



Family and Community Support Services (FCSS) Grant Funding
Application Year: January 1 to December 31, 2020

Program/Project Name:	GRANT AMOUNT REQUESTED \$	\$ GRANT AMOUNT AWARDED (office use) \$
Organization Name:		
Mailing Address:		
Contact person:	Position/title:	
Email address:		
Phone:	Website:	
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.

DEADLINE DATES
Applications for FCSS Grant Funding: <i>September 17 (for the upcoming years' program)</i>
<i>Please note that all of the shaded gray areas are reserved for your Year End report data and should not</i>

be filled in until completing the Year End report.

Year End Report:

January 31 (of the following year, ie. Year End Report for the 2020 Program Year will be submitted by January 31, 2021)

Organization Information

Brief Description of your agency - Mission, Mandate, History:

Is your Organization Funded by:

Provincial Government YES NO

User Fees/Registrations YES NO

Other Local FCSS Programs (Check all that apply):

Vermilion Kitscoty Marwayne Dewberry Paradise Valley Lloydminster Other

Federal Government YES NO

Other Grants YES NO

Indicate why you need additional funding for this project and what the funds will be used for:

Statement of Need: *What community need or issue does this program/project address?*

Overall Goal: *What do you hope to achieve with the program/project [overall long term change impact]*

Broad Strategy: *In general terms, how will the program or project address the community need?*

Rationale: *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?"*

Who is served? *What is the Target Group or population you want to reach with this program or project? (check the one primary group you are working with)*

Infant/Toddlers (0-3) Preschool (3-5) Children (5-12) Youth (12-18)
 Adults Seniors Volunteers Community

Inputs: Identify the specific resources you have available for this program or to complete the project.

Outputs: Identify the specific *Activities and processes* you will use to work toward your program or project goals.

YEAR END REPORTING:

DATA YOU MUST COLLECT FOR THE YEAR END REPORT

(will be entered in the table below when you complete your YEAR END REPORT. This info is NOT necessary at Application time):

of participants # of volunteers # of volunteer hours # of partners (if involved)

Other Data you could track this year that may help with year end reporting could include:

workshops/training sessions for volunteers # volunteers participated in training sessions
 # new volunteers recruited # volunteer events held

GREY SHADED AREAS - complete these areas ONLY for the YEAR END FINAL report

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

USE THIS INFO/CHART on FCCS Goal and Strategic Directions as a reference when completing the expected Outcomes for your programs on the next pages

FCCS Overarching Goal: FCCS 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?

FCCS enhances the social well-being of individuals, families and community through prevention.

Identify for each Outcome the SD that fits that outcome.	SD 1	SD 2	SD 3	SD 4	SD 5
Strategic Direction: How does your program or project contribute to the overarching goal and five Strategic	help people to develop independence, strengthen coping	help people to develop an awareness of social needs	help people to develop interpersonal and group skills which enhance constructive	help people and communities to assume responsibility for	provide supports that help sustain people as active

<i>Directions in the FCSS Regulation? Which does it fit best?</i>	skills and become more resistant to crisis;		relationships among people	decisions and actions which affect them;	participants in the community
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OUTCOME SECTION: The following is based on the FCSS Measures Bank spreadsheet, which has all the content you should need. If you need this document or need to discuss further, please contact your FCSS Coordinator.

1. Outcome Statement																													
Indicator:																													
Data Collection Method:	<input type="checkbox"/> Pre-test & Post test OR <input type="checkbox"/> Post Only Will you use a Survey to collect data? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Identify the Measure from the FCSS Measures Bank – statement/question and scale that you use to collect data	Measures Bank Measure and #:																												
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Survey (measurement) Totals for the YEAR END REPORT	<table border="1"> <thead> <tr> <th>County Vermilion River</th> <th>Vermilion</th> <th>Dewberry</th> <th>Kitscoty</th> <th>Paradise Valley</th> <th>Marwayne</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td># of participants completing this measure:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td># of participants experiencing positive change:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Percentage of Positive change</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	County Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other	# of participants completing this measure:							# of participants experiencing positive change:							Percentage of Positive change						
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Percentage of Positive change							

BUDGET	Proposed	Actual (Year End Report)
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	\$	
City of Lloydminster	\$	
Other Revenue (grants, user fees etc)	\$	
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 for YEAR END REPORT

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?

Declaration of Applicant

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 **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/we will be required to enter into this funding agreement in its entirety.

Print Name

Authorized Signature

Date Signed

Date submitted to Funders

Please keep a copy of this application /final report for your records along with supporting financials.

Forward completed application by SEPTEMBER 17, 2019 to:



Contact: Corinne McGirr, Community Development Coordinator

Email: cmcgirr@county24.com

Phone: (780) 846-2244

Fax: (780) 846-2716

FOR OFFICE USE ONLY

APPLICATION

Year End Final Report

Date Received:

By Mail:

By Email

\$ Amount Approved:

Date Approved:

Other Notes:

Amount Expended: \$

Future Recommendations

