explain if your organization does not have all items listed above</i>)		
<i>Text, Optional, 1000 characters max</i>		

2. Briefly describe your organization.
<i>Text, Required, 3000 characters max</i>

3. Please provide an overview of your experience and capacity providing the prevention or intervention social services to the population you intend to serve in this proposal. Points to consider: Has your organization completed similar work before? Is your organization ready to support this proposed initiative/program starting in Q1 of 2023?
<i>Text, Required, 3000 characters max</i>

4. Are there any challenges or emerging issues within the organization? If so, how are they being addressed?
<i>Text, Optional, 3000 characters max</i>

Partnership Information

5. Are you proposing a partnership with another organization for this funding application?
<input type="checkbox"/> Yes
<input type="checkbox"/> No

6. If this is a partnership, please provide the organization name(s) and contact information below.
<i>Text, Optional, 1000 characters max</i>

7. Describe the contribution and/or role of each partner.
<i>Text, Optional, 2000 characters max</i>

8. Are the partners named above aware and in agreement with this funding application?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Not applicable

Initiative/Program Information

9.1 Proposed Initiative Name:	Text		
9.2 Initiative or Program Contact Information (if different from recipient contact information above):	Text		
Organization Name:	Text		
Address:	Text	Postal Code:	Text
City:	Text		
Organization website (if applicable):	Text		
9.3 Program Delivery Location(s)			
Provide the postal code for each location the program will be delivered or indicate if the program will be delivered exclusively online.			
Text, Required, 500 characters max			

10.1 In accordance with Public Safety Canada, please identify which type of program/initiative is being implemented (Select only one)	<input type="checkbox"/>	Public Safety Crime Prevention Inventory (CPI) identified model program
	<input type="checkbox"/>	Existing program or initiative with incremental change (new program model, new population, new service provision, etc.) See Q 10.2 below.
	<input type="checkbox"/>	New or innovative program or initiative

10.2 If you selected existing program or initiative with incremental change, please explain this change. (new program model, new population, new service provision, etc.?)
Text, 500 characters max

11.1 Primary Priority Outcome Area (Please select the primary outcome area most aligned or relevant with your proposed program/initiative – select only one)	<input type="checkbox"/>	Improved access to gang-exiting and early intervention programs.
	<input type="checkbox"/>	Increased availability to culturally appropriate programming options.
	<input type="checkbox"/>	Enhanced formal support for parents and families of youth engaged in gang activity.
	<input type="checkbox"/>	Strengthened access to mentorship, guidance, outreach, and support for gang-involved individuals.

11.2 Secondary Priority Outcome Area (Optional & only if applicable) (Should your proposed program/initiative have more than one outcome area, please select a secondary outcome area – select only one)	<input type="checkbox"/>	Not Applicable
	<input type="checkbox"/>	Improved access to gang-exiting and early intervention programs.
	<input type="checkbox"/>	Increased availability to culturally appropriate programming options.
	<input type="checkbox"/>	Enhanced formal support for parents and families of youth engaged in gang activity.
	<input type="checkbox"/>	Strengthened access to mentorship, guidance, outreach, and support for gang-involved individuals.

12. Initiative/Program/Project Description

Please provide a high level description of the initiative/program or project, purpose, scope and alignment with the outcomes indicated in 11.1 & 11.2. Additionally, please provide the demonstrative need for this initiative/program. The description should include clear and achievable objectives that are described in terms of quantifiable and measurable goals to be achieved through the initiative/program period.

Required, 3000 characters max

13.1 Please describe your primary Target Population(s) (if/where applicable)

A short paragraph about the need of the population to be served, including any relevant statistical or contextual information. Please indicate if your initiative/program has a specific target population that will benefit from your services, including but not limited to the following categories: Ethnicity, Indigenous People, Gender (men/women/all), Sexual Orientation, Age, Religion, Disability, Immigration Status.

Text, Required, 3000 characters max

13.2 Identify the age group of the participants that the initiative/program will serve/support
(Select all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Ages 6-11 Children (and their families if applicable) |
| <input type="checkbox"/> | Ages 12-17 Youth (and their families if applicable) |
| <input type="checkbox"/> | Ages 18-26 Young Adults (and their families if applicable) |

13.3 Program Flow Through & Capacity

How many participants will be served in your program annually? What is the maximum number of participants that your initiative/program can serve at one time?

Text, Required, 3000 characters max

14.1 Strategy

Please describe the continuum of services and specific strategies that will be used by this initiative to achieve the outcomes indicated, including **WHO** the program is aimed at (target audience), **WHAT** will be done (program content), **WHERE** and **HOW** it will be delivered, and **WHEN**. This should include **information on frequency, duration, and project cycle** (e.g., runs two hours per day three days per week in quarterly cycles).

Text, Required, 3000 characters max

14.2 Rationale:

A summary of why the chosen strategy is being used.

Text, Optional, 3000 characters max

15. Systems Integration:

How does this proposed initiative/program align with existing programs and services available in the community? What sets this proposed initiative/program apart from others (unique value proposition)? How will this initiative/program work with others in the community?

Text, Optional, 3000 characters max

16. Program Safety:

Given the nature of the work outlined in this BSCF opportunity, please describe how your proposed initiative/program will foster an environment of safety among program participants, between staff and program participants, as well as for other community members.

Text, Optional, 3000 characters max

17. Project Outcomes and Measures:

How do you plan to measure success of the initiative/program or project? Provide a summary of how the outcomes selected will be measured or evaluated, including any indicators.

Identify your proposed outcomes and describe the linkages with the demonstrated need, the BCSF program objectives and outcomes (found in Q. 10 & 11.1/11.2), the objectives of your proposed initiative/program as well as with the project activities (found in Q. 12 & 14).

If you currently have outcomes/measures/indicators for your initiative/program, please share them. These items can be uploaded in FIMS in the 'Documents' section.

Text, Required, 5000 characters max

18. How does your initiative/program integrate equity, diversity, and inclusion principles into its work?

Consider how will your initiative/program assess/address the potential impacts of policies, programs, services, and other initiatives on diverse groups of women and men, taking into account gender and other identity factors. This includes other intersecting factors beyond gender such as age, education, language, geography, culture and income.

Describe how the needs of the above groups will be addressed. If there are none to be considered, provide a rationale as to why.

Text, Required, 3000 characters max

19. Given the time limited nature of the BCSF program funding, please describe your plan upon the end of the funding term (March 31, 2026).

Please provide information below regarding sustainability activities you plan to implement throughout the lifecycle of the project.

Text, Required, 3000 characters max

Other

20. What are the implications to this program and organization if you do not receive the full amount requested?

Text, Required, 1000 characters max

21. In making this application, I declare that I have read the call for funding proposals and, to the best of my knowledge and belief, the information provided is truthful and accurate and I am truly authorized to make this application on behalf of the Organization.

Yes or No

22. Describe each position, required qualifications, hours per week, annual salary, and benefits provided (percentage) that are supported by this funding.

Text, Required, 4000 characters max

23. How did your organization hear of this funding opportunity? Choose from below:

- Website
- Social Media
- Word of mouth
- FIMS notification
- City of Calgary website
- City of Calgary email or newsletter
- Other (please specify below)

Text, Optional, 1000 characters max

24. In the spirit of continuous improvement, what feedback can you offer The City of Calgary regarding this application process?

Text, Optional, 1000 characters max

Salary Information – See salary in FIMS

In this section you will be asked to provide information on each position that you are requesting funding for, which includes the following:

- New or existing position
- Position title
- Position description
- Required qualifications
- Hours per week
- Hourly or salaried pay
- Pay rate
- Benefits provided (% of salary)

Budget

This portion of the application includes multiple columns:

- | | |
|--|---|
| <u>Column</u>
Current Approved Budget | <ul style="list-style-type: none">• Enter your most recent program budget for the entire organization's fiscal period.• In the Revenue section, include all sources of revenue, i.e. federal and provincial government grants, donations, fundraising, client/membership fees, United Way and other funders' contributions, etc. |
| <u>Column</u>
2022 Allocation | <ul style="list-style-type: none">• As this is a new funding stream, this 2022 allocation should be left blank. |
| <u>Column</u>
2023 Budget for Program,
All Funding Sources | <ul style="list-style-type: none">• Enter the 2023 budget for the entire program towards which the BSCF funding is being allocated.• List all sources of revenue other than BSCF.• Once other revenues are entered, the percentage of BSCF Funding will be automatically calculated. |

Column
2023 BSCF Funding
Allocation (request)

- Enter the appropriate funding allocations/request of the BSCF dollars in 2023, showing only expenditures covered by the BSCF funding.
- Only include BSCF funding in the revenue section of this column. Other sources of revenue cannot be entered (fields will be greyed out)

Column
2024 BSCF Funding
Allocation (request)

-
- Enter the appropriate allocations/request of the BSCF dollars in 2024, showing only expenditures covered by the BSCF funding.
- Only include BSCF funding in the revenue section of this column. Other sources of revenue cannot be entered (fields will be greyed out)

Column
2025 BSCF Funding
Allocation (request)

- Enter the appropriate allocations/request of the BSCF dollars in 2025, showing only expenditures covered by the BSCF funding.
- Only include BSCF funding in the revenue section of this column. Other sources of revenue cannot be entered (fields will be greyed out)

SAMPLE

This sample budgets provide examples of possible expenses. Please note that these examples are not exhaustive and not every line item applies to all organizations or programs.

Sample A: FIMS Budget Application format.

Item Name	Current Approved Budget	2022 Allocation (should be left blank)	2023 Budget for Program Including All Funding Sources	2023 BSCF Funding Allocation	2024 BSCF Funding Allocation	2025 BSCF Funding Allocation
EXPENSES						
Personnel		LEAVE BLANK				
Position 1 Salary	100,000	0	50,000	10,000	10,000	10,000
Position 2 Salary	100,000	0	50,000	10,000	10,000	10,000
Total Benefits	40,000	0	20,000			
Total Personnel	\$240,000	\$0	\$120,000	\$20,000	\$20,000	\$20,000
Travel and Parking						
Mileage	6,000	0	2,000			
Parking	100	0	50			
		0				
Total Travel and Parking	\$6,100	\$0	\$2,050	\$0	\$0	\$0
Materials and Supplies						
Program Materials	5,000	0	2,500	1,600	1,600	1,600
Communications Costs	6,000	0	500			
IT Costs	2,500	0	500			
Total Materials and Supplies	\$13,500	\$0	\$3,500	\$1,600	\$1,600	\$1,600
Other						
Program Space	2,000	0	500			
Training & Development	5,000	0	50			
Honorariums	1,500	0	500			
Total Other	\$8,500	\$0	\$1,050	\$0	\$0	\$0
TOTAL EXPENSES	\$268,100	\$0	\$126,600	\$21,600	\$21,600	\$21,600
REVENUE						
United Way Grants	90,000	0	45,000			
Donations	20,000	0	10,000			
Provincial Grants	158,100	0	50,000			
TOTAL REVENUE	\$268,100	\$0	\$105,000	\$0	\$0	\$0
BSCF Funding Request	\$0	\$0	\$21,600	\$21,600	\$21,600	\$21,600