



Family and Community Support Services (FCSS) Grant Funding

Application Year: **January 1 to December 31, 20**_____

Program/Project Name	GRANT AMOUNT REQUESTED \$	GRANT AMOUNT AWARDED \$
Funds requested from other FCSS Organizations: (Check all that apply) County of Vermilion River ___ Dewberry ___ Kitscoty ___ Marwayne ___ Paradise Valley ___ Town of Vermilion ___ Other (list): _____		
Organization Information:		
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 agency and project/program (ie. Mission, mandate, history).		

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	September _____ <i>(for the upcoming year)</i>
<i>Please note all shaded gray areas are reserved for your Year End report data.</i>	
Year End Report	January 31, _____ <i>(of the following year)</i>

Additional Organization Information:

Brief Description of your agency. (Mission/Mandate/History)	
Funded by:	<input type="checkbox"/> Provincial Gov't <input type="checkbox"/> Federal Gov't <input type="checkbox"/> Other (please list all)
Reason why you need additional funding for this project:	Additional funding dollars are needed for:

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

Outputs:
Who will you reach (students, volunteers, seniors etc.)?

Must report to the province so please collect: # of participants (Advocates); # of volunteers; # of volunteer hours.

If partners are involved: # of partners.

Consider collecting other information relevant to this program/project: # of workshops/trainings for volunteers; # of participants in workshops/trainings for volunteers; # of new volunteers recruited; # of volunteer events; # of volunteers attending recognition events.

FCSS Overarching Goal
How does this program or project contribute?
 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.

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 Directions in the FCSS Regulation? Which does it fit best?	Help people to develop independence, strengthen coping skills and become more resistant to crisis.	Help people to develop an awareness of social needs.	Help people to develop interpersonal and group skills which enhance constructive relationships among people.	Help people and communities to assume responsibility for decisions and actions which affect them.	Provide supports that help sustain people as active participants in the community.

GREY SHADED AREAS - Complete ONLY For Final Report

	County of Vermilion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
Total # of volunteers:							
Total # of volunteer HOURS:							
Total # of participants:							
TARGET GROUP:	Children		Adults		Seniors		Families
Total # of:							

Total # completing the Measurement Tool [survey]: # _____

OUTCOME SECTION

1. Outcome Statement							
Indicator:							
Data Collection Method: Pre-test and Post-test ____ Post-test only ____ Survey ____							
Identify the Measure from the FCSS Measures Bank – Statement/question and scale that you use to collect data							
Measures Bank Number: ____							
Statement/question and scale:							
Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators							
____ Individuals ____ Families ____ Community							
Which Outcome #: _____							
Which Indicator: _____							
Which SD#: _____							
Survey Totals							
	County of Vermilion River	Vermilion	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-test and Post-test ____ Post-test only ____ Survey ____							
Identify the Measure from the FCSS Measures Bank – Statement/question and scale that you use to collect data							
Measures Bank Number: ____							
Statement/question and scale:							

<p>Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators</p> <p><i>Where does this project or program fit in the Provincial Outcomes Model?</i></p>	<p style="text-align: center;">___ Individuals ___ Families ___ Community</p> <p>Which Outcome #:</p> <p>_____</p> <p>Which Indicator:</p> <p>_____</p> <p>Which SD#:</p> <p>_____</p>
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Survey Totals	County of Vermillion River	Vermilion	Dewberry	Kitscoty	Paradise Valley	Marwayne	Other
# of participants completing this measure:							
# of participants experiencing positive change:							
Percentage of Positive change							



3. Outcome Statement	
Indicator:	
Data Collection Method:	Pre-test and Post-test ___ Post-test only ___ Survey ___
Identify the Measure from the FCSS Measures Bank – statement/question and scale that you use to collect data	Measures Bank Number: ___
	Statement/question and scale:

<p>Alignment with FCSS Outcomes Model: Chart of Outcomes & Indicators</p> <p><i>Where does this project or program fit in the Provincial Outcomes Model?</i></p>	<p style="text-align: center;">___ Individuals ___ Families ___ Community</p> <p>Which Outcome #:</p> <p>_____</p> <p>Which Indicator:</p> <p>_____</p> <p>Which SD#:</p> <p>_____</p>
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Survey Totals	County of Vermillion River	Vermilion	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-test and Post-test ____ Post-test only ____ Survey ____
Identify the Measure from the FCSS Measures Bank – statement/question and scale that you use to collect data	Measures Bank Number: ____
	Statement/question and scale:
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 Outcome #: _____
	Which Indicator: _____
	Which SD#: _____
Survey Totals	County of Vermilion River Vermilion 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:		
County of Vermilion River	\$	\$
Town of Vermilion	\$	\$
Village of Dewberry	\$	\$
Village of Marwayne	\$	\$
Village of Kitscoty	\$	\$
Village of Paradise Valley	\$	\$
Other	\$	\$
Total Revenue:	\$	\$

EXPENDITURES:		
Program/Project	\$	\$
Program Coordinator	\$	\$
Rev Canada Remit	\$	\$
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 <i>unexpected</i> 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		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 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 Application for Funds Signed:		
Date Final Report submitted to Funders:		
Please keep a copy of this application /final report for your records along with supporting financials.		

Forward completed Application and Final Report to:



Contact: Colleen Parker
Assistant CAO
Mailing Address: Box 128, Kitscoty, AB T0B 2P0
Email: assistcao@vokitscoty.ca
Phone: (780)846-2221
Fax: (780)846-2213

FOR OFFICE USE ONLY	<u>APPLICATION</u>	<u>YEAR END FINAL REPORT</u>
Date Received:		
Received by Mail:		
Received by Email:		
FCSS Funding Approved/Expended:	\$	\$
Date Approved:		
Other Notes:		
Future Recommendations:		