

**Application Deadline: November 30, 2021**

**2022 SADDLE 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 1 – December 31, 2022)**

***Section I – Introduction***

1. Please carefully read all of the information in this form prior to your submission.
2. Please note that this document is used as both an application and a final year end report, all shaded **gray areas** are to be reserved for your year-end final report.
3. Ensure measures from the FCSS Outcome Measures Bank are used in this application. (FCSS Outcome Measures are embedded into this document in Section 8, please contact FCSS if you are unsure on what measures to use).
4. Ensure budget template provided is used.
5. Applicants may be required to provide a presentation on their application.
6. Successful applicants will be required to sign a Funding Agreement with Saddle 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:**

**Saddle Hills County**

**ATTENTION: FCSS - Kara Walter**

**RR1**

**Spirit River, AB T0H 3G0**

**Work phone: (780) 500-9571**

**Email:** [**fcss@saddlehills.ab.ca**](mailto:fcss@saddlehills.ab.ca)

***Section II: Program Information & Eligibility***

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 fit within the Saddle Hills County priorities and meet the requirements of the:

* [**Family & Community Support Services Act and Regulations**.](https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx#jumplinks-0)
* **Family and Community Support Services Program Advice Inventory Listing** (November 2010) (click icon below for document)

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These programs must do one or more of the following:

1. *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.*

1. *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 call Saddle Hills County FCSS 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 Saddle 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. The Outcomes listed in this application must be measured and data included in a Year End Final Report, which is the **shaded gray areas** on this application by **January 31st**. Approved Outcomes cannot be changed without the approval from Saddle Hills County.
4. Measures must be selected from the Family and Community Support Services Measures Bank.

***Section IV – Submission of Application***

**APPLICATION SUBMISSIONS**:

**DEADLINE:** *November 30, 2021 @ 4:30 PM*

**DROP-OFF: Saddle Hills County Administrative Office**

**79177 RR84**

**Saddle Hills County, AB T0H 3G0**

**EMAIL: fcss@saddlehills.ab.ca**

**The FCSS Application Review Committee will be contacting all applicants that apply, regardless of whether they are approved or denied the funding request.**

***Note: Applications received after deadline will NOT be reviewed until all other applications have been reviewed and if there is still funding available, may be approved at a later date.***

**Saddle Hills County Family and Community Support Services**

**2022 Funding Application**

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| **1. PROGRAM/PROJECT NAME** | **GRANT AMOUNT REQUESTED** | **GRANT AMOUNT AWARDED** |
|  | **$** | **$** |

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| --- | --- |
| **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) |  |

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| **3. TYPE OF ORGANIZATION** | |
| Alberta Societies Act Registration Number: | Government Agency: |
| Charitable Number (if applicable): | Other (please specify): |

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| **4. AGENCY INFORMATION -** Please provide a BRIEF overview of your agency, i.e., mission, mandate, history. |
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| 1. **PROGRAM/PROJECT OVERVIEW** |
| Please explain briefly, in your own words, what the program/project is and why it is important to our community. |
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| **6. PROGRAM/PROJECT LOGIC MODEL** |  |
| **Program/Project Title:** |  |
| **Statement of Need:**  ***What*** community issue, need or situation are you responding to? Evidence of need? |  |
| ***Overall Goal:***  ***What*** *change or impact do you want to achieve?* |  |
| **Strategy:**  *How 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:** *What is your**Target Group?* |  |
| **Rationale: *Why*** *will your strategy help you achieve your outcome(s)?*  ***What evidence*** *do you have that this strategy will work? Research? (Best practices)* |  |
| **Inputs:** *What resources are needed?*  *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.* |  |
| **Partners:** *Who & what resource does each Partner bring to the program/project (i.e., money, staff or knowledge )* |  |
| **7a. OUTPUTS:** *Activities and processes used,* e.g., advertising, workshops |  |
| **Outputs:** *Who else will you reach with this program/project/initiative? (e.g., family members, partners, community…)* |  |

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| **7b. OUTPUTS:** *Required Numbers:* Number served? Number of volunteers? Number of volunteer hours? Other numbers” Number of presentations, etc. | | | | | **NOTE:**  For **Funding Application**: complete **White Areas**  For **Year End Final Report**: Finish by completing **Shaded** **Gray Areas** | | | | | |
| **Anticipated and Actual # of participants (insert name of your program) 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** |  |  |  |  | |  |  |  |  |

**PLEASE USE THE FCSS MEASURES BANK FOR MEASURING YOUR OUTCOMES, DOCUMENTS ARE ATTACHED BELOW FOR YOUR CONVENIENCE.**

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| **8. OUTCOMES SECTION: *What*** *change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)* | | | | |
| **Outcome:** | **Indicator(s) of Success:** (How will you know this outcome has been achieved?) | **Measure(s):**  *(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.* | **FCSS Measures Bank Measure Number:** | **Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:** (See attachment #1) |
| 1. | 1. | 1. |  | Outcome:  Indicator: |
| # 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. |  | Outcome:  Indicator: |
| # completing measure: \_\_\_\_\_ # experiencing a positive change:\_\_\_\_\_ |
| 2. |  |
| # completing measure: \_\_\_\_\_ # experiencing a positive change:\_\_\_\_\_ |
| 2. | 1. | 1. |  | Outcome:  Indicator: |
| # completing this measure: \_\_\_\_\_ # experiencing a positive change:\_\_\_\_\_ |  |
| 2. |  |
| # completing this measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ |  |  |
| **Outcomes continued:** | **Indicator(s) of Success:** (How will you know this outcome has been achieved?) | **Measure(s):**  *(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.* | **FCSS Measures Bank Measure Number:** | **Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:** (See attachment #1) |
| 2. continued… | 2. *(if more than one indicator for this outcome)* | 1. |  | Outcome:  Indicator: |
| # completing measure: \_\_\_\_\_ # experiencing a positive change:\_\_\_\_\_ |  |
| 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:  Indicator: |
| # completing measure: \_\_\_\_\_ # experiencing a positive change:\_\_\_\_\_ |  |
| 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:\_\_\_\_\_ |  |

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| **9. ADDITIONAL INFORMATION** | | | |
| **When Survey Measurement**  **Tool(s) Used:** | * Pre-test/post-test: both before and after your activities | * Post-Only :   after activities | *Note: The Province of Alberta no longer accepts observations as a reliable survey tool.* |
| **Additional Outcome Data: Include any other data collection surveys and/or summary sheets when submitting your outcome measures**.   * Number of Participants that completing measurement tool (survey or question): \_\_\_\_\_ | | | |
| **Additional Information: Additional information collected that is not necessary for outcome measures but helps improve the program. (i.e. did the participants like the facilitator of the program, does the program have other positive effects then providing the main FCSS outcome, etc.)** | | | |
| **Stories – Please share an anecdotal story that describes the significant impact for the participants. Please also include a photo from your program (if possible):** | | | |

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| **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: |

**Please ensure that this section starts on a new page with no other sections on the budget page. For consistency purposes, it is IMPERATIVE that you use the following template as provided and NOT modify it, other than inserting additional rows.**

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| 10. BUDGET (Resources dedicated specifically to the project you are seeking funding for. Please also attach the latest audited financial statement for your organization.) | | | |  |
| 2022 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.)** | | | |  |
| [insert name of your Program] |  |  |  |  |
| **Fundraising / Cash donations:** |  |  |  |  |
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| **Other Grants (Please specify):** |  |  |  |  |
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| **TOTAL REVENUE** |  |  |  |  |
|  | | | |  |
| EXPENSES | | | |  |
| **PERSONNEL** | | | |  |
| Salaries & Wages & Benefits & Remittances |  |  |  |  |
| Travel & Subsistence |  |  |  |  |
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| **OPERATIONS COST** | | | |  |
| Facility Rentals |  |  |  |  |
| Insurance |  |  |  |  |
| Telephone/internet, etc. |  |  |  |  |
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| **ADMINISTRATION COSTS (specify)** | | | |  |
| Advertising & Promotions |  |  |  |  |
| Postage/administrative materials |  |  |  |  |
| Audit & Accounting |  |  |  |  |
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| **OTHER PROGRAM COSTS (specify)** | | | |  |
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| **TOTAL EXPENDITURES** |  |  |  |  |
| **FCSS REQUEST**  **(DEFICIT/SURPLUS = Column 3: Total Revenue – Expenditures)** |  |  |  |  |

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| **11. DOCUMENTATION REQUIREMENTS: Do not provide other attachments unless requested to do so.** | **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). |  |
| Program/Project Logic Model & Outcomes (Sections 6-8) |  |
| Program/Project Budget (Section 10) |  |
| Most recent Audited Financial Statement of your organization [Balance Sheet and income Statement] |  |
| Financial statements directly related to this project will be required upon completion of project [see shaded portion of Budget - section 10.] |  |

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| **12. Submit completed application to:** |
| 1. Submit a signed copy of the application (via mail or drop-off at the office)  |  |  |  | | --- | --- | --- | | **Physical Address** | **Mailing Address** | **OR** | | **Saddle Hills County Administrative Office**  **79177 RR84**  **Saddle Hills County, AB T0H 3G0** | **Saddle Hills County**  **Attention: FCSS**  **RR1**  **Spirit River, AB T0H 3G0** |  1. Email a copy to: **fcss@saddlehills.ab.ca** (Scanned signatures will be accepted; unsigned applications will be returned.)   The deadline for applications is *November 30, 2021*.  **DECLARATION:**  **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**](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 (YYYY-MM-DD) | |
| **13. Submit completed Year end final report to:**  **(Shaded portions of Sections 6-10 of your completed funding application)** |
| 1. Submit one original signed copy of the Year End Final Report (via mail or drop-off at the office)  |  |  |  | | --- | --- | --- | | **Physical Address** | **Mailing Address** | **OR** | | **Saddle Hills County Administrative Office**  **79177 RR84**  **Saddle Hills County, AB T0H 3G0** | **Saddle Hills County**  **Attention: FCSS**  **RR1**  **Spirit River, AB T0H 3G0** |  1. Email a copy to: **fcss@saddlehills.ab.ca** (Scanned signatures will be accepted; unsigned applications will be returned.)   The deadline for submitting the Year End Final Report is *January 31, 2023*.  **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 (YYYY-MM-DD) | |

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| **14. FOR OFFICE 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:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Print Name |  | Authorized Signature |  | Date | | **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:   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | Print Name |  | Authorized Signature |  | Date | |