

**Capacity-Building Grants for Family Support Networks 2026-27
Application Form for Funding**

Applications Due: Friday, March 13, 2026

Please read the Application Guidelines (on our [website](#)) before completing this application and review the checklist provided before submitting.

If you have questions or need assistance with completing this application or require alternative accommodations, please email grants@ontariocaregiver.ca

Completed applications can be submitted by email to grants@ontariocaregiver.ca **no later than 4:00 p.m. on Friday, March 13th, 2026.**

Part 1: Contact Information

Name of Grant Applicant (Family Support Network name, or planned name of a new FSN, or an Organization/Agency name). If FSN grant funds would flow through a supporting organization/agency, that organization should be listed as the grant applicant.

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If applicant is an organization/agency, please list the FSN(s) that will be supported by the grant:

Name of FSN(s)	Name of an FSN member that plays a role to lead the group (family or unpaid caregiver that is not staff of the organization)

Applicant Contact Information

Name:	
Phone:	
Email:	

Applicant Mailing Address:

Street & No.	
City/Town	
Postal Code	
	North
	Central

Which area of Ontario are you located?	GTA
	Southwestern
	Eastern

Social Media Addresses (if any)

Website	
Facebook	
Instagram	
Twitter	

Are you able to submit a grant application on behalf of your FSN or group? Yes No

Can we add your name to our contact list? Yes No

Are you a registered charity? Yes No

If yes, please provide your charitable registration number:

Part 2: To be Filled out by ALL Applicants

The grant applicant is (check one):

- Family Support Network (new)
- Family Support Network (existing)
- Organization/Agency that supports one or more FSNs

What year was the Family Support Network started?

Approximately how many families are connected to your Family Support Network?

How many members are on your Family Support Network membership list(s)?

The membership of the FSNs supported by the grant must include (but is not limited to) **members who are the family or unpaid caregiver of an adult (18+) with a developmental disability**. Does the FSN(s) supported by your proposed grant activities meet these criteria?

- 100% of FSN members support an **adult** with a developmental disability.
- More than 50% of FSN members support an **adult** with a developmental disability.
- Less than 50% of FSN members support an **adult** with a developmental disability.
- No, none or very few of the FSN members support an **adult** with a developmental disability.

For **new/informal groups**, how many people are involved and committed to establishing your FSN?

Is your FSN a group that will exist over the long-term?

- Yes, our FSN will continue to come together beyond the grant timeframe
- No, our group is time-limited and will only exist for activities during the grant timeline

If no, please explain and review the grant guidelines to confirm your eligibility.

Are you a non-profit group or organization?

Yes	No
If No, please explain:	

Briefly describe the purpose and current status/activities of your Family Support Network: (up to 150 words)

Tell us where your FSN's current resources are coming from. Does your FSN have other sources of funding (eg. Other grants) and if so, why is this new funding is so important to your FSN?

Does your FSN include families from communities that may face greater barriers to accessing support, such as those from rural or remote areas, Black and racialized communities, people speaking languages other than English, 2SLGBTQAI+ community?

Yes	No
If Yes, please explain:	

Has your FSN received a FASD (Fetal Alcohol Spectrum Disorder) Family/Caregiver Support Grant, through [Health Nexus Santé](#), funded by the Government of Ontario in the past 12 months?

Yes No

Please provide the names of at least 5 of your current FSN members. For new FSNs, please list intended or interested members. The list will only be used to review your application and confirm your FSN status. It will not be shared. If you have concerns about sharing your member information, please contact grants@ontariocaregiver.ca and we will work with you to ensure we have the information we need to confirm your FSN status.

Part 3 – To be filled out ONLY if application is an Organization/Agency that supports a Family Support Network(s) and is applying on behalf of one or more FSNs:

What resources does your organization/agency currently provide to the FSN(s) you support?

What is your organization’s annual revenue?

Tell us why this funding is needed to expand or enhance your organization’s support of the FSN(s)

Tell us how your organization will demonstrate that the Family Support Network will be **peer/family-led** and have the freedom to function and act with a high level of autonomy. What role will staff play in the FSN?

Part 4: Tell Us About Your Funding Need

Tell us about your proposed items/activities and the amount of funding you are requesting. Be sure to review the Guidelines for details on what expenses are eligible and for examples of projects/activities, etc.

Which of the following objectives of the FSN Grant Program will be met by your grant activities? (check as many as apply)

- 1. Enhance and expand engagement of members that deepen social connections and belonging for families of adults with a developmental disability.
- 2. Provide forums for families and caregivers to support and mentor each other.
- 3. Provide opportunities for members to share local initiatives and information related to developmental services, resources, and family/caregiver support.
- 4. Support administrative needs of the network.
- 5. Expand local activities and create network-specific resources.
- 6. Share information and best practices with other Family Support Networks and communities.

Questions about your activities or how they align with the objectives of the grant program? Need assistance filling out the application form? Email grants@ontariocaregiver.ca.

We also encourage applicants to join one of the two online Grant Information Sessions we will be holding in February and March 2026 (see Guidelines for dates/times)

Funding Stream

Which funding stream applies to your application? (Choose one - see Guidelines for information on funding streams)

- New/Emerging FSN** (\$1000 - \$4500)
- Existing FSN** (\$1000 - \$4500)

Description of Activities

Provide us with a short summary of your grant activities and what you hope to accomplish (**150 words or less**)

Please provide more detail about the activities of your grant application. We have provided space for multiple activities, but it is fine if you choose to focus on one thing.

Activity	What Impact will this have for the members of your FSN?
1	
2	
3	
4.	
5.	
6.	

Do you have anything else to add about the overall impact this grant will have on your FSN and how will it support family and caregiver members of your network? Please tell us about any partners that you will be working with, if any. (optional)

How many **families** will your grant activities support?

Please share the planned timeline for your project (must be completed by March 31, 2027)

Project Budget Details and Amount Requested

List each item, event or expense separately (estimates are fine)	Amount Requested
TOTAL AMOUNT REQUESTED	

FSN Grant –Electronic Fund Transfer Information Form

As indicated in the Guidelines, applicants must have (or be prepared to set up) a bank account managed by the FSN or organization with two unrelated signing officers (co-signatories) and the ability to receive funds by Electronic Fund Transfer (EFT). **If the bank account is managed and set up by an FSN**, it must be used for the sole purpose of FSN banking, and the account may be in the name of the Family Support Network *or* the name of the two unrelated co-signatories.

If your FSN grant is approved, a Banking Information Request form will be forwarded to you in order to process the electronic transfer of your funds. You will be asked to provide a void cheque or a Deposit Information Note from your bank in order that the funds can be processed in a timely fashion.

Family Support Network Capacity-Building Grant Application Checklist and Terms

Before you submit, have you:

- ✓ Completed the application form and budget?
- ✓ Provided contact information including any social media handles?
- ✓ Reviewed all grant guidelines and the terms outlined below?

Then you're ready to sign! Please read the below items carefully and if you agree, sign and submit with your completed application.

I,

on behalf of

agree to the terms and conditions outlined in this package should our grant application be successful, including:

Activities

- Ensuring all activities will be completed by March 31, 2027, as outlined in our application (and notifying the Grant Administrator if we face any challenges completing planned activities or spending funds by March 31)

Reporting

- Complying with the interim and final report timelines as outlined in the Guidelines.

Financial

- Ensuring all necessary financial requirements are in place prior to receiving grant funds and complying with all financial conditions outlined in the Guidelines.
- Submitting all required budget management information, including receipts as outlined in the Guidelines.

Publicity and Media

- Allowing my Family Support Network or organization to be mentioned in any and all media promotion or other communications from OCO or the Ministry of Children, Community and Social Services (MCCSS)
- Allowing images, testimonials, and videos to be used by OCO and MCCSS in any and all promotion.
- Promoting our project or event on our FSN or organization social media, if any.

Signed:

Print Name	
Signature	