

Family and Community Support Services Foothills Region 2023

Application deadline:
December 2, 2022
Report deadline:
January 31, 2024

Funding Application
 Annual Report

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM <small>*will auto fill from budget</small>					
	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Request					
FCSS Received (actual)					

1. AGENCY INFORMATION

Program Name	
Organization Name	
Program Contact	
Contact Phone	
Executive Director	
Email	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

2. ORGANIZATION TYPE

Alberta Societies Act Registration Number	
Charitable Number (if applicable)	
Government Agency (if applicable)	
Other (please specify)	

2.1 Provide a brief overview of your agency. Include mission, mandate, history, etc. **[150 words max]**

3. PROGRAM OVERVIEW SPECIFIC TO THIS FUNDING APPLICATION

3.1 Describe the program and why it is important to the community.

[300 words max]

3.2 Identify the social issue the program will address, how you will address this and what the expected changes is for participants. What evidence/research supports that this need exists and will inform your strategy? What specific activities/actions/steps will you be taking?

[300 words max]

3.3 List the partners and resources that will contribute to this program.

[150 words max]

4. FCSS MANDATE ALIGNMENT

The FCSS Regulation states that services provided under a program must be of preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and **do one or more** of the following:

1. help people 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

4.1 Describe how your program meets the FCSS mandate of providing preventive social services. From the 5 options above describe which one(s) align best with your program and why. **[150 words max]**

5. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION

5.1 Describe the evaluation and continuous improvement processes that you have in place for your program and outcome measures. **[250 words max]**

6. OUTPUTS

6.1 Anticipated Outputs

	Diamond Valley	Foothills County	High River	Okotoks	Total
Anticipated # preschoolers (0-6 years)					
Anticipated # children (7-12 years)					
Anticipated # youth (13-17 years)					
Anticipated # adults (18-64 years)					
Anticipated # seniors (65+ years)					
Total individual participants per community					
Anticipated # community presentations/events					
Anticipated # of Volunteers					
Anticipated # of Volunteer Hours					

6.2 Actual Outputs

	Diamond Valley	Foothills County	High River	Okotoks	Total
Actual # preschoolers (0-6 years)					
Actual # children (7-12 years)					
Actual # youth (13-17 years)					
Actual # adults (18-64 years)					
Actual # seniors (65+ years)					
Total individual participants per community					
Actual # community presentations/events					
Actual # of Volunteers					
Actual # of Volunteer Hours					

7. PROGRAM PREVENTION THEMES

7.1 Check the program prevention theme that this program most aligns with. Only select one.

<ul style="list-style-type: none"> Address social isolation Children's Program Community Awareness Community Capacity Building Community Engagement/Cohesion Mental Health Supports/Counselling Cultural Programming Family Programs Family School Liaison Family/Sexual Violence Prevention 	<ul style="list-style-type: none"> Helplines, Crisis Lines, Distress Lines, Life Lines Home Supports Information Study/Research Information and Referral Life Skills/Personal Development Supports to Prevent Poverty/Homelessness Training, Seminars, Courses Volunteering Youth Programming
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8. PROVINCIAL FCSS PRIORITY MEASURES

Provide outcome measures for your project below. At least one outcome must be from the FCSS Measures Bank Provincial Priority Measures.

- Refer to “Attachment 1: FCSS Measures Bank Provincial Priority Measures” to complete this section
- If applying/reporting to more than one FCSS for the same program then this outcome is regional
- Ensure your outcome aligns with the program information that you provided in Section 3 of this application
- Use “Attachment 2: Additional Outcomes” to provide more than one outcome

Please refer to this completed example

Provincial Strategic Direction	SD1 <input checked="" type="checkbox"/>	SD2 <input type="checkbox"/>	SD3 <input type="checkbox"/>	SD4 <input type="checkbox"/>	SD5 <input type="checkbox"/>
Improved social well-being of...	Individuals <input checked="" type="checkbox"/>	Families <input type="checkbox"/>	Community <input type="checkbox"/>		
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Individual Outcome 1 – Individuals experience personal well-being		Internal Asset: External Asset:		
Provincial Indicator and Page #	Provincial Indicator: Resilience Page #: 1				
Program Objective or Change Statement	People will learn skills to help them cope with different life events.				
Provincial Survey Question	PM2 - As a result of the resiliency workshop, I am better at handling whatever comes my way.				
Provincial Pre/Post or Post Only	Post Only Survey				
Provincial Survey and Scale used	Agreement Scale				
# Completing the Measurement Tool	50				
# Completing the Measure	45				
# Experiencing Positive Change	42				
Percentage of Positive Change (%)	93				

Outcome 1

Provincial Strategic Direction	SD1	SD2	SD3	SD4	SD5
Improved social well-being of...	Individuals	Families	Community		
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)			Internal Asset: External Asset:		
Provincial Indicator and Page #	Provincial Indicator: Page #:				
Program Objective or Change Statement					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					
# Completing the Measurement Tool					
# Completing the Measure					
# Experiencing Positive Change					
Percentage of Positive Change (%)					

9. PROGRAM BUDGET

- Please provide the anticipated budget for the program.
- Only the program budget is required, not the entire budget of the organization.

Revenue - please indicate all sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						
Your Organizations Contribution						
Other Grants:						
Donations						
Fee for Service						
Membership Dues						
Other:						
Total Revenue						

Expenses – please indicate the costs to run the program.

Salaries and Wages						
Staff Benefits						
Staff Travel and Subsistence						
Volunteer Appreciation						
Volunteer Training						
Rent and Utilities						
Insurance						
Phone						
Advertising and Promotions						
Office and Program Supplies						
Audit and Accounting						
Other:						
Other:						
Other:						
Total Expenses						

Total Revenue	
Total Expenses	
Net (Revenue – Expenses = 0)	

10. ACTUAL PROGRAM BUDGET

- Please provide the actual budget for the program.
- Only the program budget is required, not the entire budget of the organization.

Revenue - please indicate the actual sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						
Your Organizations Contribution						
Other Grants:						
Donations						
Fee for Service						
Membership Dues						
Other:						
Total Revenue						

Expenses – please indicate the actual costs to run the program.

Salaries and Wages						
Staff Benefits						
Staff Travel and Subsistence						
Volunteer Appreciation						
Volunteer Training						
Rent and Utilities						
Insurance						
Phone						
Advertising and Promotions						
Office and Program Supplies						
Audit and Accounting						
Other:						
Other:						
Other:						
Total Expenses						

Total Revenue	
Total Expenses	
Net (Revenue – Expenses = 0)	

11. ANNUAL REPORT

11.1 Was your strategy implemented as planned? Why or why not?

[150 words max]

11.2. Stories - Please provide a success story of your program. You can attach photos if available.

[500 words max]

12. CONTINUOUS QUALITY IMPROVEMENT

12.1 Based on your quality improvement and evaluation processes should this program continue and why/why not? If continuing the program did you identify any improvements that could be made? **[250 words max]**

12.2 Did your outcome measurements yield the expected results? Please explain. **[150 words max]**

13. DOCUMENTATION REQUIREMENTS

Only complete applications/reports will be accepted.

You must attach the following documents to your application:

- List of current agency Board of Directors including name and board position. **Do not** include any personal information (i.e. home phone, address, email, etc.).
- Most recent audited financial statement

Both applications and reports must be signed. Digital and scanned signatures will be accepted; unsigned applications/reports will be returned.

Submit completed and signed application or **annual report** by direct delivery or email to the relevant municipal FCSS. **You must submit a complete application/annual report to each FCSS that you are requesting funding from by the deadline.**

12. DECLARATION

Application Declaration:

I declare that all of the information in this application and the required supporting documents is accurate and complete, and that the application is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

I acknowledge that should this application be approved, I will be required to enter into a funding agreement, on behalf of the aforementioned organization, which will outline the terms and conditions.

Print name

Authorized Signature

Date

Report Declaration:

I declare that all of the information in this report and the required supporting documents is accurate and complete, and that the report is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

Print name

Authorized Signature

Date