Family and Community Support Services Foothills Region 2026 Year-end Funding Report

Report deadline: January 31, 2027

Report Objectives

This report is based on the FCSS funding Agreement(s) between the reporting agency and municipality or municipalities in the Foothills Region from which it receives funding. The key objectives are:

Contract Compliance

a. Did the organization meet the parameters of the agreement and provide the program/services agreed upon?

Program Impact (Outcomes)

b. Did the program measure the pre-determined outcomes?
c. Does the report answer: Overall, now that the program has been provided, what difference did it make to the participant?

Program Quality

d. Did the program meet the prevention strategy criteria?
e. Were the program activities provided at a high standard of quality?

How Report Information is Used

The personal information is being collected under the authority of section 4 of the *Protection of Privacy Act (POPA)* for the purpose of Foothills Region FCSS Report Administration. It may be used in an automated system to generate content or make decisions, recommendations, or predictions. For questions about the collection, use, or disclosure of your personal information, please contact the relevant municipality's Access and Privacy Office at:

- Town of Diamond Valley: LegislativeServices@DiamondValley.town
- Foothills County: legislative.services@foothillscountyab.ca
- Town of High River: ATIPP@highriver.ca
- Town of Okotoks: accessandprivacy@okotoks.ca

Program Overview & FCSS Alignment	
Agency Name	
Executive Director: (if applicable)	
Mailing Address:	
Website:	
Program/Project Name:	
Program Contact Name, Phone & Email:	
Fiscal Agent/Name and Address (if applicable)	
Primary Age Groups Served ***(choose up to two)***	☐ Children (<12) ☐ Youth (<12-18) ☐ Adults (18+) ☐ Families ☐ Seniors ☐ All Ages
Community Group Served ***(choose up to 2)***	☐ Indigenous Peoples ☐ Newcomers ☐ People with Disabilities ☐ 2SLGBTQQIA+ ☐ Racialized People ☐ Language Minority Groups ☐ Women/Girls ☐ Men/Boys ☐ No Specific Population
FCSS Provincial Prevention Priority alignment **(choose one)**	☐ Homelessness & Housing Insecurity ☐ Mental Health & Addictions ☐ Family & Sexual Violence (across the lifespan) ☐ Employment ☐ Aging Well in Community
FCSS Provincial Prevention Strategy used **(choose up to 2)**	☐ Promote and encourage active engagement in the community ☐ Foster a sense of belonging ☐ Promote social inclusion ☐ Develop and maintain healthy relationships ☐ Enhance access to social supports ☐ Develop and strengthen skills that build resilience

Narrative

Provide on or two narratives that clearly show the positive impact your program or services had on participants (target group). This narrative should describe the situation or problem that was addressed by the program, the goal the program set out to achieve, the specific actions that were taken to do so, and the specific actions that were taken to do so, and the change that resulted from these actions. [250 words max]

Did you have any challenges delivering the program during this reporting period? If yes, what were they, and how did you address them or plan to address them? **[250 words max]**

Please share 1 to 2 program highlights from this past year. **[200 words max]**

Optional question – We recognize that agencies often contribute to community well-being in ways that extend beyond the delivery of their FCSS funded program activities. The following question provides an opportunity to share these broader impacts. Beyond the specific program activities funded through FCSS, are there other ways your organization's presence, partnerships, or work contributed to community well-being, connection, or access to supports? If yes, please describe. **[250 words max]**

Outputs *(refer to FCSS Funding Applicant Guide p.15-16)*					
Output Measure	Diamond Valley	Foothills County	High River	Okotoks	**Total**
Participants served (total engaged)					0
Workshops Delivered					0
Presentations delivered					0
Community events held					0
Volunteers (unique number)					0
Volunteer hours					0
Other					0

Outputs by Age Group						
Community	Children <12	Youth 12-17	Adults 18+	Seniors	Families	Total
Diamond Valley						0
Foothills County						0
High River						0
Okotoks						0

Outcomes

Program Goal: *(from application)*	FCSS Participant Outcomes *(3 Required Survey Questions)* 1. FCSS Outcome *(provided during reporting meeting with FCSS)* 2. Participant Satisfaction 3. Ease of Access	# of Participants Surveyed	# of Participants that Responded	# of Participants that answered agree or strongly agree
Example: Youth mentees have more social supports.	*Example FCSS Outcome: As a result of this program, I can identify more people I can rely on for support.*	15	13	12
	Overall, I am satisfied with this program/service	15	13	10
	Overall, I found this program/service easy to access.	15	13	13

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						0
Your Organizations Contribution						0
Other Grants:						0
Donations						0
Fee for Service						0
Membership Dues						0
Other:						0
Total Revenue	0	0	0	0	0	0

Expenses – please indicate the actual costs to run the program.						
Salaries and Wages						0
Staff Benefits						0
Staff Travel and Subsistence						0
Volunteer Appreciation						0
Volunteer Training						0
Rent and Utilities						0
Insurance						0
Phone						0
Advertising and Promotions						0
Office and Program Supplies						0
Audit and Accounting						0
Other:						0
Other						0
Total Expenses	0	0	0	0	0	0

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

Required Attachments

Only complete reports will be accepted.

Reports must be signed. Digital and scanned signatures will be accepted; unsigned reports will be returned.

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

Declaration

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

X _____

Authorized Signature

_____

Date