



Family and Community Support Services (FCSS) Grant Funding

Application Year: **January 1 to December 31, 202__**

Program Name:		GRANT AMOUNT REQUESTED \$	GRANT AMOUNT AWARDED \$
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:		

Additional Organization Information:	
Brief Description of your agency: Mission, Mandate, History	

Funded by	Provincial Government <input type="checkbox"/> YES <input type="checkbox"/> NO User Fees/Registrations <input type="checkbox"/> YES <input type="checkbox"/> NO Other Local FCSS Programs (Check all that apply): <input type="checkbox"/> County of Vermilion River <input type="checkbox"/> Vermilion <input type="checkbox"/> Kitscoty <input type="checkbox"/> Marwayne <input type="checkbox"/> Paradise Valley <input type="checkbox"/> Lloydminster	Federal Government <input type="checkbox"/> YES <input type="checkbox"/> NO Other Grants <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason why you need additional funding for this project		

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 15 (for the upcoming years' program)
<i>Please note that all of the shaded gray areas are reserved for your Year End report data and should not be filled in until completing the Year End report.</i>	
Year End Report:	January 31 (of the following year, ie. Year End Report for the 2022 Program Year will be submitted by January 31, 2022)

GREY SHADED AREAS - complete these areas ONLY for the YEAR END FINAL report								
	County of Vermilion River	Vermilion	Kitscoty	Paradise Valley	Marwayne	Lloydminster	Other	Other
Total # of Volunteers:								
Total # of Volunteers HOURS:								
Total # of participants								

<p>Program/Project: POINT FORM DESCRIPTION <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>Statement of Need: <i>What community need or issue does this program or project address?</i></p>	
<p>Overall Goal: <i>What do you hope to achieve with the program or project [overall change or impact in the long term]</i></p>	
<p>Broad Strategy: <i>In general terms, how will the program or project address the community need?</i></p>	
<p>Rationale: <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></p>	
<p>Who is served? <i>What is the Target Group or population you want to reach with this program or project? (youth, seniors, adults etc.)</i></p>	<p>Check one or more:</p> <p> <input type="checkbox"/> Infant/Toddlers (0-3) <input type="checkbox"/> Preschool (3-5) <input type="checkbox"/> Children (5-12) <input type="checkbox"/> Youth (12-18) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Volunteers <input type="checkbox"/> Community </p>
<p>Inputs : <i>Identify the specific resources you have available for this program or to complete the project.</i></p>	

Outputs: Identify the specific <i>Activities and processes</i> you will use to work toward your program or project goals.	
Outputs: <i>Who will you reach</i> (students, volunteers, seniors etc.)	<p>Must be reported to the province so please collect:</p> <ul style="list-style-type: none"> # of participants # of volunteers # of volunteer hours related to this FCSS initiative <p>If partners are involved:</p> <ul style="list-style-type: none"> # of partners List of Partners <p>Consider collecting other information relevant to this program/project:</p> <ul style="list-style-type: none"> # of new participants # of individuals served by age category # of workshops/presentations offered # of various types of information requested, i.e., food bank, transportation, housing, health, safety-internet/telephone/door to door solicitors # of information and referrals
FCSS OVEARCHING GOAL	FCSS enhances the social well-being of individuals, families and community through prevention. FCSS programs must be of a preventative nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunities.

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					
Identify for each Outcome the Strategic Direction that fits that outcome.	SD 1	SD 2	SD 3	SD 4	SD 5
Strategic Direction: <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>	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

Strategic Direction	Outcome Statement:	Measures: Question On the Survey	Measures Bank Numbers:	Alignment with the FCSS Outcomes Model: Chart of Outcomes and Indicators:	Data to be collected and reported on the Year End Summary Report after surveying	County Vermilion River	Vermilion	Kitscoty	Paradise Valley	Marwayne	Lloydminster
					Total # of Participants						
					# completing the tool:						
					# completing measure:						
					# experiencing a positive change:						
					% of positive change						
					Total # of Participants						
					# completing the tool:						
					# completing measure:						
					# experiencing a positive change:						
					% of positive change						
					Total # of Participants						
					# completing the tool:						
					# completing measure:						
					# experiencing a positive change:						
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					# experiencing a positive change:						
					% of positive change						
					Total # of Participants						
					# completing the tool:						
					# completing measure:						
					# experiencing a positive change:						
					% of positive change						

PROPOSED BUDGET				ACTUAL BUDGET	
REVENUE:					
FCSS Grant Funding	\$			\$	
County of Vermilion River	\$			\$	
Town of Vermilion	\$			\$	
Village of Marwayne	\$			\$	
Village of Kitscoty	\$			\$	
Village of Paradise Valley	\$			\$	
City of Lloydminster	\$			\$	
Other FCSS	\$			\$	
Other Funding Sources	\$			\$	
Total Revenue:		\$			\$
EXPENDITURES:					
Program/Project Materials	\$			\$	
Speaker/Presenter Expenses	\$			\$	
Advertising/Promotions	\$			\$	
Telephone/Postage/copying	\$			\$	
Facility Rentals	\$			\$	
Other Costs: Nutritional expenses	\$			\$	
Administration/Coordination	\$			\$	
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$			\$	
		\$			\$
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 FCSS Program	

Please keep a copy of this application for your records along with supporting financials. This report will coincide with the Year End Summary.

Forward completed application to: [Village of Kitscoty](#) **Contact:** Sharon Williams **Email:** AssistCAO@VoKitscoty.ca **Phone:** 780-846-2221

FOR OFFICE USE ONLY		\$ Amount Approved:
Date Received:	By Email	By Mail:
Date Approved:	Notes/Special requests or comments	Future Recommendations