Application Deadline:
August 26, 2022, 4:30 p.m.

TOWN OF CROSSFIELD FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)
2023 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, 2023)

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 the 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 at the **September 20, 2022** council meeting.
7. Successful applicants will be required to sign a funding memorandum of understanding (MOU) with the Town of Crossfield 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:

Nicole Vandenberghe - Town of Crossfield Family and Community Support Services (FCSS)

fcss@crossfieldalberta.com or (403) 946-5565 ext. 262

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 fit within the Town of Crossfield's priorities and 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*	*Families: Outcome 1:* *Healthy functioning within families.*	*Community: Outcome 1:* *The community is connected and engaged.*
Individuals: Outcome 2: *Individuals are connected with others.*	*Families: Outcome 2:* *Families have social supports.*	*Community: Outcome 2:* *Community social issues are identified and addressed.*
Individuals: Outcome 3: *Children and youth develop positively.*		

*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 contact the Town of Crossfield Family and Community Support Services (FCSS) before you apply.

Please ensure the application is complete. Feel free to use additional sheets if the space provided on the application form is inadequate.

Section III - Conditions of Funding

1. Funding received from the Town of Crossfield Family and Community Support Services (FCSS) 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. Any 2023 FCSS surpluses must be returned to the Town of Crossfield by **November 30, 2023,** if you are unable to spend the funds by December 31, 2023.

4. Outcomes must be measured and data included in the year-end final report, which are the **shaded gray areas,** on this application. The 2023 final report must be submitted to the Town of Crossfield Family and Community Support Services (FCSS) by **February 29, 2024**.

5. Measures must be selected from the Family and Community Support Services Measures Bank.

6. The Town of Crossfield Family and Community Support Services (FCSS) will **require a copy of the completed aggregated survey with the final report.** A template for the aggregated survey will be provided when the Town of Crossfield FCSS meets with your group to sign the 2023 memorandum of understanding (MOU).

7. The Town of Crossfield Family and Community Support Services (FCSS) will **require copies of receipts from ALL purchases and detailed personnel costs (when receipts aren't provided) that were paid for using 2023 FCSS funds with the final report**. The total of receipts and detailed personnel costs **MUST** equal the 2023 FCSS funding amount that was received.

Section IV – Submission of Application

APPLICATION SUBMISSIONS:

DEADLINE: August 26, 2022, 4:30 p.m.

MAIL/DROP-OFF: PO Box 500, 1005 Ross Street, Crossfield, Alta. T0M 0S0

Email: fcss@crossfieldalberta.com

Applications will not be accepted after the stated deadline.

Town of Crossfield Family and Community Support Services

2023 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	
☐ Alberta Societies Act Registration Number:	☐ Government Agency:
☐ Charitable Number (if applicable):	☐ 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: ***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) (i.e. workshops, counselling, community forums, etc.)*	
Was your strategy implemented as planned above? If not, why? What changed? How did it go? Did you receive formal approval from the Town of Crossfield Family and Community Support Services (FCSS) to change your strategy?	
Outcomes: (*Please complete section 8 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)*	*(List Outcome(s) here, add additional required information in section 8.)*
Who is served: *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)*	
Resources needed (inputs): *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 and what resource does each partner bring to the program/project (i.e., money, staff or knowledge etc.)*	

7. OUTPUTS	**NOTE:** For **Funding Application**: complete **White Areas** For **Year End Final Report**: Finish by completing **Shaded Gray Areas**

Anticipated and actual # of participants for this program / project:

	Infants/ Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	TOTAL # of PARTICIPANTS	Families	Presentations	# of Volunteers	# of Volunteer Hours
Anticipated #											
Actual #											

PLEASE USE THE FCSS MEASURES BANK FOR MEASURING YOUR OUTCOMES

8. 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:**	**FCSS Measures Bank Measure Number:**	**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.*
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:_____*

9. ADDITIONAL INFORMATION

Identify Measurement Tool(s) Used:

- ❑ Survey
- ❑ Observation (intended for young children 0-5 yrs.)
- ❑ Interview (intended for those who may have trouble with a survey)

When Measurement Tool(s) Used:

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

Additional Outcome Data

☐ **Please attach a copy of the completed aggregated survey**

Additional Financial Information

☐ **Attached receipts from ALL purchases that are listed in the shaded portion of the budget in section 10.**

☐ **Attached detailed personnel costs that are listed in the shaded portion of the budget in section 10 (if applicable).**

Additional Information:

Stories – Please share an anecdotal story that describes the significant impact <u>for the participants</u>. 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?

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.

10. BUDGET (Resources dedicated specifically to the project you are seeking funding for. Please also attach the latest audited financial statement for your organization.)				
2023 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 Town of Crossfield 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.)				
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: 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]	☐
Copies of the receipts and detailed personal costs (if applicable) from the items that are listed in the shaded portion of Budget - section 10 [submit with the final report]	☐
Copy of the completed 2023 aggregated survey [submit with the final report]	☐

12. SUBMIT COMPLETED APPLICATION TO:

Please:

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

PO Box 500, 1005 Ross Street, Crossfield, Alta., T0M 0S0

2. Email a copy to: **fcss@crossfieldalberta.com** (scanned signatures will be accepted) Unsigned applications will be returned.

The deadline for applications is **August 26, 2022, 4:30 p.m.**

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

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)

PO Box 500, 1005 Ross Street, Crossfield, Alta. T0M 0S0

2. Email a copy to: **fcss@crossfieldalberta.com**

The deadline for submitting the Year End Final Report is **February 29, 2024.**

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: $_____

YEAR END FINAL REPORT

Date Received:

☐ By Mail ☐ By Email ☐ Hand Delivered

Year End Final Report Incomplete – Date Returned:

Date Approved:

Future Recommendations:

☐ No Reason for Denial: Other Notes:	Other Notes: