



Application Deadline:
[Insert date]

Drayton Valley and District 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, 2017)

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, which will be provided to you via email, 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 the FCSS Board as quickly as possible. You will be contacted once applications have been approved by the FCSS Board.
7. Successful applicants will be required to sign a Funding Agreement with Drayton Valley and District 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:

Lola Strand, FCSS Program Coordinator

(780) 514-2204

Section II: Information

Drayton Valley and District Family and Community Support Services (FCSS) is a partnership between the Province of Alberta and the Town of Drayton Valley, Brazeau County and Parkland County that develops locally driven initiatives to **enhance the social well-being of individuals, families and community through prevention**. Our program provides service to residents of Drayton Valley, Brazeau County west of the North Saskatchewan River (the area east of the river is served by Breton FCSS) and Parkland County.

Drayton Valley and District FCSS will accept applications from not-for-profit agencies, community groups, organizations, associations, or committees.

Organizations are strongly encouraged to raise funds from as many alternate sources as possible, and will be expected to contribute no less than 20% of the total project/program costs described in the proposal.

1. Special Project Grant Applications – for projects that are short-term and not part of the operational costs of the organization. Project requests in this category tend to be for special events or one-time projects, rather than ongoing services. They should be less than 12 months in duration and must be completed within the January – December fiscal year.
2. Operating Grant Applications – for ongoing programs or services. Grant applications in this category can include base operating costs of providing the program or service.

Ongoing projects are expected to reduce their reliance on FCSS grants over time, increasing their proportion of other revenues.

In addition to financial support, community groups may also access other non-monetary forms of support from Drayton Valley and District FCSS such as consultation on a variety of topics relating to non-profit organizations, facilitation, assistance with Board Development, resource materials, some AV equipment and meeting space.

To obtain FCSS conditional funding, programs of service providers must fit within the goals of the Drayton Valley and District FCSS Strategic Plan (See attached) as well as 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) *Result in one or more of the following outcomes:*

- i) people are self-reliant, resilient and able to function in a positive manner;*
- ii) people have positive social relationships;*
- iii) people are socially engaged and contribute to their community;*
- iv) people are supported to remain active participants in their community;*
- v) people address social issues and influence change.*

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 the responsibility of 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 Lola Strand (780) 514-2204 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 Drayton Valley and District Family and Community Support Services program must provide preventive social programs that directly benefit the residents of Drayton Valley, Brazeau County and/or Parkland County.
2. Organizations are strongly encouraged to raise funds from as many alternate sources as possible, and will be expected to contribute no less than 20% of the total project/program costs described in the proposal.
3. All funds must be spent by December 31st of the funding year. Any funds remaining must be returned to Drayton Valley and District FCSS.
4. Outcomes must be measured and data included in a Year End Final Report, which are the **shaded gray areas** on this application by January 31st.
5. Measures must be selected from the Family and Community Support Services Measures Bank.
6. Grant recipients must provide recognition of Drayton Valley and District FCSS for their contribution.

Section IV – Grant Application Process

The application process is as follows:

1. Call for Grant Applications
2. Deadline for Grant Applications
3. Review of applications by FCSS Coordinator, and, if necessary, notification for further information
4. Decision on funding made by FCSS Board
5. Applicants informed of decision
6. Funding agreement signed
7. Grant cheque is issued

Calls for Operational grants are normally made in fall of the year prior to the funding year and spring of the current funding year. Cheques for grants approved in the year prior to the funding year will be issued in January of the funding year.

Section V – Reporting Policy

A requirement of FCSS funding is the submission of a final report upon completion of the project. The final report is an important part of evaluating for continuous improvement of the preventative social services provided.

According to the terms of the funding agreement, the recipient of the grant shall:

- (a) Submit a final report in the form set out by FCSS. It will include, but not be limited to, a description of the Approved Project in terms of outcome measurement; and copies of print material (ads, press releases, programs etc.) regarding the Approved Project. Where the Approved Project is a Special Project, the final report must be submitted within thirty (30) days of completion of the Approved Project. Where the Approved Project is an Operational Project, the final report must be submitted within sixty (60) days of completion of the project.
- (b) Provide a financial statement of revenues and expenses pertaining to the use of the grant plus any accrued interest. FCSS may request copies of receipts and invoices showing expenditures.

Any extension requests for reporting must be submitted to the FCSS Program Coordinator in writing prior to the due date. Any extensions given will not exceed thirty (30) days. Failure to report may result in exclusion to any future grants administered by Drayton Valley and District Family and Community Support Services.

Drayton Valley and District Family and Community Support Services

2017 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:	

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. DRAYTON VALLEY AND DISTRICT FCSS GOALS

Under which goal(s) of the Drayton Valley and District FCSS Strategic Plan (attached) does your program/project fit?

7. 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? (for example Workshops, events, community forums etc.)

Was your Strategy implemented as planned above? If not, why? What changed? How did it go?

Outcomes: (Please complete section 9 and list the outcomes you are measuring from your program here.)

What change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)

Who is served:

Target Group

Rationale:

Why will your strategy help you achieve your outcome(s)?

(List Outcome(s) here, add additional required information in section 8.)

<p><i>What evidence do you have that this strategy will work? Research? (Best practices)</i></p>	
<p>Resources Needed (Inputs): <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></p>	
<p>Partners: <i>Who and what resource does each Partner bring to the program/project (for example money or staff or knowledge etc.)</i></p>	

8. OUTPUTS	<p>NOTE: For Funding Application: complete White Areas For Year End Final Report : Finish by completing Shaded Gray Areas</p>
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Anticipated and Actual # of participants **from [insert name of FCSS Program] for THIS application:**

	Infants/Toddlers 0-3 yrs.	Children 4-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Presentations
Anticipated							
Actual							

Other Outputs:

	Total # of Participants	Total # of Town of Drayton Valley Participants	Total # of Brazeau County Participants	Total # of Parkland County Participants	# of Volunteers	# of Volunteer Hours
Anticipated						
Actual						

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

9. OUTCOMES SECTION				# of Participants Completing the Measurement Tool: _____
Outcome [list in section 6 above]:	Indicator(s) of Success: (How will you know this outcome has been achieved?)	Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators: (See attachment #1)	FCSS Measures Bank Measure Number:	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>
1.	1.			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____

	2. (if more than one indicator for this outcome)			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this 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.**

2.	1.			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)
				# completing this measure: _____ # experiencing a positive change: _____
	2. (if more than one indicator for this outcome)			1.
				# completing this measure: _____ # experiencing a positive change: _____
				2. (if more than one measure for this indicator)

				# completing this measure: _____ # experiencing a positive change: _____
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10. ADDITIONAL INFORMATION

Identify Measurement Tool(s) Used:

Survey
 Observation
 Interview
 Focus Groups

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

Additional Outcome Data ie copies of surveys and collated data:

Additional Information:

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) or what improvements can be made to the program/project?

What improvements can be made to the outcome measurement process?

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.

11. BUDGET (Resources dedicated specifically to the project you are seeking funding for. Please also attach the latest audited financial statement for your organization.)				
[insert year] 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 Drayton Valley and District 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 FCSS Program]				
Fundraising / Cash donations:				
Fees for service				
Other Grants (Please specify):				
TOTAL REVENUE				
EXPENSES				
PERSONNEL				
Salaries & Wages & Benefits & Remittances				
Travel & Subsistence				
OPERATIONS COST				
Facility Rentals (not ongoing rent)				
Insurance				
supplies				
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)				

12. 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)).	<input type="checkbox"/>
Completed Application (Sections 1-10)	<input type="checkbox"/>
Program/Project Budget (Section 11)	<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"/>

13. SUBMIT COMPLETED APPLICATION TO:

Please:

1. Submit one original signed copy of the application (via mail or drop-off at the office)

**Box 6837 Drayton Valley, AB T7A 1A1
Rotary House 4743 46 Street**

2. Email a copy to fcss@draytonvalley.ca (scanned signatures will be accepted). Unsigned applications will be returned.

The deadline for applications is [\[insert deadline date\]](#).

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>):

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

14. 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 6837 Drayton Valley, AB T7A 1A1
Rotary House 4743 46 Street

2. Email a copy to: fcss@draytonvalley.ca (scanned signatures will be accepted).

The deadline for submitting the Year End Final Report is January 31, 2018

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

15. 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: