



**Application Deadline:
January 15, 2020**

2020 CLEAR HILLS COUNTY SCHOOL LIAISON SCHOOL DIVISION FCSS FUNDING APPLICATION

In an effort to best serve our community and to ensure accurate reporting, please be aware that the information provided in this application/year-end final report may be shared with other Municipalities and the Province of Alberta.

FUNDING PERIOD: January 01, 2020 – December 31, 2020

Section I – Introduction

1. Please read carefully all of the information in this form prior to your submission.
2. Please note all shaded **gray areas** are reserved for your year-end final report.
3. Ensure measures from the FCSS Measures Bank are used in this application.
4. Ensure budget template provided is used.
5. Applicants may be required to provide a presentation on their application.
6. Recommendations on funding will go to Council as quickly as possible. You will be contacted once recommendations have been approved by Council.
7. Successful applicants will be required to sign a Funding Agreement with Clear Hills County Family and Community Support Services. This agreement will include details of payment, financial and program reporting and other funding conditions.

If you have questions about this application, please contact:

Audrey Bjorklund, Community Development Manager

Phone: (780 685 3925)

Email: audrey@clearhillscounty.ab.ca

Section II: Information

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

To obtain FCSS conditional funding, programs of service providers must meet the requirements of the **Family and Community Support Services Outcomes Model: How we are making a difference** (March 2012) and **Family & Community Support Services Act and Regulations**. These programs must:

a) *Enhance the social well-being of individuals, families and community through prevention and contribute to at least one of the following outcomes:*

Individuals: Outcome 1:

Individuals experience social well-being

Individuals: Outcome 2:

Individuals are connected with others.

Individuals: Outcome 3:

Children and youth develop positively.

Families: Outcome 1:

Healthy functioning within families.

Families: Outcome 2:

Families have social supports.

Community: Outcome 1:

The community is connected and engaged.

Community: Outcome 2:

Community social issues are identified and addressed.

b) *Enhance the social well-being of individuals, families and community **through prevention.***

c) *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.*

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

- i) provide primarily for the recreational needs or leisure time pursuits of individuals;*
- ii) are intended to sustain an individual or family, i.e., providing food, clothing or shelter;*
- iii) are primarily rehabilitative in nature; or*
- iv) 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 telephone Clear Hills County Community Development Manager 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.

Section III - Conditions of Funding

1. Funding received from the Clear Hills County Family and Community Support Services program must provide preventive social programs that directly benefit its residents.
2. All funds must be spent by December 31st of the funding year.
3. Outcomes must be measured and data included in in two reports which are due by July 15 (for January to June) and by January 15 (September to December).
4. Measures must be selected from those identified in this application and approved by the Clear Hills County FCSS program.

Section IV – Submission of Application

APPLICATION SUBMISSIONS:

DEADLINE: January 15, 2020 (Note: effective 2020 the annual application deadline for next year funding will be December 15)

MAIL: Clear Hills County Box 240, Worsley, Alberta T0H 3W0

DROP-OFF: 313 Alberta Avenue, Worsley, Alberta, T0H 1L0

EMAIL: audrey@clearhillscounty.ab.ca

PRESENTATION TO COUNCIL: Applicants may request the opportunity to provide a presentation to Clear Hills County Council on their application. Presentations will be scheduled at one of Council's regularly scheduled meetings, with a maximum time of 15 minutes, which allows 10 minutes for the presentation and 5 minutes for questions. To book a delegation to present your application to Council contact the County office at 780-685-3925 or email audrey@clearhillscounty.ab.ca.

NOTE: Applications will not be accepted after the stated deadline.

Clear Hills County Family and Community Support Services

2020 Funding Application

1. PROGRAM/PROJECT NAME	GRANT AMOUNT REQUESTED	GRANT AMOUNT AWARDED
	\$	\$

2. AGENCY INFORMATION	
Agency Name:	Start typing here - boxes will expand
Executive Director Name:	
E-Mail Address and Website:	
Mailing Address (include postal code):	
Street Address:	
Project Telephone Number:	
Project Contact Name:	
Fiscal Agent Name & Address: (if required)	

3. TYPE OF ORGANIZATION	
<input type="checkbox"/> Alberta Societies Act Registration Number:	<input type="checkbox"/> Government Agency:
<input type="checkbox"/> Charitable Number (if applicable):	<input type="checkbox"/> Other (please specify):

4. AGENCY INFORMATION - Please provide a BRIEF overview of your agency, i.e., mission, mandate, history.

5. PROGRAM/PROJECT OVERVIEW
Please explain briefly, in your own words, what the program/project is and why it is important to our community.

6. PROGRAM/PROJECT LOGIC MODEL	See the Comprehensive Family School Liaison Program Logic Model S for guidance. Information provided should be limited to the schools where the program is offered. What can be expected by the students, teachers and staff in the respective schools?
Program/Project Title:	
Statement of Need: <i>What</i> community issue, need or situation are you responding to? Evidence of need?	
Overall Goal: <i>What</i> change or impact do you want to achieve?	
Strategy: <i>How</i> are you going to address the issue, need or situation? (what are the actions/steps/activities) (ie. Workshops, counselling, community forums etc.)	
Was your Strategy implemented as planned above? If not, why? What changed? How did it go?	
Who is served: <i>What is your Target Group?</i>	
Rationale: <i>Why</i> will your strategy help you achieve your outcome(s)? <i>What evidence</i> do you have that this strategy will work? <i>Research? (Best practices)</i>	
Inputs: <i>What resources are needed?</i> <i>Such as staff, volunteers, money, materials, equipment, technology, information – please be as specific as possible and include detailed information on the needed financial resources in your budget on section 10.</i>	

Partners: <i>Who & what resource does each Partner bring to the program/project (i.e., money, staff or knowledge)</i>	
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7a. OUTPUTS: <i>Activities and processes used, e.g., advertising, workshops</i>	
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Outputs: <i>Who else will you reach with this program/project/initiative? (e.g., family members, partners, community...)</i>	
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7b. OUTPUTS:

Please track the following information for **each school** where the program is provided. **An example is highlighted.**

Provide the name of school: ABC School	Identify Program, e.g., Second Step Bullying Prevention or One-to-One Targeted	Identify the age of the students	Number of students participating	Type of program, e.g., presentation, group, One-to-One Targeted	Number of discussions with teachers/staff	Number of discussions with parents	Number of volunteers	Number of volunteer hours in total
Dates								
January 6 2020	One-on-One Targeted	8 – 12 years	2 students	One-on-one	1	0	0	0
January 6 2020	SS Bullying Program	8 – 12 years	15 students	presentation	0	0	0	0

8. OUTCOMES SECTION: *What change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)*

For One-on-One Targeted programs, i.e., working one-on-one with a student, it is acceptable to use pre-test post-test measurement to determine progress being made with the individual students.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: <i>The use of pre-test/post-test measures is encouraged to monitor the progress of students receiving one-on-one help.</i>	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
1. Students develop positive identities.	1. Students/parents/ staff report (they/ the student) feel(s) good about (themselves/ himself/herself).	1. Parents/staff of children 5-9 years of age: My/this child shows self-confidence. (Pre-test - Post-test; A Sc) Programs: Free the Horses, SS Bullying Prevention # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM1	Individuals: Outcome 3: Children and youth develop positively. Category: Positive Identities DA#38 Self-esteem
			PM2	
		2. Parents/staff of children 5-9 years of age: My/this child feels good about himself/herself. (Pre-test - Post-test; F Sc) Programs: Free the Horses, SS Bullying Prevention # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
			PM4	
		3. Students 8-12 years of age: I know it is okay to be different. (Pre-test - Post-test; F Sc) Programs: SS Bullying Prevention # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		4. Students 8-12 years of age: I know it is okay to be myself. (Pre-test - Post-test; F Sc) Programs: Free the Horses, SS Bullying Prevention # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM5	
			PM6	
		5. Students 8-12 years of age: I feel confident to be myself. (Pre-test/post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		

For One-on-One Targeted programs, i.e., working one-on-one with a student, it is acceptable to use pre-test post-test measurement to determine progress being made with the individual students.

Outcomes:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: <i>The use of pre-test/post-test measures is encouraged to monitor the progress of students receiving one-on-one help.</i>	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
1. continued... Students develop positive identities.	1. continued... Students/parents/ staff report (they/ the student) feel(s) good about (themselves/ himself/herself).	6. Students 8-12 years of age: I feel good about myself. (Pre-test/post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM8	Category: Positive Identities DA#38 Self-esteem
	2. Students/parents/ staff report (they/ the student) have/has plans for their/his/her future(s).	1. Students 8-12 years of age: I have hopes and dreams for my future. (Pre-test/post-test; Y A Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM2	Category: Positive Identities DA#39 Personal power
3. Students develop social competencies.	1. Students/parents/staff report (they/ the student) get(s) along with others.	1. Parents/staff of children 5-9 years of age: My/this child gets along with others. (Pre-test - Post-test; F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM3	Individuals: Outcome 3: Children and youth develop positively. <i>Category: Social Competence</i> DA#33 Interpersonal skills
		2. Students 8-12 years of age: I get along with others. (Pre-test - Post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM6	
	2. Students/parents/staff report (they/the student) make(s) friends.	1. Parents/staff of children 3-5 years: My/this child is good at making friends. (Pre-test - Post-test; F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM4	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		

For One-on-One Targeted programs, i.e., working one-on-one with a student, it is acceptable to use pre-test post-test measurement to determine progress being made with the individual students.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: The use of pre-test/post-test measures is encouraged to monitor the progress of students receiving one-on-one help.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
3. continued... Students develop social competencies.	2. Students/parents/staff report (they/the student) make(s) friends.	2. Students 8-12 years of age: I am good at making friends. (Pre-test - Post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM7	Category: Social Competence DA#33 Interpersonal skills
	3. Students report they share their feelings.	1. Students 8-12 years of age: I can name my feelings. (Pre-test - Post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM9	Category: Social Competence DA#33 Interpersonal skills
		2. Students 8-12 years of age: I am good at telling others about my feelings. (Pre-test - Post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM10	
		3. Students 8-12 years of age: I have a close friend whom I can really trust and rely on. (Pre-test – Post-test; Y F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM17	
	4. Students/parents/staff report (they/the student) make(s) good decisions.	1. Parents/staff of children 5-9 years: My/this child is good at solving problems. (Pre-test – Post-test; F Sc) # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM4	Category: Social Competence DA#32 Planning and decision-making

For One-on-One Targeted programs, i.e., working one-on-one with a student, it is acceptable to use pre-test post-test measurement to determine progress being made with the individual students.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: <i>The use of pre-test/post-test measures is encouraged to monitor the progress of students receiving one-on-one help.</i>	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
3. continued... Students develop social competencies.	5. Students/parents/ staff report (they/ the student) resolve(s) conflict peacefully.	1. Parents/staff of children 5-9 years: My/this child uses her/his words to communicate with others. (Pre-test – Post-test; F Sc)	PM1	<i>Category: Social Competence DA#36 Peaceful conflict resolution</i>
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		2. Parents/staff of children 5-9 years of age: My/this child resolves conflict peacefully with other children. (Pre-test/post-test; F Sc)	PM2	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		3. Students 8-12 years of age: I am good at taking care of problems without hitting, throwing a tantrum or using hurtful language. (Pre-test/post-test; Y F Sc)	PM3	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
4. Students develop positive values.	1. Students/parents/ staff report (they/ the student) demonstrate(s) self-control.	1. Parents/staff of children 5-9 years: My/this child demonstrates self-control. (Pre-test/post-test; F Sc)	PM1	<i>Category: Positive Values DA#31 Self-regulation, Healthy restraint</i>
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		

For One-on-One Targeted programs, i.e., working one-on-one with a student, it is acceptable to use pre-test post-test measurement to determine progress being made with the individual students.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: The use of pre-test/post-test measures is encouraged to monitor the progress of students receiving one-on-one help.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
4. continued... Students develop positive values.	1. Students/parents/ staff report (they/ the student) demonstrate(s) self-control. continued	1. Parents/staff of children 5-9 years of age: My/this child demonstrates self-control. (Pre-test/post-test; F Sc)	PM1	<i>Category: Positive Values DA#31 Self-regulation, Healthy restraint</i>
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		1. Students 8-12 years of age: I control my temper. (Pre-test/post-test; Y F Sc)		
	2. Students/parents/ staff report (they/ the student) make(s) positive choices.	2. Students 8-12 years of age: I say "no" to things I know are wrong. (Pre-test/post-test; Y F Sc)	PM4	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		

Classroom presentations, when programs are based on presentations use post-only measures and only when the measure fits with the content of the material presented that day.

Outcomes:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: Post only measures are to be used for presentations and other group activities. The measures used for the surveys must fit with the content covered that day.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
1. Students develop positive identities.	1. Students/parents/ staff report (they/ the student) feel(s) good about (themselves/ himself/herself).	1. Parents/staff of children 5-9 years of age: As a result of __, my/this child shows more self-confidence. (Post-test only; A Sc) Programs: Free the Horses, SS Bullying Prevention	PM1	Individuals: Outcome 3: Children and youth develop positively. <i>Category: Positive Identities</i> <i>DA#38 Self-esteem</i>
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		2. Parents/staff of children 5-9 years of age: __ has helped my/this child to feel good about himself/herself. (Post-test only; A Sc) Programs: Free the Horses, SS Bullying Prevention	PM2	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		3. Students 8-12 years of age: __ has helped me to understand it's okay to be different. (Post-test only; Y A Sc) Program: SS Bullying Prevention	PM4	
		# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
3. Students 8-12 years of age: __ has helped me to understand it's okay to be myself. (Post-test only; Y A Sc) Program: Free the Horses, SS Bullying Prevention	PM5			
# completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____				

Classroom presentations, when programs are based on presentations use post-only measures and only when the measure fits with the content of the material presented that day.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: Post only measures are to be used for presentations and other group activities. The measures used for the surveys must fit with the content covered that day.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:	
2. Students develop social competencies.	1. Students/parents/staff report (they/ the student) get(s) along with others.	1. Parents/staff of children 5-9 years of age: As a result of __, my/this child gets along better with others. (Post-test only; A Sc) Program: Second Step Bullying Program; WITS # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM3	Individuals: Outcome 3: Children and youth develop positively. <i>Category: Social Competence DA#33 Interpersonal skills</i>	
		2. Students 8-12 years of age: As a result of __, I get along better with others. (Post-test only; A Sc) Program: Second Step Bullying Program; WITS # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____			PM6
		2. Students report they share their feelings.			1. Students 8-12 years of age: As a result of __, I am better at naming my feelings. (Post-test only; A Sc) Program: SS Skills for Social & Academic Success # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____
	2. Students 8-12 years of age: As a result of __, I am better at telling others about my feelings. (Post-test only; A Sc) Program: SS Skills for Social & Academic Success # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		PM 10		

Classroom presentations, when programs are based on presentations use post-only measures and only when the measure fits with the content of the material presented that day.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: Post only measures are to be used for presentations and other group activities. The measures used for the surveys must fit with the content covered that day.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
2. continued... Students develop social competencies.	2. Students/parents/staff report (they/the student) make(s) good decisions.	3. Parents/staff of children 5-9 years: As a result of __, my/this child is better at solving problems. (Post-test only; A Sc) Program: Free the Horses # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM4	Category: Social Competence DA#32 Planning and decision-making
	3. Students/parents/ staff report (they/ the student) are/is comfortable with people from different backgrounds.	1. Parents/staff of children 5-9 years of age: __ has helped my/this child feel more comfortable being around children who look or sound differently than my/this child. (Post-test only; A Sc) Programs: SS Bullying Prevention Unit, FNMI Teachings, Trickster Theatre # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM1	Category: Social Competence DA#34 Cultural competence
		2. Students 8-12 years of age: As a result of __, I know more about people of other cultures, races and ethnic groups. (Post-test; Y A Sc) Programs: SS Bullying Prevention Unit, FNMI Teachings, Trickster Theatre # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
		1. Parents/staff of children 5-9 years of age: As a result of __, my/this child is better at using her/his words to communicate with others. (Post-test; A Sc) Programs: SS Bullying Prevention Unit, WITS # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM1	

Classroom presentations, when programs are based on presentations use post-only measures and only when the measure fits with the content of the material presented that day.

Outcome:	Indicators of Success: (How will you know this outcome has been achieved?)	Measures: Post only measures are to be used for presentations and other group activities. The measures used for the surveys must fit with the content covered that day.	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:
2. continued... Students develop social competencies.	4. Students/parents/staff report (they/ the student) resolve(s) conflict peacefully. Continued	2. Students 8-12 years of age: As a result of __, I am better at taking care of problems without hitting, throwing a tantrum or using hurtful language. (Post-test; Y A Sc) Programs: SS Bullying Prevention Unit, WITS # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM3	Category: Social Competence DA#36 Peaceful conflict resolution
		3. Parents/staff of children 5-9 years of age: As a result of __, my/this child is better at resolving conflicts peacefully with other children. (Post-test; A Sc) Program: Second Step Bullying Program, WITS # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____		
3. Students develop positive values.	1. Students report they do the right thing.	1. Students 8-12 years of age: As a result of __, I am better at doing what I believe is right even when it is hard. (Post-test; Y A Sc) Program: Second Step Bullying Program # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	PM3	Category: Positive Values DA#28 Integrity
	2. Students/parents/ staff report (they/ the student) make positive choices.	1. Parents/staff of children 5-9 years of age: As a result of __ my/this child gets adult support to help resolve conflicts more often. (Post-test; Y A Sc) Program: Second Step Bullying Program # completing measurement tool: _____ # completing this measure: _____ # experiencing a positive change: _____	3	Category: Positive Values DA#31 Self-regulation/ Restraint

9. ADDITIONAL INFORMATION

**When Survey
Measurement
Tool(s) Used:**

Pre-test/post-test:
both before and
after your activities

Post-Only :
after activities

Additional Outcome Data:

Please attach copies of each aggregated survey; identify the school; identify the program, e.g., Second Step Bullying Prevention, WITS, One-on-One Targeted so we have a clear idea of what is being done.

Stories – Please share an anecdotal story that describes the significant impact for the participants. Please also include a photo from your program (if possible):

Continuous Quality Improvement. Please answer the following questions:

After analyzing the information, should this program/project continue? Was the program successful?

What changes will you make (if any)?

What improvements can be made to the program/project?

What improvements can be made to the outcome measurement process?

Identify successes you achieved with this program:

Identify any changes (if any) to be made to the program:

For consistency purposes, it is **IMPERATIVE** that you use the following template as provided and **NOT** modify it, other than inserting additional rows.

10. BUDGET (Resources dedicated specifically to the project you are seeking funding for. Attach the latest audited financial statement for your organization.)				
2020 PROPOSED BUDGET				
(Ensure all calculations are correct. Use the second column to itemize the project expenses to which you plan to direct the FCSS funds. Column 1 + Column 2 = Column 3)				
ITEM	Column 1 Expenses paid or contributed by the Applicant and other funding partners (Agency Contribution)	Column 2 Expenses to be funded by [insert FCSS (Project Request)	Column 3 PROJECTED Budget (Total Cost)	Column 4 Actual Cost (For report)
REVENUE (specify all sources of funding including fundraising, fees for service, other grants, etc.)				
Clear Hills County FCSS grant				
Fundraising / Cash donations:				
Other Grants (Please specify):				
TOTAL REVENUE				
EXPENSES				
PERSONNEL				
Salaries & Wages & Benefits & Remittances				
Travel & Subsistence				
OPERATIONS COST				
Facility Rentals				
Insurance				
Telephone/internet, etc.				
ADMINISTRATION COSTS (specify)				
Advertising & Promotions				
Postage/administrative materials				
Audit & Accounting				
OTHER PROGRAM COSTS (specify)				
TOTAL EXPENDITURES				
FCSS REQUEST (DEFICIT/SURPLUS = Column 3: Total Revenue – Expenditures)				

11. DOCUMENTATION REQUIREMENTS: <u>Do not provide other attachments unless requested to do so.</u>	ATTACHED
List of current agency Board of Directors by name and Board position. (Do not include personal contact information (home addresses, emails, or phone numbers).	<input type="checkbox"/>
Program/Project Logic Model & Outcomes (Sections 6-8)	<input type="checkbox"/>
Program/Project Budget (Section 10)	<input type="checkbox"/>
Most recent Audited Financial Statement of your organization [Balance Sheet and income Statement]	<input type="checkbox"/>
Financial statements directly related to this project will be required upon completion of project [see shaded portion of Budget - section 10.]	<input type="checkbox"/>

12. SUBMIT COMPLETED APPLICATION TO:
<p>Please choose one of the two following submission methods:</p> <ol style="list-style-type: none"> Submit one original signed copy of the application (via mail or drop-off at the office) <p style="text-align: center;">Box 240, 313 Alberta Avenue, Worsley, Alberta T0H 3W0</p> <ol style="list-style-type: none"> Email a copy to: audrey@clearhillscountry.ab.ca (scanned signatures will be accepted) Unsigned applications will be returned. <p>The deadline for applications is <u>January 15, 2020.</u></p> <p>DECLARATION:</p> <p>I declare that all of 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):</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name </div> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature </div> <div style="width: 30%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>

**13. SUBMIT COMPLETED YEAR END FINAL REPORT TO:
(Shaded portions of Sections 6-10 of your completed funding application)**

Please:

1. Submit one original signed copy of the Year End Final Report (via mail or drop-off at the office)

Box 240, 313 Alberta Avenue, Worsley, Alberta T0H 3W0

2. Email a copy to: **audrey@clearhillscounty.ab.ca**

The deadline for submitting the mid year report is July 15, 2020 (January to June) and the year end final report (September to December) is **January 15, 2021**

I acknowledge that the information contained within this Year End Final Report accurately depicts the activities and results of this program/project. I understand that I may be requested to make a final presentation on this program/project.

Print Name

Authorized Signature

Date

14. FOR FCSS PROGRAM USE ONLY:

APPLICATION

Date Received:

By Mail By Email Hand Delivered

Application Incomplete – Date Returned:

Application Approved:

Yes Amount Approved: \$ _____

No Reason for Denial:

Other Notes:

YEAR END FINAL REPORT

Date Received:

By Mail By Email Hand Delivered

Year End Final Report Incomplete – Date Returned:

Date Approved:

Future Recommendations:

Other Notes: