

**Family and Community Support Services
Foothills Region 2021**

**Application due:
November 30, 2020**

Funding Application

Annual Report

FCSS AMOUNT REQUESTED/RECEIVED, FROM EACH MUNICIPALITY, FOR THIS PROGRAM						
	Black Diamond	High River	Foothills County	Okotoks	Turner Valley	Total
FCSS Request						
FCSS Received (actual)						

1. AGENCY INFORMATION

Agency Name	
Program 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 Please 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 Summarize the program and why it is important to the community.

[300 words max]

3.2 Identify the social issue the program will address. What evidence supports that this need exists?

[300 words max]

3.3 Describe how the program addresses the social issue identified. What are the actions/steps/activities? **[300 words max]**

3.4 What is the expected objective, or what change, will participants experience as a result of your program? [150 words max]

3.5 What evidence or research do you have that supports this strategy? [300 words max]

3.6 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 preventative social services. From the 5 options above describe which one(s) align best to your program. **[250 words max]**

5. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION

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

6. OUTPUTS

6.1 Anticipated Outputs

	Black Diamond	High River	Foothills County	Okotoks	Turner Valley	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

	Black Diamond	High River	Foothills County	Okotoks	Turner Valley	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						

6.3 Anticipated Target Group Percentages

Who is the primary target group for your program? [must total 100%]	
Anticipated % Children/Youth	
Anticipated % Families	
Anticipated % Adults	
Anticipated % Seniors	
Anticipated % Community Development	

6.4 Actual Target Group Percentages

Who was the primary target group for your program? [must total 100%]	
Actual % Children/Youth	
Actual % Families	
Actual % Adults	
Actual % Seniors	
Actual % Community Development	

7. FCSS OUTCOMES

Please provide outcome measure(s) for your project below. If your outcome measure aligns with the FCSS Measures Bank, please fill out the Provincial Indicator and Page #.

- Refer to Attachment 1: FCSS Measures Bank Provincial Priority Measures to complete this section

Please refer to this 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	Internal Asset: External Asset:			
Provincial Indicator Page # and Measure #	Provincial Indicator: Resilience Page #: 1 Measure #: PM2				
Program Objective or Change Statement - refer to section 3.4	People will learn skills that build resiliency.				
Provincial Survey Question	As a result of completing the resiliency workshop, I am better at handling whatever comes my way.				
Provincial Pre/Post or Post Only	Post Survey				
Provincial Survey and Scale used	Agreement Scale				
# of surveys distributed	50				
# of responses to survey question	45				
# experiencing a positive response	42				

Outcome 1 (required)

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 Page # and Measure #	Provincial Indicator: Page #: Measure #:				
Program Objective or Change Statement - refer to section 3.4					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					
# of surveys distributed					
# of responses to survey question					
# experiencing a positive response					

Outcome 2 (optional)					
Provincial Strategic Direction	SD1	SD2	SD3	SD4	SD5
Improved social well-being of...	Individuals		Families		Community
Provincial Outcome – <i>(If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)</i>			Internal Asset:		
			External Asset:		
Provincial Indicator Page # and Measure #	Provincial Indicator: Page #: Measure #:				
Program Objective or Change Statement - <i>refer to section 3.4</i>					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					
# of surveys distributed					
# of responses to survey question					
# experiencing a positive response					

Outcome 3 (optional)					
Provincial Strategic Direction	SD1	SD2	SD3	SD4	SD5
Improved social well-being of...	Individuals		Families		Community
Provincial Outcome – <i>(If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)</i>			Internal Asset:		
			External Asset:		
Provincial Indicator Page # and Measure #	Provincial Indicator: Page #: Measure #:				
Program Objective or Change Statement - <i>refer to section 3.4</i>					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					
# of surveys distributed					
# of responses to survey question					
# experiencing a positive response					

8. 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.

	Black Diamond	High River	Foothills County	Okotoks	Turner Valley	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)	

9. 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.

	Black Diamond	High River	Foothills County	Okotoks	Turner Valley	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)	

10. ANNUAL REPORT

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

[150 words max]

10.2. Stories - Please provide a success story of your program and photo's, if available.

[500 words max]

11. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION

11.1 Based on your quality improvement and evaluation processes should this program continue? Why or why not?

[250 words max]

11.2 If continuing this program did you identify any improvements that can be made?

[250 words max]

11.3 Did your outcome measurements yield the expected results? Please explain.

[250 words max]

12. DOCUMENTATION REQUIREMENTS

Please ensure the following documents are attached to your application/**annual report**:

- List of current agency Board of Directors including name and board position. Please do not include any personal information (i.e. home phone, address, email, etc.).
- Most recent audited financial statement (needed for both application and report).
- 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.

13. DECLARATION

Application 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 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 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