



2019 FAMILY & COMMUNITY SUPPORT SERVICES FUNDING APPLICATION

To be completed and submitted to FCSS by August 31, 2018.

Introduction

1. Please read carefully all of the information in this form prior to your submission.
2. Ensure the Provincial FCSS Measures Bank (supplied by the Pincher Creek & District FCSS Director) is used in this application.
3. **Only PAGES 4-9 need be returned.** Please be brief and concise with descriptions. **Please use budget template provided.**
4. Applicants may be required to provide a presentation on their application.
5. You will be contacted once recommendations have been approved.
6. Successful applicants will be required to sign a Funding Agreement with Crowsnest Pass Family and Community Support Services. This agreement will include details of payment, financial and program reporting and other funding conditions.

Eligibility Information

Family and Community Support Services (FCSS) is a partnership between the Province and a Municipality or Metis Settlement that develops locally driven preventative social initiatives to enhance the well-being of individuals, families and communities.

To obtain FCSS conditional funding, programs of service providers must meet the Provincial Family & Community Support Services regulations. These programs must:

- a) *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, and*
- b) *Do one or more of the following*
 - i) *help people to develop independence, strengthen coping skills and become more resistant to crisis;*
 - ii) *help people to develop an awareness of social needs;*
 - iii) *help people to develop interpersonal and group skills;*
 - iv) *help people and communities to assume responsibility for decisions and actions which affect them;*
 - v) *provide supports that help sustain people as active participants in the community.*

Programs and Services not eligible under the program include those that:

- a) provide primarily for the recreational needs or leisure time pursuits of individuals;
- b) are intended to sustain an individual or family (i.e. Providing food, clothing or shelter);
- c) are primarily rehabilitative in nature, or
- d) duplicate services that are ordinarily provided by a government or government agency.

The above guidelines must be kept in mind when completing your application. If you are unsure if your program qualifies please phone for clarification before you apply.

Please ensure the application is complete and feel free to use additional sheets if any of the spaces provided on the application form are inadequate.

Conditions of Funding

1. Funding received from Crowsnest Pass Family & Community Support Services program must provide preventive social programs that directly benefit its residents.
2. All funds must be spent by December 31, 2019
3. Outcomes must be measured by December 31, 2019 and included in a final report due by January 31, 2020.

Submission of Application

DEADLINE: August 31, 2018

DROP-OFF: Community Services Department (Rm. # 1 - 2802-222 Street Bellevue)

EMAIL: kim.lewis@crownsnestpass.com

Applications received after deadline will be not considered.

2019 Family & Communtiy Support Services Funding Application

Funding Period: January 1 – December 31, 2019

Through this application process you will be required to identify your Short-Term Outcome(s) for the program you are requesting funding. Gathering information on outcomes a Provincial FCSS requirement. At the end of the Funding year, the applicant will be required to provide a final report that will include collected outcome data. If you have any question regarding outcome measures or about this application, please contact Kim Lewis at kim.lewis@crowsnestpass.com.

Please be advised that all information hereto provided will be considered public information.

Name of Organization:	Program Name:
Organization Mailing Address:	
Contact Name:	Contact Title:
Email:	Phone #:
Website:	Facebook:
2019 Funding Requested: \$	Amount of FCSS Funding Received last year: \$

ORGANIZATION INFORMATION

Organization Mission Statement/Mandate:	
Programs Provided by Organization:	

INFORMATION ABOUT THE PROJECT/PROGRAM TO BE FUNDED			
Program/Project Title			
Start Date		Completion Date	
Program Description: Please describe what the program is & why you feel it is important.			
Statement of Need: What community issue or need are you responding to? What evidence do you have that demonstrates this/these issues are present in our community?			
Program Strategies: How are you going to address the issue, need or situation? (What actions/steps/activities)			
Rationale: Why will your strategy help you achieve your outcome(s)? What evidence do you have that this strategy will work? Research? (Best practices?)			

<p>Similar programs/Services? Are there any other organizations in the community that provides a similar service? If yes, please indicate program similarities or differences that you are aware of.</p>	
<p>Volunteers: Please describe how volunteers will be involved in this program/project.</p>	
<p>F.C.S.S Recognition: Please provide an explanation of how Family & Community Support Services will be recognized if funding is awarded.</p>	
<p>Who is Served? Target group (indicate percentage) (if more than 1 target group, indicate the % of each group e.g. Youth 60%, Families 40%.</p>	<p>Children/Youth _____% Adults _____% Families _____% Seniors: _____%</p> <p>Community: _____%</p>
<p>Community Partners? Who are your partners & what resource does each partner bring to the program/project? Ex: Money, staff, knowledge etc.</p>	
<p>Financial Outlook: If your funding request is not approved, or only partially approved, will you be able to continue with the program? What would the effect be if funding is not approved or only partially approved?</p>	

OUTCOME MEASURES

If you do not have a measures bank to complete this section; contact Kim Lewis @ kim.lewis@crowsnest pass.com

Outcome: <i>(What outcome do you want to achieve from the program?)</i>	Indicator(s) of Success: <i>(How will you know this outcome has been achieved?)</i>	Provincial Outcome & Indicator Alignment:	Measures Bank/ Measure Number:	Measure(s): <i>(To use for Measurement Tool.)</i>
1.	1.			1.
				2. <i>(if more than one measure for this indicator)</i>
	2. <i>(if more than one indicator for this outcome)</i>			1.
				2. <i>(if more than one measure for this indicator)</i>
2.	1.			1.
				2. <i>(if more than one measure for this indicator)</i>
	2. <i>(if more than one indicator for this outcome)</i>			1.
				2. <i>(if more than one measure for this indicator)</i>

ADDITIONAL INFORMATION

Identify Measurement Tool(s) You Will Be Using to measure your outcomes: (Choose only one)

- Survey
 Observation
 Interview
 Focus Groups

When Measurement Tool(s) Will Be Used:
(Choose only one)

- Pre-Test/Post-Test:
(both before and after
your activities)
 Post-Only:
(after activities)
 During Your Activities

Provincial Strategic Direction:

Please select one

- ___ #1 help people to develop independence, strengthen coping skills and become more resistant to crisis;
 ___ #2 help people to develop an awareness of social needs;
 ___ #3 help people to develop interpersonal and group skills which enhance constructive relationships among people;
 ___ #4 help people and communities to assume responsibility for decisions and actions which affect them;
 ___ #5 provide supports that help sustain people as active participants in the community.

ANTICIPATED OUTPUTS

Anticipated # of participants:

	Infants/Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Total # of Participants
Anticipated								

Other Outputs:

	# of Volunteers	# of Volunteer Hours	# of Presentations	# of Workshops	Other?	Other?	Other?	Other?
Anticipated								

2019 PROJECTED REVENUE	
FCSS Grant Requested	\$
USER FEES	
Registration Fees	\$
Memberships	\$
Tuition	\$
Other:	\$
FUNDRAISING	
Grants from other organizations	\$
Donations	\$
Casino	\$
Other:	\$
Sale of Goods/Services	\$
Total Projected Revenue	\$

PROJECT BUDGET

Please provide a breakdown of expenses covered by FCSS and “Other” revenue sources.

Projected Expense	F.C.S.S Requested	FCSS ACTUAL To be completed at end of project	Other Program Revenue	OTHER ACTUAL To be completed at end of project	Total Program Budget	ACTUAL TOTAL To be completed at end of project
Staffing Costs						
Administrative Salaries (related to direct program delivery)						
Benefits						
Program Staff Salaries						
Benefits						
Other Expenses						
Advertising						
Bank Charges						
Board Development						
Bookkeeping/Audit Expense						
Capital Purchases						
Equipment						
Facility Rental						
Insurance						
Membership Fees						
Phone						
Program Materials/Supplies						
Staff Development						
Utilities						
Vehicle Expenses						
Volunteer Recruitment/Development/ Training						
Workshops						
Other:						
Total Expenses						

DOCUMENTATION REQUIREMENTS	ATTACHED
List of current agency Board of Directors by name and Board position	<input type="checkbox"/>
List of all staff, include positions.	<input type="checkbox"/>
Most recent Un-Audited Financial Statement of your organization [Balance Sheet & income Statement]	<input type="checkbox"/>
Copy of the Motion from your Board of Directors or governing body indicating a commitment to enter into a partnership with FCSS.	<input type="checkbox"/>

SUBMIT COMPLETED APPLICATION TO:

Please:

1. Submit the original signed copy of the application as per instructions on Page 3 OR
2. Email a scanned copy to: **kim.lewis@crowstpass.com** (scanned signatures will be accepted).
3. Unsigned applications will be returned & deadline will not be waived.

The deadline for applications is August 31, 2018 @ 4:00PM.

DECLARATION:

I declare that all the information in this application is accurate and complete and that the application is made on behalf of the organization named on **Page 4** with its full knowledge and consents 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 will be required to enter into a funding agreement which will outline the terms and conditions.

Print Name

Authorized Signature

Date

For questions please contact Kim Lewis, FCSS Programmer: Phone: 403-563.2207
 Email: **kim.lewis@crowstpass.com**