FCSS Family and Community Support Services

Municipality of Crowsnest Pass

2013 Funding Application

Freedom of Information & Protection of Privacy Act

Personal information provided on this funding application is being collected for the purpose of determining eligibility for FCSS Funding. The information will not be disclosed to any person or organization and is protected by the privacy provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions, please contact the FOIPP Coordinator by calling the Municipal Office at 562-8833.

FINANCIAL INFORMATION:

PLEASE NOTE: The F.C.S.S. fiscal year runs from January 1 to December 31.
All programs receiving funding from F.C.S.S. must enter into an agreement with the Municipality of Crowsnest Pass Family and Community Support Services prior to any funds being advanced.

Provide a budget for the project indicating what expenses F.C.S.S. dollars will be used for.
This will provide F.C.S.S. with information on program cost-sharing and indicate where F.C.S.S. funds are being spent to ensure that expenditures fall within the F.C.S.S. Act and guidelines.

Funding Exclusions:

- Services provided under a program must not provide primarily for the recreational needs or leisure time pursuits of individuals; offer direct assistance, including money, food, clothing or shelter to sustain an individual or family; be primarily rehabilitative in nature; nor duplicate services that are ordinarily provided by a government or government agency.
- Purchase of land or buildings; construction or renovation of a building; purchase of motor vehicles; municipal property taxes and levies;
- **Costs required to sustain an organization that do not relate to direct service delivery under the program;**
- Payments to board or committee members for the operation of a program, or delivery of a service other than reimbursement to volunteers for incidental expenses necessarily incurred in providing volunteer services to a program but not including loss of wages.

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Application for FCSS Funding

1. Program/Project Name: _____

2. Applicant (Group/Organization: _____

3. Mailing Address: _____

   _____

4. Contact Person: _____ Position: _____

   a. Phone: _____ Fax: _____

   b. Email Address: _____

5. On behalf of the Agency/Program listed above I understand by signing this grant application that any grant received from Family and Community Support Services will be fully expended in the year it is acquired.

   Signature: _____ Position: _____

6. **Funding amount requested for 2013 _____.**

   Funding amount received in 2012 _____.

7. You will be contacted after the application deadline and be required to present your application to the FCSS Board and speak to your program.

8. Provide a clear and concise description of the proposed project including any innovative or unique factors and stated benefits. Use back page if necessary.

9. Are there any other organizations in the community that provide a similar service? If yes, please indicate program similarities/differences that you are aware of.

10. List any additional resources, monetary or physical partnerships that enable the project to operate.

11. Provide an explanation of how Family and Community Support Services will be recognized if funding is awarded. Indicate how this will be achieved and include any advertising or print materials.

12. **Family and Community Support Services** uses a “people helping people to help themselves” approach and offers a wide range of programs and services at the community level. Check all that apply and tell us about your program as it relates to FCSS.

☐ Programs and services that promote the social development of children and their families, including parent-child development activities, temporary or occasional parent relief services, or support services for young school age children.

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☐ Programs and services that enrich and strengthen family life by developing skills so people can function more effectively within their own environment, including parenting and family life education and development programs, marriage enrichment, retirement planning, programs for single adults and single parents, courses designed to enhance self-awareness and personal growth, individual, family and group counseling services that are educational and not treatment oriented, or youth development services.

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☐ Programs and services that enhance the quality of life of the retired and semi-retired, including home support services, education and information services, outreach and coordination services, or self-help socialization activities.

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☐ Services to promote, encourage and support volunteer work in the community, including recruitment, training and placement services, resources to support volunteers, or coordination of volunteer services.

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☐ Programs and services to assist communities to identify their social needs and develop responses to meet those needs, including raising public awareness around community issues, developing strategies for community advocacy, developing comprehensive social community plans and initiatives, environmental scans, service reviews, strategic planning, program planning, or in-kind support to community-based groups (until they are able to sustain themselves) such as provision of office space, printing, photocopying, help with preparing proposals, etc.

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☐ Programs and services to inform the public of available services, including information and referral services, community information directories, newcomer services, or interagency coordination.

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PROGRAM BUDGET INFORMATION

(2013) PROGRAM BUDGET PROPOSAL

PROJECTED REVENUE	DOLLARS	COMMENTS
Grants/Government Funding		
FCSS	$	
Child & Youth Services	$	
Community Foundations	$	
Others	$	
Grants/Government Funding Sub-Total	**$**	
Fundraising/Sponsorship		
Donations & Corporate Sponsorship	$	
Events/Campaign Gross Revenue	$	
Facility Rentals	$	
Casinos/Bingos	$	
Other	$	
Fundraising/Sponsorship Sub-Total	**$**	
In Kind/Non-Cash Services		
Capital Donations	$	
Rent	$	
Accounting & Legal Services	$	
Other	$	
In Kind/Non-Cash Services Sub-Total	**$**	
User Fees		
Registration Fees	$	
Membership Fees	$	
Tuition Fees	$	
Sales	$	
Other	$	
User Fees Sub-Total	**$**	
TOTAL PROJECTED REVENUE	**$**	**(A)**

PROJECTED EXPENSES	DOLLARS	COMMENTS
Wages & Benefits		
Administration Salaries	$	
Benefits	$	
Program Staff Salaries	$	
Benefits	$	
Wages & Benefits Sub-Total	**$**	
Administrative Expenses		
Advertising	$	
Bank Charges	$	
Accounting Services	$	
Membership Fees	$	
Telephone/Fax Expenses	$	
Office Supplies	$	
Administrative Expenses Sub-Total	**$**	
Overhead		
Facility Rental	$	
Utilities	$	
Insurance	$	
Equipment	$	
Vehicle Expenses	$	
Capital Purchases	$	
Other Expenses (Please Indicate)	$	
Overhead Sub-Total	**$**	
TOTAL PROJECTED EXPENSES	**$**	**(B)**

TOTAL EXPENSES		**(B)**
		MINUS
TOTAL REVENUE		**(A)**
= FUNDING REQUEST	**#VALUE!**	

<u>MEASURING OUTCOMES:</u> Label as ATTACHMENT #9

The capacity of FCSS to report on tangible outcomes (determining the difference a specific project or service has made to an individual, family, or community) is being developed. The system includes two components:

Program Logic Model

- developed by individual programs
- articulates short, medium and long term outcomes for individuals, families, and communities
- demonstrates if the identified goals and strategies of program delivery are being achieved
- *A Logic Model is a diagram or flow chart that shows the linkages between what a program does and what it is expected to achieve.*

Database

- includes tools for measuring the success of the Program Logic Model
- collects, analyzes, and aggregates the information gathered to measure success

If you do not have a "Project Logic Model" please provide the following Agency/project information.

- **Agency/Project Vision:** (Your desired "social" condition.)

- **Agency/Project Mission:** (Your role in working towards your desired "social" condition.)

- **Statement of Need:** (Problem statement, description of the situation you wish to change. Indicate your Target population.)

- **Strategy:** (The approach you will use to meet this need/change this problem.)

- **Rationale:** (An explanation of why you believe this approach will work.)

- **Goals:** (A general statement of what you are attempting to achieve.)

- **Inputs:** (List resources dedicated to the project.)

- **Activities:** (Specific ways/actions you will use to work towards your goals.)

- **Outputs:** (The direct product of your activities, usually measured by volume of work accomplished.)

Number of participants who will benefit from your program.

Youth under 12: _____
Youth 12 – 17: _____
Adults: _____
Seniors (Over 65): _____

- **Measurement Tools:** (Means by which you collect information to measure your success. Examples: focus groups, surveys, personal interviews, etc.)

Use a separate page if necessary:

▪ **Expected Outcomes**: (Statements which describe the difference your intervention will make in the short term, intermediate and long term.)	▪ **Indicators of Success**: (Concrete things you can see or hear which provide evidence that you are achieving your outcomes – often referred to as performance measures.) There should be an indicator of success for each outcome.

Short –Term

Mid-Term

Long-Term

ATTACHMENTS:

- **ATTACHMENT #1:** List of the Board of Directors, include positions and contact information.
- **ATTACHMENT #2:** List of all staff, include their position and duties. (Please indicate staff who are supervisory and staff who are involved in direct program delivery.)
- **ATTACHMENT #3: List of other agencies you have previously applied to for funding.** *(Indicates to FCSS that you are actively involved in fundraising for your program.)*
- **ATTACHMENT #4: List other services provided by your Agency.** *(Are you multi-faceted?)*
- **ATTACHMENT #5: Provide letters of support for your program.** *(First time applicants to FCSS)*
- **ATTACHMENT #6: Provide an estimate of volunteer hours for your proposed project.**
- **ATTACHMENT #7: Provide a copy of the MOTION from your Board or governing body indicating a commitment to enter into a partnership with FCSS**
- **ATTACHMENT #8: Provide a photocopy of your annual return showing good standing with the Corporate Registry.** (*If you are not a Registered Society contact FCSS for further direction.)*
- **ATTACHMENT #9: Outcomes Measurement Logic Model**