



**Application Deadline:
December 15, 2020**

2021 CLEAR HILLS COUNTY 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, 2021 – December 31, 2021

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 two reports which are due by July 15 (for January to June) and by January 15 (August to December), **shaded gray areas** on this application.
4. Measures must be selected from the Family and Community Support Services Measures Bank.

Section IV – Submission of Application

APPLICATION SUBMISSIONS:

DEADLINE: December 15, 2020

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

2021 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	
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?	
Outcomes: (please complete Section 8 and list the outcomes you are measuring from your program here) <i>What</i> change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)	<i>(List Outcome(s) here, add additional required information in section 8)</i>
Who is served: What is your Target Group?	
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? Research? (Best practices)	

Resources Needed (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>	
7a. OUTPUTS: <i>Activities and processes used, e.g., advertising, workshops</i>	
Outputs: <i>Who else will you reach with this program/project/initiative? (e.g., family members, partners, community...)</i>	

7b. OUTPUTS:				NOTE: For Funding Application: complete White Areas For Year End Final Report : Finish by completing Shaded Gray Areas				
Anticipated and Actual # of participants from Clear Hills County for THIS application:								
	Infants/Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Presentations
Anticipated								
Actual								
Other Outputs:								
	Total # of Participants*	# of Volunteers*	# of Volunteer Hours*	Other?	Other?	Other?	Other?	Other?
Anticipated								

Actual								
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*Required for reporting to the province

USE THE FCSS MEASURES BANK FOR MEASURING YOUR OUTCOMES, call the application contact if you do not have the FCSS Measures Bank.

8. OUTCOMES SECTION: <i>What change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)</i>				
Outcome:	Indicator(s) of Success: (How will you know this outcome has been achieved?)	Measure(s): <i>(Please complete the shaded gray areas after you have completed your project and collected and tallied the data. This then becomes your Year End Final Report.</i>	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators: (See attachment #1)
1.	1.	1.		Outcome: Indicator:
		# completing measurement tool: _____		
		# completing this measure: _____		
		# experiencing a positive change: _____		
	2.	# completing this measure: _____		
		# experiencing a positive change: _____		
2. (if more than one indicator for this outcome)	1.	1.		Outcome: Indicator:
		# completing measure: _____		
		# experiencing a positive change: _____		
		2.		
	2.	# completing measure: _____		
		# experiencing a positive change: _____		
2.	1.	1.		Outcome: Indicator:
		# completing this measure: _____		
		# experiencing a positive change: _____		

Outcomes continued:	Indicator(s) of Success: (How will you know this outcome has been achieved?)	Measure(s): <i>(Please complete the shaded gray areas after you have completed your project and collected and tallied the data. This then becomes your Year End Final Report.)</i>	FCSS Measures Bank Measure Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators: (See attachment #1)	
2. continued...		2.			
		# completing this measure: _____ # experiencing a positive change: _____			
	2. (if more than one indicator for this outcome)	1.			Outcome:
		# completing measure: _____ # experiencing a positive change: _____			Indicator:
		2.			
		# completing measure: _____ # experiencing a positive change: _____			
*If you would like to report on more than two outcomes, please copy empty chart below and paste below outcome 2.					
3.	1.	1.		Outcome:	
		# completing measure: _____ # experiencing a positive change: _____		Indicator:	
		2.			
		# completing measure: _____ # experiencing a positive change: _____			
	2. (if more than one indicator for this outcome)	1.			
		# completing measure: _____ # experiencing a positive change: _____			
		2.			
		# completing measure: _____ # experiencing a positive change: _____			

9. ADDITIONAL INFORMATION

Identify Measurement Tool(s) Used: (FYI, only information drawn from surveys of participants can be report to the province)

- Survey Observation Interview Focus Groups

When Survey Measurement Tool(s) Used: Pre-test/post-test: both before and after your activities Post-Only : after activities

Additional Outcome Data: full sets of data, a copy of the aggregated survey

Additional Information: demographic information, comments on surveys, monthly service statistics

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. Please also attach the latest audited financial statement for your organization.)				
2021 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>December 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 midyear report is **July 15, 2021** (January to June) and the yearend final report (September to December) is **January 15, 2022**

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: