



**Family and Community Support Services (FCSS)
Grant Funding Application**

For the upcoming Budget Year: January 1 to December 31, 2021

| Program/Project Name | GRANT AMOUNT REQUESTED | GRANT AMOUNT AWARDED (office use) |
|---|---------------------------|--------------------------------------|
| | \$ | \$ |
| Organization Information: | | |
| Organization Name: | | |
| Mailing Address: | | |
| Contact person: | Position/Title: | |
| Email address: | | |
| Work Phone: | Cell: | |
| Is your organization registered as a society or a corporation: | Yes | No |
| Charitable Number: | Incorporation Number: | |
| Please provide a <i>brief overview statement of your project / program:</i> | | |

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 18 (for the upcoming years program)</i> |
| <i>Year End Report</i> | <i>January 31 (of the following year, i.e. Year End Report for the 2021 Program Year will be submitted by January 31, 2022)</i> |
| | <i>*Please note all shaded <u>gray areas</u> are reserved for your year-end report data.</i> |

Additional Organization Information:

Brief description of your agency mission, mandate, history:

Is your organization funded by: (check all that apply)

Provincial Gov't Federal Gov't User Fees/Registrations Other Grants

Other FCSS Programs: County of Vermilion River Kitscoty Marwayne Dewberry

Paradise Valley Lloydminster Other

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

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

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

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, i.e. 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?*

Infants/Toddlers (0-3 yrs.) Pre-school (3-5 yrs.) Children (5-12 yrs.) Youth (12-18 yrs.)

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.*

OTHER INFORMATION TO GATHER (not necessary at application time)

REMINDER THAT FOR YOUR YEAR END REPORTING, you will need to collect data as indicated.

You should also consider tracking other data throughout the year.

DATA YOU MUST COLLECT FOR YEAR END REPORT (will be entered in the table at the bottom of this page):

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

Other data you could track this year if applicable:

workshops/training sessions for volunteers # volunteers participated in training sessions

new volunteers recruited # volunteer events held

GREY SHADED AREAS - Complete ONLY for Final Report

| | Vermilion | County of Vermilion River | 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 the following chart information on FCSS Strategic Directions as a reference when completing the expected outcomes for your project/program on the next pages.

| | | | | | |
|--|---|--|--|---|--|
| <p>FCSS Overarching Goal <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.</i> How does this program or project contribute?</p> | <p>FCSS enhances the social well-being of individuals, families, and community through prevention.</p> | | | | |
| <p>Identify for each outcome the SD that fits that outcome.</p> | SD1 | SD2 | SD3 | SD4 | SD5 |
| <p>Strategic Direction (SD): How does your project or program contribute to the overarching goal and five Strategic Directions in the FCSS Regulations? Which does it fit best?</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> |

OUTCOME SECTION: The following is based on the FCSS Measures Bank Spreadsheet. If you need assistance, please contact the FCSS Coordinator in the area you are applying to.

| | | | | | | | |
|--|---|---------------------------|-------------------|----------|-----------------|----------|-------|
| 1. Outcome Statement | | | | | | | |
| Indicator: | | | | | | | |
| Data Collection Method: | Pre/Post Test | Post only | Survey to be used | | | | |
| Identify the Measure from the FCSS Measures Bank | Measures Bank Measure and #: Survey question to be used: Survey scale to be used: | | | | | | |
| Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators <i>Where does this project or program fit in the Provincial Outcomes Model?</i> | Individuals | Families | Community | | | | |
| | Which Model Outcome? # | | | | | | |
| | Which Model Indicator? | | | | | | |
| | Which SD: # | | | | | | |
| Survey Totals | Vermilion | County of Vermilion River | Dewberry | Kitscoty | Paradise Valley | Marwayne | Other |
| # of participants completing this measure: | | | | | | | |
| # of participants experiencing positive change: | | | | | | | |
| Percentage of Positive change | | | | | | | |
| | | | | | | | |
| 2. Outcome Statement | | | | | | | |
| Indicator: | | | | | | | |
| Data Collection Method: | Pre/Post Test | Post only | Survey to be used | | | | |
| Identify the Measure from the FCSS Measures Bank | Measures Bank Measure and #: Survey question to be used: Survey scale to be used: | | | | | | |

| | | | | | | | |
|---|--|----------------------------------|-------------------------|-----------------|---------------------------------|-----------------|--------------|
| <p>Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators <i>Where does this project or program fit in the Provincial Outcomes Model?</i></p> | <p>Individuals Families Community</p> <p>Which Model Outcome? #</p> <p>Which Model Indicator?</p> <p>Which SD: #</p> | | | | | | |
| <p>Survey Totals</p> | <p>Vermilion</p> | <p>County of Vermilion River</p> | <p>Dewberry</p> | <p>Kitscoty</p> | <p>Paradise Valley</p> | <p>Marwayne</p> | <p>Other</p> |
| <p># of participants completing this measure:</p> | | | | | | | |
| <p># of participants experiencing positive change:</p> | | | | | | | |
| <p>Percentage of Positive change</p> | | | | | | | |
| | | | | | | | |
| <p>3. Outcome Statement</p> | | | | | | | |
| <p>Indicator:</p> | | | | | | | |
| <p>Data Collection Method:</p> | <p>Pre/Post Test</p> | | <p>Post only</p> | | <p>Survey to be used</p> | | |
| <p>Identify the Measure from the FCSS Measures Bank</p> | <p>Measures Bank Measure and #:</p> <p>Survey question to be used:</p> <p>Survey scale to be used:</p> | | | | | | |
| <p>Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators <i>Where does this project or program fit in the Provincial Outcomes Model?</i></p> | <p>Individuals Families Community</p> <p>Which Model Outcome? #</p> <p>Which Model Indicator?</p> <p>Which SD: #</p> | | | | | | |

| Survey Totals | Vermilion | County of Vermilion River | Dewberry | Kitscoty | Paradise Valley | Marwayne | Other |
|---|-----------|---------------------------|----------|----------|-----------------|----------|-------|
| # of participants completing this measure: | | | | | | | |
| # of participants experiencing positive change: | | | | | | | |
| Percentage of Positive change | | | | | | | |

4. Outcome Statement

Indicator:

Data Collection Method: **Pre/Post Test** **Post only** **Survey to be used**

Identify the Measure from the FCSS Measures Bank

Measures Bank Measure and #:

Survey question to be used:

Survey scale to be used:

Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators
Where does this project or program fit in the Provincial Outcomes Model?

Individuals Families Community

Which Model Outcome? #

Which Model Indicator?

Which SD: #

| Survey Totals | Vermilion | County of Vermilion River | Dewberry | Kitscoty | Paradise Valley | Marwayne | Other |
|---|-----------|---------------------------|----------|----------|-----------------|----------|-------|
| # of participants completing this measure: | | | | | | | |
| # of participants experiencing positive change: | | | | | | | |
| Percentage of Positive change | | | | | | | |

| BUDGET | Proposed | Actual |
|---|----------|--------|
| REVENUE: | | |
| FCSS Grant Funding from: Town of Vermilion | \$ | \$ |
| County of Vermilion River | \$ | \$ |
| 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 Staff & Revenue Canada Remittance | \$ | \$ |
| Facility Rentals | \$ | \$ |
| Project Materials | \$ | \$ |
| Accounting | \$ | \$ |
| Other Costs Nutritional expenses | \$ | \$ |
| Advertising/Promotions | \$ | \$ |
| Telephone/Postage/copying | \$ | \$ |
| Administration/Coordination | \$ | \$ |
| Other | \$ | \$ |
| Other | \$ | \$ |
| | | |
| Total Expenditures | \$ | \$ |
| Surplus (Deficit) | \$ | \$ |

Continuous Quality Improvement (complete 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?

Unexpended FCSS Grant Funds: If applicable, 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 Friday, SEPTEMBER 18, 2020 to:



Contact: FCSS Coordinator
Mailing Address: 5021 – 49 Ave., Vermilion, AB T9X 1X1
Email: fcss@vermilion.ca
Phone: (780)581.2413
Fax: (780)853.4910

| FOR OFFICE USE ONLY | APPLICATION | Year End Final Report |
|------------------------|----------------------------|----------------------------|
| Date Received: | | |
| By Mail: | | |
| By Email | | |
| | Amount Approved: \$ | Amount Expended: \$ |
| Date Approved: | | |
| Other Notes: | | |
| Future Recommendations | | |