2022 FCSS Funding Application

Carstairs FCSS	○	Olds FCSS	○
Cremona FCSS	○	MVC FCSS	○
Didsbury FCSS	○	Sundre FCSS (not accepting applications)	

FUNDING PERIOD: January 1 – December 31, 2022

Introduction

- Please read carefully all the information in this application form prior to your submission.
- **Please note all shaded <u>gray areas</u> are reserved for your annual (final) report.**
- Ensure the FCSS Measures Bank - Provincial Priority Measures (attachment #1) are used in this application.
- **<u>Ensure the 2022 budget template provided, is used.</u>**
- Applicants may be required to provide a presentation on their application.
- You will be contacted once recommendations have been approved by the respective Council's.
- Successful applicants will be required to sign a Funding Agreement with each Municipality from which they receive funds. This agreement will include details of payment, financial and program reporting and other funding conditions.

Information

Family and Community Support Services (FCSS) is a partnership between the Province and a Municipality or Metis Settlement that develops locally driven preventive social initiatives to enhance the well-being of individuals, families and communities.

To obtain FCSS conditional funding, programs of service providers must meet the Provincial FCSS regulations. These programs must:

a) be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and

b) do one or more of the following:

    a. help people to develop independence, strengthen coping skills and become more resistant to crisis;

    b. help people to develop an awareness of social needs;

c. help people to develop interpersonal and group skills;

d. help people and communities to assume responsibility for decisions and actions which affect them;

e. provide supports that help sustain people as active participants in the community.

Programs and Services <u>not eligible</u> under the program include those that:

a) provide primarily for the recreational needs or leisure time pursuits of individuals;

b) are intended to sustain an individual or family (i.e. providing food, clothing or shelter);

c) are primarily rehabilitative in nature, or

d) duplicate services that are ordinarily provided by a government or government agency.

Conditions of Funding

a) Funding received from the municipalities, must provide preventive social programs that directly benefits its residents.

b) All funds must be spent by December 31st of the funding year. If you are anticipating a surplus contact the municipality prior to October 31st of the funding year.

c) Outcomes must be measured and included in a final report by January 31 of the following year, and you must use measures from the FCSS Measures Bank – Provincial Priority Measures (see attachment #1), (or visit the FCSS website) **The Final Report will include all shaded gray areas on this application.**

Submission of Application

Applications must be received at Mountain View County on or before:

November 12, 2021

Mountain View County

Attn: Pam Thomas

Bag 100, Didsbury, Alberta, T0M 0W0

Fax Number: 403-335-9207

E-mail: grants@mvcounty.com

2022 FCSS Funding Application

(Check any or all to which you are applying)

Carstairs FCSS	◯	Olds FCSS	◯
Cremona FCSS	◯	MVC FCSS	◯
Didsbury FCSS	◯	Sundre FCSS (not accepting applications)	

AGENCY INFORMATION	
Agency Name:	
E-Mail Address and Website:	
Mailing Address (include postal code):	
Street Address:	
Agency Telephone Number:	
Agency Fax Number:	
Agency Contact Name:	

PROGRAM INFORMATION (Information to be specific to the Program for which you are requesting funding)	
Program/Project Name:	
Program/Project Overview:	
Will the program and budget be impacted if full amount requested is not received? **If yes, please explain:**	

GRANT AMOUNT REQUESTED		GRANT AMOUNT AWARDED	
Carstairs FCSS	$	Carstairs FCSS	$
Cremona FCSS	$	Cremona FCSS	$
Didsbury FCSS	$	Didsbury FCSS	$
Olds FCSS	$	Olds FCSS	$
Mountain View County FCSS	$	Mountain View County FCSS	$
TOTAL REQUESTED	**$**	**TOTAL AWARDED**	**$**

TYPE OF ORGANIZATION		
◯	Alberta Societies Act Registration Number:	◯ Government Agency:
◯	Charitable Number (if applicable):	◯ Other (please specify):

AGENCY INFORMATION
Provide a **brief** overview of your agency (i.e. Mission, Mandate, and History).

STRATEGIC DIRECTIONS:

<table>
<tr><td colspan="5"><div align="center">Over-arching Goal
FCSS enhances the social well-being of individuals, families and community through prevention</div>To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application.</td></tr>
<tr><td>◯ SD1</td><td>◯ SD2</td><td>◯ SD3</td><td>◯ SD4</td><td>◯ SD5</td></tr>
<tr><td>Help people to develop independence, strengthen coping skills and become more resistant to crisis;</td><td>Help people to develop an awareness of social needs;</td><td>Help people to develop interpersonal and group skills which enhance constructive relationships among people;</td><td>Help people and communities to assume responsibility for decisions and actions which affect them; and</td><td>Provide supports that help sustain people as active participants in the community</td></tr>
</table>

PROGRAM LOGIC MODEL	
Program/Project Title:	
Statement of Need: *What* community issue, need or situation are you responding to? Evidence of need?	
Overall Goal: *What* change, or impact do you want to achieve?	
Strategy: *How* are you going to address the issue, need or situation? (what are the actions/steps/activities) i.e. Workshops, Counselling, Community Forums, etc.	
Was your Strategy implemented as planned above? If not, why? How did it go?	
Who is served: *Target Group*	**Primary Target Population:** ◯ **Children/Youth**　◯ **Adults**　◯ **Seniors**　◯ **Family**　◯ **Community**
Rationale: *Why* will your strategy help you achieve your outcome(s)? *What* evidence do you have that this strategy will work? Research? (Best Practices)	
Resources Needed (Inputs): *Such as staff, volunteers, money, materials, equipment, technology, information – please be as specific as possible and include detailed information on the needed financial resources in your budget.*	
Partners: *Who & what resource does each Partner bring to the program/project (i.e. Money, Staff, Knowledge, etc.)*	

OUTPUTS				For **Funding Application**: Complete **White Areas**		
				For **Annual Report**: Complete **Shaded Gray Areas**		
Municipality	Anticipated Children/Youth	Anticipated Adults	Anticipated Seniors	Actual Children/Youth	Actual Adults	Actual Seniors
Carstairs						
Cremona						
Didsbury						
Olds						
MVC						
Total # of Participants						
OTHER OUTPUTS			For **Funding Application**: Complete **White Areas**			
			For **Annual Report**: Complete **Shaded Gray Areas**			
Municipality	Anticipated # Volunteers		Anticipated # Volunteer Hours	Actual # Volunteers		Actual # Volunteer Hours
Carstairs						
Cremona						
Didsbury						
Olds						
Mountain View County						

OUTCOMES				# of Participants Completing the Measurement Tool _____:
Outcome Measured:	Indicators(s) of Success: (How will you know this outcome has been achieved?)	Provincial Outcome & Indicator Alignment: (Attachment #1)	Measures Bank Measure Number: (Attachment #1)	Measures(s): (see attachment #1) **(Leave shaded gray areas blank until you are ready to submit annual report)**
1.	1.			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____
	2. (if more than one indicator for this outcome)			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____
2.	1.			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____

	2. (if more than one indicator for this outcome)			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____

ADDITIONAL INFORMATION

Identify Measurement Tool(s) Used:
◯ Survey   ◯ Interview

When Measurement Tool(s) Used:
◯ Pre-test/Post-Test: both before and after your activities   ◯ Post-Only: after activities   ◯ Other _____

Continuous Quality Improvement
After analyzing the information, should this program/project continue? Was the program successful?

What improvements can be made to the program/project?

What improvements can be made to the outcome measurement process?

Supporting details regarding the program:

Successes:	Changes to be made:

Completed By:	Date:
DOCUMENTATION REQUIREMENTS:	**ATTACHED:**
List of current Board of Directors (name and position only)	◯
Project Logic Model & Outcomes (pages 2 – 5)	◯
Project Budget (page 9)	◯
Most recent Audited Financial Statement	◯
Current Audited Financial Statement **(For annual report only)**	◯

FINANCIAL INFORMATION	
Amount of Funding allocated for the 2022 fiscal year:	
Carstairs FCSS	$
Cremona FCSS	$
Didsbury FCSS	$
Olds FCSS	$
Mountain View County FCSS	$
Do you have a surplus of funds for your 2022 project? (advise prior to October 31, 2022)	
Carstairs FCSS	◯ Yes ◯ No
Cremona FCSS	◯ Yes ◯ No
Didsbury FCSS	◯ Yes ◯ No
Olds FCSS	◯ Yes ◯ No
Mountain View County FCSS	◯ Yes ◯ No

2022 PROGRAM BUDGET PROPOSAL: **CARSTAIRS FCSS**			**Actual Costs**
Each program you apply for needs to have a separate application/budget			For Reporting
Revenue			(Include grant approvals from all FCSS Agencies)
Donations		$	
Fundraising		$	
Other Grants		$	
In-Kind Contributions		$	
Fees		$	
	Total Revenue (A)	$	
Expenses			
Personnel Costs:			
	Facilitator/Guest Speaker Costs	$	
	Staff Salaries & Benefits connected with the Program	$	
	Volunteer Training & Recognition	$	
Operations Cost:			
	Facilities, Office or Venue Rent	$	
	Professional Fees	$	
	Equipment	$	
	Program Administration Costs	$	
Administration Costs (specify)			
	Advertising (publicity & promotions)	$	
	Postage	$	
	Audit & Accounting	$	
	Total Expenses (B)	$	
Total Eligible Funding (B-A)		$	

Note: Financial information must be submitted in the format provided

2022 PROGRAM BUDGET PROPOSAL: **CREMONA FCSS**			**Actual Costs**
Each program you apply for needs to have a separate application/budget			For Reporting
Revenue			**(Include grant approvals from all FCSS Agencies)**
Donations		$	
Fundraising		$	
Other Grants		$	
In-Kind Contributions		$	
Fees		$	
	Total Revenue (A)	**$**	
Expenses			
Personnel Costs:			
	Facilitator/Guest Speaker Costs	$	
	Staff Salaries & Benefits connected with the Program	$	
	Volunteer Training & Recognition	$	
Operations Cost:			
	Facilities, Office or Venue Rent	$	
	Professional Fees	$	
	Equipment	$	
	Program Administration Costs	$	
Administration Costs (specify)			
	Advertising (publicity & promotions)	$	
	Postage	$	
	Audit & Accounting	$	
	Total Expenses (B)	**$**	
Total Eligible Funding (B-A)		**$**	

Note: Financial information must be submitted in the format provided

2022 PROGRAM BUDGET PROPOSAL: **DIDSBURY FCSS**			**Actual Costs**
Each program you apply for needs to have a separate application/budget			For Reporting
Revenue			**(Include grant approvals from all FCSS Agencies)**
Donations		$	
Fundraising		$	
Other Grants		$	
In-Kind Contributions		$	
Fees		$	
	Total Revenue (A)	**$**	
Expenses			
Personnel Costs:			
	Facilitator/Guest Speaker Costs	$	
	Staff Salaries & Benefits connected with the Program	$	
	Volunteer Training & Recognition	$	
Operations Cost:			
	Facilities, Office or Venue Rent	$	
	Professional Fees	$	
	Equipment	$	
	Program Administration Costs	$	
Administration Costs (specify)			
	Advertising (publicity & promotions)	$	
	Postage	$	
	Audit & Accounting	$	
	Total Expenses (B)	**$**	
Total Eligible Funding (B-A)		**$**	

Note: Financial information must be submitted in the format provided

2022 PROGRAM BUDGET PROPOSAL: **OLDS FCSS**			**Actual Costs**
Each program you apply for needs to have a separate application/budget			For Reporting
Revenue			**(Include grant approvals from all FCSS Agencies)**
Donations		$	
Fundraising		$	
Other Grants		$	
In-Kind Contributions		$	
Fees		$	
	Total Revenue (A)	$	
Expenses			
Personnel Costs:			
	Facilitator/Guest Speaker Costs	$	
	Staff Salaries & Benefits connected with the Program	$	
	Volunteer Training & Recognition	$	
Operations Cost:			
	Facilities, Office or Venue Rent	$	
	Professional Fees	$	
	Equipment	$	
	Program Administration Costs	$	
Administration Costs (specify)			
	Advertising (publicity & promotions)	$	
	Postage	$	
	Audit & Accounting	$	
	Total Expenses (B)	$	
Total Eligible Funding (B-A)		$	

Note: Financial information must be submitted in the format provided

2022 PROGRAM BUDGET PROPOSAL: **MOUNTAIN VIEW COUNTY FCSS**			**Actual Costs**
Each program you apply for needs to have a separate application/budget			For Reporting
Revenue			(Include grant approvals from all FCSS Agencies)
Donations		$	
Fundraising		$	
Other Grants		$	
In-Kind Contributions		$	
Fees		$	
	Total Revenue (A)	$	
Expenses			
Personnel Costs:			
	Facilitator/Guest Speaker Costs	$	
	Staff Salaries & Benefits connected with the Program	$	
	Volunteer Training & Recognition	$	
Operations Cost:			
	Facilities, Office or Venue Rent	$	
	Professional Fees	$	
	Equipment	$	
	Program Administration Costs	$	
Administration Costs (specify)			
	Advertising (publicity & promotions)	$	
	Postage	$	
	Audit & Accounting	$	
	Total Expenses (B)	$	
Total Eligible Funding (B-A)		$	

Note: Financial information must be submitted in the format provided

COMPLETED APPLICATIONS:

1. Submit one original signed copy of the application (via mail or drop-off at the Mountain View County office) or
2. E-mail a copy to: grants@mvcounty.com (scanned signatures will be accepted). Unsigned applications will be returned.
3. Fax a copy to (403-335-9207)
4. By Mail: Mountain View County, Attn: Pam Thomas, Bag 100, Didsbury, Alberta, T0M 0W0

Applications must be received at Mountain View County on or before November 12, 2021

DECLARATION:
I declare that all the information in this application is accurate and complete, and that the application is made on behalf of the named organization with its full knowledge and consents and **complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**
(http://humanservices.alberta.ca/family-community/14876.html)

I acknowledge that should this application be approved; I will be required to enter into a funding agreement which will outline the terms and conditions.

_____   _____   _____
Print Name   Authorized Signature   Date

For Annual Report Only	
Completed by:	Date:
Declaration of Board Member: In completing this report, we, the undersigned Board Member, declares that to the best of our knowledge, the information provided is truthful and accurate, and is made on behalf of the above-named organization. _____ _____ _____ Print Name Authorized Signature Date	

If you have questions, contact your Local FCSS Office

Carstairs FCSS	403-337-3341	Mountain View County FCSS	403-335-3311
Cremona FCSS	403-637-3731	Olds FCSS	403-556-6981
Didsbury FCSS	403-335-8719	Sundre FCSS	403-638-1011