



## Family and Community Support Services (FCSS) Grant Funding Application Year: **January 1 to December 31, 2019**

Program/Project Name	GRANT AMOUNT REQUESTED \$	\$ GRANT AMOUNT AWARDED (office use) \$
<b>Organization Information:</b>		
Organization Name:		
Mailing Address:		
Contact person:		Position/title:
Email address:		
Telephone:	Cell:	Fax:
Is your organization registered as a society or a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable Number:	Incorporation Number:	
Please provide a brief overview of your project/program.		

**Eligibility for Financial Support**

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a **non-profit society** in Alberta; or operating under the administrative jurisdiction of a school division or municipality.

ONLY applications that identify the Specific piece of the project or program that fits the FCSS Act and Regulation and identifies the Outcomes and Indicators will be considered.

<b>DEADLINE DATES</b>	
<b>Applications for FCSS Grant Funding</b>	<b>September 17</b> (for the upcoming years program)
<b>Please note all shaded gray areas are reserved for your Year End report data.</b>	
<b>Year End Report</b>	<b>January 31</b> (of the following year, ie. Year End Report for the

**Additional Organization Information:**

Brief Description of your agency Mission, Mandate, History	
Funded by	Provincial Gov't   Federal Gov't   Other (please list all)
Reason why you need additional funding for this project	Additional Funding Dollars are needed for

<b>Program/Project Title:</b>	
<b>Statement of Need:</b> <i>What community need or issue does this program or project address?</i>	
<b>Overall Goal:</b> <i>What do you hope to achieve with the program or project [ overall change or impact in the long term]</i>	
<b>Broad Strategy:</b> <i>In general terms, how will the program or project address the community need?</i>	
<b>Rationale:</b> <i>What evidence do you have that would support this approach, ie.,if you do these things, then these results will occur? What is your "if/then statement?"</i>	
<b>Who is served?</b> <i>What is the Target Group or population you want to reach with this program or project? (youth, seniors, adults etc.)</i>	
<b>Inputs :</b> <i>Identify the specific resources you have available for this program or to complete the project.</i>	
<b>Outputs:</b> Identify the specific <b>Activities and processes</b> you will use to work toward your program or project goals.	

<p><b>OTHER INFORMATION TO GATHER (not necessary at application time)</b></p> <p><i>REMINDER THAT FOR YOUR YEAR END REPORTING, you will need to collect data as indicated to the right. You should also consider tracking other data throughout the year.</i></p>	<p><b>DATA YOU MUST COLLECT FOR YEAR END REPORT</b> (will be entered in the table at the bottom of this page):</p> <p># of participants                      # of volunteers # of volunteer hours</p> <p># of partners (if involved)_____</p> <p>Other Data you could track this year: # workshops/training sessions for volunteers_____ # volunteers participated in training sessions_____ # new volunteers recruited_____ # volunteer events held_____</p>
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<p><b>FCSS Overarching Goal</b> <i>FCSS programs must 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. How does this program or project contribute?</i></p>	<p><b>FCSS enhances the social well-being of individuals, families and community through prevention.</b></p>
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<b>Identify for each Outcome the SD that fits that outcome.</b>	SD 1	SD 2	SD 3	SD 4	SD 5
<p><b>Strategic Direction:</b> <i>How does your program or project contribute to the overarching goal and five Strategic Directions in the FCSS Regulation? Which does it fit best?</i></p>	<p>help people to develop independence, strengthen coping skills and become more resistant to crisis;</p>	<p>help people to develop an awareness of social needs</p>	<p>help people to develop interpersonal and group skills which enhance constructive relationships among people</p>	<p>help people and communities to assume responsibility for decisions and actions which affect them;</p>	<p>provide supports that help sustain people as active participants in the community</p>

**GREY SHADED AREAS - complete ONLY for YEAR END FINAL report**

	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
<b>Total # of Volunteers:</b>							
<b>Total # of Volunteers HOURS:</b>							
<b>Total # of participants</b>							
<b>TARGET GROUP:</b>	<b>Children</b>	<b>Adults</b>	<b>Seniors</b>	<b>Families</b>			
<b>Total # of:</b>							
<b>Total # completing the Measurement Tool [survey]: _____</b>							

## OUTCOME SECTION

<b>1. Outcome Statement</b>							
Indicator:							
Data Collection Method:	Pre-test/post test		post only		Survey		
Identify the Measure from the <b>FCSS Measures Bank</b> – statement/question and scale that you use to collect data	<b>Measures Bank Measure and #:</b>						
<b>Alignment with FCSS Outcomes Model: Chart of Outcomes &amp; Indicators</b>  <i>Where does this project or program fit in the Provincial Outcomes Model?</i>	<p>___ Individuals    __ Families    ___ Community</p> <p><b>Which Model Outcome? #</b></p> <p><b>Which Model Indicator?</b></p> <p><b>Which SD: #</b></p>						
<b>Survey Totals for the Year End Report</b>	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
# of participants completing this measure:							
# of participants experiencing positive change:							
Percentage of Positive change							
<b>2. Outcome Statement</b>							
Indicator:							
Data Collection Method:	Pre-test/post test		post only		Survey		
Identify the Measure from the <b>FCSS Measures Bank</b> – statement/question and scale that you use to collect data	<b>Measures Bank Measure and #:</b>						
<b>Alignment with FCSS Outcomes Model: Chart of Outcomes &amp; Indicators</b>  <i>Where does this project or program fit in the Provincial Outcomes Model?</i>	<p>___ Individuals    __ Families    ___ Community</p> <p><b>Which Model Outcome? #</b></p> <p><b>Which Model Indicator?</b></p> <p><b>Which SD: #</b></p>						

Survey Totals for the Year End Report	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
# of participants completing this measure:							
# of participants experiencing positive change:							
Percentage of Positive change							
<b>3. Outcome Statement</b>							
Indicator:							
Data Collection Method:	Pre-test/post test      post only      Survey						
Identify the Measure from the <b>FCSS Measures Bank</b> – statement/question and scale that you use to collect data	<b>Measures Bank Measure and #:</b>						
<b>Alignment with FCSS Outcomes Model: Chart of Outcomes &amp; Indicators</b>  <i>Where does this project or program fit in the Provincial Outcomes Model?</i>	<p>___ Individuals    ___ Families    ___ Community</p> <p><b>Which Model Outcome? #</b></p> <p><b>Which Model Indicator?</b></p> <p><b>Which SD: #</b></p>						
Survey Totals for the Year End Report	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
# of participants completing this measure:							
# of participants experiencing positive change:							
Percentage of Positive change							
<b>4. Outcome Statement</b>							
Indicator:							
Data Collection Method:	Pre-test/post test      post only      Survey						
Identify the Measure from the <b>FCSS Measures Bank</b> – statement/question and scale that you use to collect data	<b>Measures Bank Measure and #:</b>						

<b>Alignment with FCSS Outcomes Model: Chart of Outcomes &amp; Indicators</b>  <i>Where does this project or program fit in the Provincial Outcomes Model?</i>	<b>___ Individuals    ___ Families    ___ Community</b>  <b>Which Model Outcome? #</b>  <b>Which Model Indicator?</b>  <b>Which SD: #</b>						
	<b>Survey Totals for the Year End Report</b>	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne
# of participants completing this measure:							
# of participants experiencing positive change:							
Percentage of Positive change							

<b>BUDGET</b>	<b>Proposed</b>	<b>Actual (Year End Report)</b>
REVENUE:		
FCSS Grant Funding from:		
County of Vermilion River	\$	
Town of Vermilion	\$	
Village of Dewberry	\$	
Village of Marwayne	\$	
Village of Kitscoty	\$	
Village of Paradise Valley	\$	
Other Revenue	\$	
Total Revenue:	\$	\$
EXPENDITURES:		
Program/Project	\$	
Program Coordinator & Revenue Canada Remittance	\$	
Facility Rentals	\$	
Project Materials	\$	
Accounting	\$	
Other Costs Nutritional expenses	\$	
Advertising/Promotions	\$	
Telephone/Postage/copying	\$	
Administration/Coordination	\$	
Total Expenditures	\$	\$
Surplus (Deficit)	\$	

## Continuous Quality Improvement

After analyzing the information, should this program/project continue?

What improvements can be made to the program/project?

What changes will you make (if any)?

What improvements can be made to the outcome measurement process?

Should there be any **unexpended** FCSS Grant funds, Please complete this section:

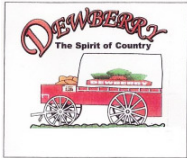
What occurred that resulted in funds not being expended?

What plans do you have for the unexpended funds?

What timeline will be required to expend the funds?

<b>Declaration of Applicant</b>		Date:
I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies <b>with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.</b> <b>(<a href="http://humanservices.alberta.ca/family-community/14876.html">http://humanservices.alberta.ca/family-community/14876.html</a>):</b>		
<b>I acknowledge that</b> should this application be approved, I/we will be required to enter into this funding agreement in its entirety.		
Print Name		
Authorized Signature		
Date Signed		
Date submitted to Funders		
<b>Please keep a copy of this application /final report for your records along with supporting financials.</b>		

**Forward completed application by SEPTEMBER 17, 2018 to:**



Contact: Sherry Johnson  
 Email: dewberry@hmsinet.ca  
 Phone: (780) 847-3053  
 Fax: (780) 847-3057

<b>FOR OFFICE USE ONLY</b>	<u>APPLICATION</u>	<u>Year End Final Report</u>
Date Received:		
By Mail:		
By Email:		
\$ Amount Approved:		<b>Amount Expended: \$</b>
Date Approved:		
Other Notes:		
Future Recommendations		



