

# Willow Winds Support Network REQUEST FOR APPLICATION WWSNRFA26/29C



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## Section 2.0 – REQUEST FOR APPLICATIONS

The WWSN Leadership Team is requesting detailed and comprehensive applications until **4:30 pm local time December 31, 2025** for the following Contract:

# WWSNRFA26/29C FASD SUPPORTS AND SERVICES FOR WWSN CENTRAL ZONE

Documents and general information are available on the WWSN website at <a href="www.wwsn.ca">www.wwsn.ca</a>, or from the office of the Executive Director, <a href="mailto:angelak@wwsn.ca">angelak@wwsn.ca</a>.

Submissions must be emailed to <a href="mailed:angelak@wwsn.ca">angelak@wwsn.ca</a>.

#### **INQUIRIES**

All questions must be emailed to Executive Director, <a href="mailto:angelak@wwsn.ca">angelak@wwsn.ca</a>.

ISSUE DATE: November 25, 2025

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#### Section 3.0 – SUBMISSION REQUIREMENTS

The Northwest Central Alberta FASD Services Network Society (legal name)/Willow Winds Support Network (trade name) Leadership Team requests application submissions focused on addressing Fetal Alcohol Spectrum Disorder (FASD), and Brain Domain Challenges, (BDC). This RFA has been prepared in response to the Provincial Government's FASD initiative, as described in the FASD Service Network Program Guidelines. Work at the provincial level is guided by the Alberta FASD Cross-Ministry-Committee (FASD-CMC). The WWSN Network is recognized by the provincial government as one of 12 regional networks that make up the service delivery arm for the provincial FASD initiative.

The Alberta FASD-CMC developed a government-wide 10-year FASD Strategic Plan, 2007-2017, to improve and enhance services for individuals affected by FASD in Alberta and continue to fund services on an annual grant basis. The provincial government's vision is to provide a comprehensive and coordinated provincial response to FASD by supporting the development and enhancement of FASD-related initiatives. Integral to this vision is that individuals affected by FASD receive a continuum of services that are respectful of the diversity seen throughout our communities, and that serve individuals across the lifespan.

Working with this vision, the WWSN Network applies to the FASD-CMC for grant funding on a three year basis and is interested in developing community partnerships. The Network uses the provincial funding to improve and enhance FASD/BDC services in the Network catchment area in a way that compliments existing services and furthers the collaborative practices that have been encouraged through individual efforts and activities.

The WWSN Network will continue to support the delivery of services in the 2026- 2029 fiscal years if the local Leadership Team continues to receive fiscal support from the Alberta Provincial FASD Service Network Program.

Funding to successful applicants will be on a three year basis dependent on yearly oral evaluation and Provincial funding allocations.

Please include a budget for each year, 2026/27, 27/28, & 28/29.

When the successful applicants are selected and the process moves forward to development of written agreements, the contractors (successful applicants) will then be working with the WWSN Network office to develop the written agreements. The service contract will be an agreement between the successful proponent and the WWSN Network. When the written agreements are in place, the WWSN Network will be monitoring and evaluating the agreements on behalf of the Network Leadership Team and the contractors will be in direct communication with the WWSN Network Executive Director.

#### 1. Scope of Work

The WWSN Network is seeking to fund: FTE FASD Mentors to service Whitecourt, Swan Hills, Barrhead, Westlock, Athabasca, Alexis Nakota Sioux Nation, Calling Lake and all areas in between (80% mentorship/PCAP supports, 20% Prevention Conversation and Awareness). Positions will be funded to a **maximum of \$490,632.00** (inclusive of all service delivery costs, excluding clinic mileage and additional training as is required by the Network). Please note, a maximum of 5% (of the budget total) may go towards Supervision, and a maximum of 10% (of budget total) to Administration costs.

The Alberta FASD-CMC has outlined three service category priorities for Network funding including providing services and supports within the three service pillars of i) Prevention and Awareness, Targeted and Indicated Prevention ii) Assessment and Diagnosis (across the lifespan) and iii) Supports for Individuals and Caregivers (across the lifespan). Within this Request for Application Process, 2026-2029 the WWSN Leadership Team is seeking to fund applicants in the following two pillar areas: i) Prevention and Awareness, Targeted and Indicated Prevention and iii) Supports for Individuals and Caregivers including PCAP (Parent and Child Assistance Program) and First Nations PCAP.



For the 2026/29 RFA for FASD Supports and Services submissions the Network Leadership Team will be giving priority to:

- Providing FASD Supports and Services that are accessible within the geographic area known as the Central Zone
  within the Network catchment area. This will be completed by selecting an application that provides supports
  and services to Whitecourt, Swan Hills, Westlock, Barrhead, Athabasca, Alexis and Calling Lake Reserve and all
  areas in between.
- Applicants must be located in one of the designated communities within the Central Zone.

Training and evaluation projects, as required by the Province, will be mandatory for successfully funded agencies to participate in (e.g. FASD-ORS training, Prevention Conversation training, PCAP training, CANFASD FASD 101).

**Definition of Prevention and Awareness:** services educate and inform about the dangers of drinking alcohol while pregnant, the effects of FASD, and increase overall awareness about healthy pregnancy. Prevention and Awareness services funded by the Network Leadership Team are for at risk populations, children, youth, adults, schools, support service agencies, communities, professionals and the general public. 20% of funds provided by WWSN Network will be for Prevention and Awareness services. Successful applicants will participate in online Prevention Conversation Training through CANFASD and report Prevention and Awareness services provided, through Prevention Conversation online, as required by the WWSN Network.

**Definition of Targeted and Indicated Prevention:** The Parent-Child Advocacy Program (PCAP) Seattle, Washington PCAP Model is an Intensive home visitation relationship-based practice model that has demonstrated successful outcomes. The PCAP program involves intensive multi-component activities, including such strategies as substance abuse treatment, planned pregnancies and parenting programs. Training is available for P-CAP Supervisors and Mentors in Alberta through the P-CAP Council. Clients range from females of childbearing age to females who have given birth to one or more children affected by FASD, and all levels of need in between.

#### The P-CAP/FNPCAP Model

Trained and supervised case managers provide home visitation and intervention for 3 years. Persons who can become pregnant are not asked to leave the program if they relapse or experience setbacks. Case managers provide extensive practical assistance and the long-term emotional support so important to women who are making fundamental changes in their lives.

The mentor assists clients in:

- Setting goals and identifying steps to achieve them
- Obtaining alcohol/drug treatment
- Staying in recovery
- Choosing a family planning method
- Child health care/immunizations
- Connecting with community services
- Transportation to appointments
- Solving housing, domestic violence, child custody problems
- Resolving system service barriers

#### **Supports for Individuals and Caregivers**

- 1. Support Programs for Children & Youth with FASD or BDC. Examples of types of intervention supports for c h i l d r e n / youth could include coordination, advocacy, mentoring, and support groups. Integral to a child/youth support program must be a clear intake process followed by strategies and goals that have clear outcomes. This support program must have an evidence based evaluation plan.
- 2. Support Programs for Adults with FASD or BDC. Examples of types of intervention supports for adults could



include coordination, advocacy, mentoring, and support groups. Integral to an adult support program must be a clear intake process followed by strategies and goals that have clear outcomes. This support program must have an evidence based evaluation plan.

Examples of coordination and advocacy activities include the following: community supports including respite and recreation, access to detoxification and treatment, health care, education, employment, transportation, assisting with criminal or family justice issues, pregnancy and outreach programs and/or income supports and/or housing.

Examples of mentoring (intensive support and guidance) activities includes the following: assisting individuals in making healthier choices for themselves and their families, encouraging learning to increase the individuals self- advocacy skills, setting realistic and practical expectations, focusing on trust, respect and non-judgmental relationship development, adapting to the individual's needs, using teaching strategies such as active listening and role modeling, linking individuals to resources.

Support groups are facilitated, educational and/or therapeutic groups that assist with moving beyond one-on-one support and addressing issues of social isolation.

Definition: Supports include programs and services that enhance protective factors and enable individuals and families affected by FASD to reach their potential in the community. Supports promote the development and well-being of individuals and caregivers; keep them safe and protected; and promote healthy communities.

#### **Assessment and Diagnosis**

The WWSN Network has allocated resources to assessment and diagnostic services within the Central Zone. The WWSN Network leadership team is not soliciting proposals within this pillar.

Clinic referrals are to be sent to the WWSN Network Pediatric Clinic and Adult Clinic.

#### 2. Eligible Applicants

Eligible applicants can be:

- Not-for-Profit organizations
- Private sector companies
- Applicants who submit only one application per person or organizational entity
- Applicants who agree to the terms and conditions set out in the WWSN Network FASD Supports
   & Services RFA Agreement.

#### Ineligible applicants:

- Government Ministries that employ the Network Leadership Team Members (Children and Youth Services, Alberta Health Services, Corrections Services, Justice).
- Incorporated or private entities in which members of the Network Leadership Team have personal or business interests.
- Network Leadership Team members.
- Immediate family members and persons related to members of the Network Leadership Team.
- Applicants who do not have a geographic location within the area to be served.
- Applicants submitting proposals for the sole purpose of:
  - Research
  - Awareness campaigns
  - Capital costs related to buildings or vehicles

Any applications that do not meet the above qualifying criteria will not be given further consideration. Applications that meet all the qualifying criteria will be further assessed and ranked on the basis of the selection criteria.



#### 3. Selection Criteria

The evaluation and selection of service providers will be based on an evaluation of an application which should include detailed program, support and service delivery strategies. The evaluation criterion is attached in Section 5.0.

For the 2026/29 RFA for FASD Supports and Services submissions the Network Leadership Team will be giving priority to:

- Providing FASD Supports and Services that are accessible within the geographic area known as the Central
  Zone within the Network catchment area. This will be completed by selecting an application that provides
  supports and services to the major service centers.
- Addressing needs across the lifespan without age barriers. Programs will focus on a developmentally sensitive approach to FASD/BDC from pre-conception to death. This will be completed by selecting an application that provides services from two service pillars and provide programming for all age groups.
- Meeting identified cultural needs including indigenous and immigrant populations.
- Providing supports and services in two service pillars. One application will be selected to ensure that the WWSN Network offers services in service pillars of i) Prevention and Awareness, Targeted and Indicated Prevention and iii)) Supports for Individuals and Caregivers (across the lifespan).
- Applicants that demonstrate a willingness to collaborate and align with the overall work of the WWSN Network.
- Applicants that build on existing or demonstrate the willingness to create new partnerships to address and support identified needs
- Applicants that can demonstrate organizational capacity to implement the proposed service
- Applications selected to delivery services and supports in each of the three service pillars should align with the
  allocated budget in the 2026- 2029 Network Business Plan and the expected number of clients to be served with
  those allocated resources.
- Applicants agree to recognize the WWSN Network via dual logo business cards for frontline workers under this program and on all items created under this program, i.e. brochures, posters...

#### 4. Mandatory Criteria

Successful applicants must meet the following criteria:

- Submission of a complete RFA package including the following components:
- Proposed services to be delivered within the WWSN Network catchment area k n o w n a s t h e
   C e n t r a l Z o n e
- Applications are emailed before the submission date and time to angelak@wwsn.ca
- o Applicants meet the eligible applicant criteria posted above

#### Submissions should include:

- All completed forms from application
- Applications are no longer than 20 pages
- Application is emailed
- The submission be marked as: RFA-26/29-04-01C, FASD SUPPORTS AND SERVICES FOR WWSN CENTRAL ZONE
  - o Certificate of incorporation
  - Audited financial statement or letter from a financial institution providing information pertaining to the financial stability of the organization.
  - Organizational Governance structure
  - Organizational chart
  - Insurance certificate

#### 5. Funding Duration

The funding approved through the 2026/29 application for funding process will support services delivered over a period not to exceed two years. The estimated contract duration will be beginning in April 1 of 2026 and ending March 31, 2029, depending on funding from the Province. The start date and contract duration is subject to the WWSN Network receiving a Provincial Service Network Program Grant funding payment.



#### Section 4.0 - PROPOSAL FORMAT

Evaluation of applications is made easier when applicants respond in a similar manner. The following format should be followed to provide consistency in proponent response. Applications should be no longer than **20 pages** and should include page numbers.

Applicant Checklist	Applicant Format Requested
	Form A - Proposal Title Page
A	Form B - Applicants Signature Page
	Form C - Organizational Information
	Form D - Proposed Service, Work Plan and Required Resources
П	Form E - Schedule of Costs
П	Form F - Client Reference Information
	Appendix I Certificate of incorporation
	Appendix II Audited financial statement or letter from a financial institution providing information pertaining to the financial stability of the organization.
	Appendix III Governance structure
	Appendix VI Organizational chart
	Appendix V Insurance certificate



# Section 5.0 – PROPOSAL EVALUATION

## 5.1 Evaluation Sheet

Stage One:	
Does the application meet all of the mandatory subm	ission requirements? Pass or Fail
Note: If the application fails <u>do not</u> proceed to stage t	WO.
Applicants meet the eligible applicant criteria above and agree to conditions laid out therein	Proposed services to be delivered within the Central Zone of the WWSN Network catchment area
Application was received digitally	
Stage Two:	
The criteria below will be ranked in correspondence will use this to assist scoring the proposal:	e to the rating scale below. The Leadership Team
10 Not only acceptable, they have given a	desired or a superior solution or answer.
<b>7</b> The answer is good enough.	
3 They have provided a portion of the ans	swer or solution we were seeking.
They have not addressed the requirement	ent or have missed the intention of the question



## Applications that pass Stage One will be ranked on the following criteria:

#### **SECTION I**

CRITERIA	Points	Importance Index	Maximum Points
A) Applicant Qualifications			
Mandate of the organization is compatible with the proposed FASD services and supports.	0-10	0.5	5
Relevant experience in performance of comparable engagements	0-10	1.0	10
Demonstrate organizational capacity to support implementation of the proposed initiative.	0-10	1.0	10
Identified the number of staff required to carry out the proposed service	0-10	0.5	5
Identified staff in place that possess or are willing to carry out the proposed services and/or identified staff recruitment and training strategies for new staff members.	0-10	0.5	5
Training strategy for current or new staff	0-10	0.5	5
B) Alignment with the Network Priorities			
Process for maintaining up-to-date records and keeping information confidential	0-10	1.0	10
Process for reducing cultural barriers and address the cultural needs of the community	0-10	1.5	15
Process for addressing age-related barriers and providing services across the lifespan	0-10	1.5	15
Process for providing clients transitional services across the lifespan	0-10	1.0	10
C) Quality of Application	•		
Application format consistent with format outline provided in Section 4.0	0-10	0.5	5
Rank the completeness of the application (provided all requested information as listed in Section 4.0)	0-10	0.5	5
	Section I	total (A + B + C)	/100



## **SECTION II**

# Applicant Plan Strategies 1 – 3

CRITERIA	Points	Importance Index	Maximum Points
Strategy #1: Prevention and Awareness Services			
Proposed service is compatible with the scope of work for the Prevention and Awareness service pillar as outlined in Section 5.0 of the RFA.	0-10	2.0	20
Outlined goals would accomplish the proposed service	0-10	1.0	10
Proposed service fills an existing service gap or enhances existing services	0 or 10 Yes = 10 No = 0	1.5	15
Activities align with the Network Business planning activities	0-10	1.5	15
Proposed plan described would accomplish the related activities	0-10	0.5	10
Timeline to accomplish activities is within the established timelines of the grant (April 1, 2021 to March 31, 2023)	0-10	0.5	10
Indicators described would measure the progress of achievement of outcome(s)	0-10	0.5	10
An evaluation plan is identified that would measure the success of the proposed activities	0-10	1.0	10
	Strate	gy 1 Total Points	/100

CRITERIA	Points	Importance Index	Maximum Points
Strategy #2: Targeted and indicated prevention services to at	risk women (	PCAP)	
Proposed service is compatible with the scope of work for the Targeted and Indicated Prevention service pillar as outlined in Section 5.0 of the RFP.	0-10	2.0	20
Outlined goals would accomplish the proposed service	0-10	1.0	10
Proposed service fills an existing service gap or enhances existing services	0 or 10 Yes = 10 No = 0	1.5	15
Activities align with the Network Business planning activities	0-10	1.5	15
Proposed plan described would accomplish the related activities	0-10	0.5	5
Timeline to accomplish activities is within the established timelines of the grant (April 1, 2026 to March 31, 2029)	0-10	0.5	5



	Strate	gy 2 Total Points	/100
An evaluation plan is identified that would measure the success of the proposed activities	0-10	1.0	10
Indicators described would measure the progress of achievement of outcome(s)	0-10	0.5	5
Outcomes match the following business planning targets for targeted and indicated prevention services to at risk persons who can become preganat:  • Reduce incidence of FASD by reduction in pregnancies in high-risk persons who can become pregnant or reduction of substance abuse in people who are pregnant and using alcohol by utilizing a PCAP based programming model.  • Mentors & supervisors will complete the mandatory and suggested P-CAP training.  • Mentorship model will include outreach services  • The mentor will connect clients and their families to a variety of supports in their community.	0-10	1.5	15



CRITERIA	Points	Importance Index	Maximum Points
Strategy #3: Supports for individuals affected by FASD and	their caregive	ers.	
Proposed service is compatible with the scope of work for the Supports and Service pillar as outlined in Section 5.0 of the RFP.	0-10	2.0	20
Outlined goals would accomplish the proposed service	0-10	1.0	10
Proposed service fills an existing service gap or enhances existing services	0 or 10 Yes = 10 No = 0	1.5	15
Activities align with the Network Business planning activities	0-10	1.5	15
Proposed plan described would accomplish the related activities	0-10	0.5	5
Timeline to accomplish activities is within the established timelines of the grant (April 1, 2026 to March 31, 2029).	0-10	0.5	5
<ul> <li>Outcomes match the following business planning targets for supports for individuals and caregivers:         <ul> <li>Reduction of secondary disabilities by increasing employability of individuals and assist individuals in achieving a paid employment placement.</li> <li>Support workers will create strategies, goals and make supported referrals that address recommendations in the FASD Diagnostic report and individuals identified needs.</li> <li>Support strategies that increase client engagement and retention in programs.</li> <li>Support workers will provide supported referrals to increase access to services.</li> <li>Reduce caregiver burnout by assisting families in accessing respite</li> <li>Support workers will achieve FASD specific training including Families Moving Forward training.</li> <li>Provide support, education, reduce social isolation and assist in development of informal networks for families/ caregivers by facilitating the development and maintenance of FASD Parent/ Caregiver support groups.</li> </ul> </li> </ul>	0-10	1.5	15
Indicators described would measure the progress of achievement of outcome(s)	0-10	0.5	5
An evaluation plan is identified that would measure the success of the proposed activities	0-10	0.5	10
	Strateg	y 3 Total Points	/100



## 5.2 Evaluation Scoring Summary Table

Proposals will have 2 scores, one for each strategy. The proposals will then be ranked according to each strategy and according to each similar geographic area.

The reason for this type of evaluation is to ensure that proposals selected is a strength-based decision (strength of the organization to provide the services) and so that the proposals selected align with the 2019-2021 Network Business Plan targets.

Applicant Qualifications	/100
Strategy 1 Score	/100
Strategy 2 Score	/100
Strategy 3 Score	/100
Total	/400
Percent Score	%



# **FORM A – Application Title Page**

Organization Name:	
Address:	
Primary Contact for Communication Purposes:	
Name:	
Phone:	
Email:	
Name of proposed service:	
Geographic Region to be served:	
Funding requested through WWSN Network (total) \$_	



# FORM B – Applicants Signature Page

By submitting this application I/We agree to comply with the requirements stated in this
RFA. My/Our Business License Number is:
DECLARATION
The Applicant further declares that he/she has complied in every respect with all the instructions to Applicants, that he/she has read all addenda, if any, issued prior to opening of applications, and that he/she has satisfied him/her self fully relative to all matters and conditions with respect to the general conditions of the agreement and all relevant information to which this application pertains.
ANTI-COLLUSION STATEMENT
The undersigned, as Applicant, declares, under oath that no other person has any interest in this application or in any resulting agreement to which this application pertains, that this application is not made with connection or arrangement with any other persons and without collusion or fraud.
Respectfully submitted,
Signature of Authorized Employee or Board Member Printed Name
Firm/Agency/Organization Date



## FORM C – ORGANIZATIONAL INFORMATION

Describe the Geographic area to be served:	
Provide the mandate of your organization:	
Describe recent experience providing FASD related services and supports:	
Describe and demonstrate organizational capacity for the proposed initiative.  Note: Include the experience and responsibilities of staff who will be leading the delivery of the proposed service.	

## Staffing

Provide information on each proposed position, the FTE and the position titles for each position:					
FTE/PTE	Position Title	Could a current staff member fulfill this position (Yes or No)?	Does the current staff member possess the required skills for the position (Yes or No)?	Is a new staff member required (Yes or No)?	



Outline what your recruitment strategy is for your agency when new staff are required:	
If your agency required a new staff member during the contract term please outline how you would train the new staff member. Include examples for one staff in each strategy that your agency is applying for funding.	

## Aligning with the WWSN Network Priorities

Does your organization have a process for maintaining up-to-date records and keeping information confidential?	Yes No  If yes, describe this process:  Or  If no, outline a proposed process on how your agency would provide this service:	
Does your agency have a process for reducing cultural barriers and address the cultural needs of the community?	Yes No  If yes, describe this process:  Or  If no, outline a proposed process on how your agency would provide this service:	
Does your agency have a process for providing clients transitional services across the lifespan?	Yes No  If yes, describe this process:  Or  If no, outline a proposed process on how your agency would provide this service:	



Name of Partner	Purpose of Partnership	Role of the Partner



#### FORM D - PROPOSED SERVICE AND WORK PLAN

Strategy #1 – Prevention and Awareness			
Describe the Proposed Service			
List Service Goals:			
Does this proposed service fill an existing service gap?	Yes No  If yes please identify the service gap and desc	cribe how you have identified this gap:	
Does this proposed service enhance existing services?	Yes No  If yes, describe why enhancement is required	l:	
Objectives/ Key Activities to Accomplish the Proposed Service (check all that apply to your proposal)	Describe how your agency would accomplish the activities and identify the key resources that would be required.	Identify a general timeline for implementation and/or completion.	
Prevention Conversation and Let's Get Real Programming to at risk populations, children, youth, adults, schools, support service agencies, communities, professionals and the general public.			
Coordinate activities to ensure Prevention and Awareness services are available to rural communities within the catchment area.			
Describe other objectives/key activities of the proposed service that are not listed above.	Describe how your agency would accomplish the activities and identify the key resources that would be required.	Identify a general timeline for implementation and/or completion.	
Number of Prevention Conversation and Let's Get Real services provided (50 annually):			
Outline the main outcomes that are expected over a 12 month period and the indicators that will be used to measure and report on progress.			



Outcomes		Indicators	
Evaluation Plan			
Describe the means of measuring the success of the	proposed activities:		
Strategy #2 – Deliver targeted and indicated prevention services to at risk women (PCAP).			
Describe the Proposed Service			
List Service Goals:			
List service douis.			
Does this proposed service fill an existing service	Yes No		
gap?	If yes please identify the service gap and describe how you have identified this gap:		
Does this proposed service enhance existing	Yes No		
services?	If yes, describe why enhancement is required:		l:
Objectives/ Key Activities to Accomplish the	Describe how your agency would		
Proposed Service (check all that apply to your proposal)	accomplish the activities an key resources that would be		Identify a general timeline for implementation and/or completion.
☐ Indicated Prevention - Provide one-on-one			
mentorship based support services to people of childbearing age who use or may			
use substances.			



	Targeted Prevention - Provide one-on-one mentorship based support services to people who can become pregnant or who have given birth to one or more children affected by FASD, and those who are known to be pregnant and a re or may be consuming alcohol cother harmful substances.		
	Coordinate activities to ensure mentorsh and outreach services are available to rur communities within the catchment areas.	· ·	
<u> </u>	Ensure mentorship support services are modeled after the Seattle-based Parent-Child Assistance Program (P-CAP).		
		t services for individuals suspecte eir families/ caregivers.	d or diagnosed with FASD of all
Des	scribe the Proposed Service		
List	Service Goals:		
Prop	octives/ Key Activities to Accomplish the osed Service (check all that apply to proposal)	Describe how your agency would accomplish the activities and identify the key resources that would be required.	Identify a general timeline for implementation and/or completion.
	Provide supports for individuals with FASD and BDC possible of all ages and their families/ caregivers (may be Child, Youth, or Adult focused).		
	Provide pre and post diagnostic support to individuals who have gone through clinic.		
	Coordinate activities to ensure needs across the lifespan and are respectful of a wide range of perspectives (including cultural diversity).		
	Provide creative day-to-day programming for children, youth, adults, and families affected by FASD.		



<ul> <li>Collaborate with community agencies and provide supported referrals, to address such concerns as homelessness and addictions faced by individuals affected by FASD.</li> </ul>			
☐ Implement best-practice into the supports and services offered			
Describe other objectives/key activities of the proposed service that are not listed above.	Describe how your agency would accomplish the activities and identify the key resources that would be required.		Identify a general timeline for implementation and/or completion.
Target Population:			
Clients to be Served – maximum of 10 Level 1, no cap on Level 2 & 3			
Outline the main outcomes that are expected over a 12 month period and the indicators that will be used to measure and report or progress.			
Outcomes		Indicators	
Evaluation Plan			
Describe the means of measuring the success of activities	the proposed		



#### **FORM E – SCHEDULED COSTS**

Outline the 12 month budget for all strategies in the following table. A budget for the 2cnd year will be submitted before March 31, 2020.

	Strategy # 1	Strategy #2/3	Total Budget
Staffing	Salary & Benefits (20%)	Salary & Benefits (80%)	
FTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	
FTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	
FTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	
PTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	
PTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	
PTE	Salary:	Salary:	
Position Title	Benefits:	Benefits:	

**Direct Client Costs** — expenses Related to direct care of Clients or for staff who provide direct services to clients.

	Strategy # 1	Strategy # 2/3	Total Budget
Materials and Supplies			
Travel and Subsistence			
Education, Conferences and Workshops			
Other – Specify			
Total Direct Client Costs			

**Facility Costs** — expenses Related to direct care of Clients or for staff who provide direct services to clients.

	Strategy # 1	Strategy # 2/3	Total Budget
Mortgage or Loan Payments			



Rental of Space		
Other – Specify		
Total Facility Costs		



#### **Administration costs** (Administration costs must not exceed 10% of the total budget)

ADMIN/OFFICE COSTS	Strategy # 1	Strategy # 2/3	Total Budget
Office Supplies and Postage			
Telephone and Communications			
Lease / Rental of Office Equipment			
Staff Recruitment			
Program Advertising			
Accounting / Audit Fees			
Staff Supervision			
Other – Specify			
Total Administration/Office			

A. Total Budget Requested	Strategy # 1	Strategy # 2/3	Total Budget



#### FORM F- CLIENT REFERENCE INFORMATION

Reference 1 - Company Name	
Address	
City/Province	
Postal Code	
Contact Person/Title	
Phone Number	
Description of work performed	
Reference 2 - Company Name	
Address	
City/Province	
Postal Code	
Contact Person/Title	
Phone Number	
Description of work performed	
Reference 3 - Company Name	
Address	
City/Province	
Postal Code	
Contact Person/Title	
Phone Number	
Description of work performed	



# **Leveled Support Guideline**

Level of Support	Support Activities & Time	Number of Clients
Level 1 (high, active)	Weekly face to face contact, regular phone calls with client/supports, some transportation, attending appointments/meetings, crisis management	Maximum 10
Level 2 (medium, maintenance)	phone calls, monthly face to face meetings, occasional transportation, occasional attendance at appointments and meetings	No maximum
Level 3 (low, maintenance, inactive)	occasional phone calls, filling out of forms (clinic referral, AISH, PDD)	No maximum
Children and Youth Supports	Pre and post clinic support, connection to community resources, assistance with FSCD and Ministry of Children's Services, assistance with transition to an appropriate adult program and services such as AISH/PDD. Caregiver training and support, assistance with Trustee and Guardianship	No maximum
Outreach	Connection to community supports for clients in need that do not meet program mandate	No maximum