Taking Action Against Elder Abuse –

Community Response Project (year 3)

Funding Application 2025

This is intended for communities that are not currently receiving grant funding.

Funding Information

**Deadline:** All documents must be received by email (elderabusealberta@gmail.com) by **April 11, 2025,** at 4:30 p.m. (no late or incomplete applications will be accepted). *An information guide has been provided for the call for proposals.*

**Funding:** Approved applicants may receive funding of up to $50,000 for elder abuse case management services. With the potential to be renewed for another year.

**Initiative Length**: 12 months beginning September 1, 2025, to August 31, 2026, with the potential to be renewed for an additional year – 2026/2027

**Application Package must include**:

☐ Completed Application Form

☐ 2 Letters of Commitment

☐ Completed Budget Template

☐ Current Organizational Membership List of the Elder Abuse Coordinated Community Response (CCR) connected to this application

Applicant Information

**Legal Name of Organization:**

**Operating Name of Organization (if different from Legal Name):**

**Address of Organization:**

**Primary Contact Name:**

**Primary Contact’s Position:**

**Primary Contact’s Phone Number:**

**Primary Contact’s Email:**

**Secondary Contact Name:** .

**Secondary Contact’s Position:**

**Secondary Contact’s Phone Number:**

**Secondary Contact’s Email:**

**Type of Organization (please select one):**

☐ Registered Society in Alberta

☐ Municipality

☐ First Nation or Metis Settlement

☐Other (please specify): Click or tap here to enter text.

**Registration Number:**

Please note unincorporated non-profit organizations or community groups need to apply in partnership with a registered organization.

Which CCR model(s) are you applying on behalf of? If you are applying on behalf of more than one CCR please list all involved in the project.

Initiative Information

1. **Total amount of funding requested (maximum of 50,000)**
2. **What geographic location(s) will be served through this funding?**
3. **What is the identified need this initiative will address? *Suggestions: please include statistics on the senior’s population in your area, data on any elder abuse cases, themes, or trends from the last year, etc.***
4. **How will you address this need?**
5. **Seniors are a diverse population with different identities, experiences and needs. How will the initiative account for or consider differences among seniors within the case management approach? *This may include thinking about seniors’ varying ages, genders, education levels, languages, cultural ethnicities, abilities, locations (e.g. rural, urban), family status, etc.***
6. **Explain how your program will address mental health and addiction for older adults. As well referrals for family or the person who has caused harm.**
7. **Please describe your education and awareness plan for your community** (10-15%) (this could include awareness raising about the program and services, about elder abuse, community presentations, World Elder Abuse Awareness Day activities, CCR training, It’s Not Right: Neighbours, Friends and Family, Taking Action Against Elder Abuse, service provider training, etc.) **and who would provide them** (this could be yourself, other community agencies, volunteers, or contracted trainers).
8. **Please describe your coordinated community response (CCR)** (10-15%) (this could include how and when you will meet, who is engaged or attending, who will coordinate, what type of work the CCR will do, etc.).
9. **Please describe your case management service provision plan** (70-80%) (who will provide, how many hours per week, where the position will be located, case management model elements, and type of outreach appointments provided – (community, in-home, and/or in-office).
10. **Please complete the following table to describe how this initiative, if funded, will meet the three set core outcomes as well as any additional identified outcomes.**

|  |  |  |
| --- | --- | --- |
| **Outcomes:**There are three core program outcomes that must be reported on by all elder abuse case managers.  | **Activities:** What are the program activities done to achieve this outcome?  | **Indicators:**How will you know if activities are successful in achieving outcomes?  |
| **1. Older adults are connected with and accessing appropriate community resources.** |  |  |
| **2. Older adults state that they feel supported by the Elder Abuse Case Manager and have supportive relationships within the community.** |  | **Th** |
| **3. CCRs report an increased ability to meet the needs of older adults experiencing elder abuse in their community.** |   |  |

Budget

**Please provide a breakdown of estimated initiative costs on the Budget Template. See appendix B**

Declaration

**I, Click or tap here to enter text. (name in full) of the City of Click or tap here to enter text., in the Province of Alberta, am the Click or tap here to enter text.(position) of Click or tap here to enter text. (name of organization applying), and certify that the information contained in this application is true, accurate, and complete and that I am a representative with designated signing authority/decision-making authority in our organization.**