











# Family and Community Support Services (FCSS) Grant Funding

# TOWN OF ONOWAY ~ COMBINED APPLICATION & YEAR END SUMMARY REPORT OVERVIEW

#### Family & Community Support Services (FCSS) is:

"FCSS is a unique 80/20 funding partnership between the Government of Alberta and participating municipalities or Metis settlements. Provincially, the FCSS Program receives its mandate from the FCSS Act and Regulation. The Act describes what the province and municipality/Metis Settlement can do to provide preventive social services. The Regulation describes how services may be provided ... Under FCSS, communities design and deliver social programs that are preventive in nature to promote and enhance well-being among individuals, families and communities ..."

#### What are the Eligible Projects for FCSS funding?

Services provided under the 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: Do one or more of the following:

- ➤ Help people to develop independence, strengthen coping skills and become more resistant to crisis
- Help people to develop an awareness of social needs
- ➤ Help people to develop interpersonal and group skills which enhance constructive relationships among people

## What Programs and Services cannot be offered through FCSS?

#### Services provided through FCSS funding must not:

- Primarily provide for recreation needs or leisure time pursuits of individuals
- Offer direct financial assistance, including money, food, clothing or shelter, to sustain an individual or family
- Be primarily rehabilitative in nature
- > Duplicate services that are ordinarily provided by a government or government agency.

- Help people and communities to assume responsibility for decisions and actions which affect them
- Provide supports that help sustain people as active participants in the community

#### Expenditures of the program shall not include:

- Purchase of land or buildings
- > Construction or renovation of a building;
- Purchase of motor vehicles
- Any costs required to sustain an organization that do not relate to direct service delivery under the program;
- Municipal property taxes and levies

<sup>\*</sup>In order to receive FCSS funding (if approved), completion and submission of this combined application and year end summary report is required. \*

#### What are the deadlines for Application & Year End Summary Report?

- Town Of Onoway (Noon on each date below)
  - Round 1 Application Deadline: May 1, 2023 Round 2 Application Deadline: August 31, 2023 Final Round Application Deadline: October 31, 2023
- Tri-Village (Noon on each date below)
  - Round 1 Application Deadline: March 6, 2023 Round 2 Application Deadline: August 31, 2023 Final Round Application Deadline: October 31, 2023
- Year End Summary Report must be completed and submitted within **30 days** of your program/project completion date (which you must provide on the application form).

### Where do I submit my Completed Application, Year End Summary, and who do I call for further Information?

- Submitted applications must include a proposed budget and a detailed project description and be authorized by the legal and/or financial signing authority for the organization.
- > Incomplete applications will be returned to the organization without further review.
- Please note that your application may be forwarded to other local FCSS programs should that be deemed appropriate.
- Overdue and outstanding reports can affect future applications.

Completed applications may be submitted via E-mail preferred, Mail or Fax:

Attention: Gino Damo - Director of Corporate & Community Services E-mail: gino@onoway.ca Phone: 780-967-5338 Fax: 780-967-3226 Mail: Attention FCSS Box 540 Onoway, AB T0E-1V0

## **FCSS GRANT EVALUATION PROCESS**

**APPROVAL/RECEIPTS/INVOICES:** Successful applicants will receive an approval letter. An organization is required to submit copies of all receipts/invoices and/or additional proof of expenses pertaining to your project. These copies <u>must</u> be legible. If required, originals can be submitted and will be returned. Although cancelled cheques can be provided as support information, copies of cheque stubs cannot.

**ANNOUNCEMENTS/PROMOTIONS:** All external agencies receiving FCSS funding are required to recognize this funding by way of public service announcements and/or any promotional material (i.e., This program is partially funded by FCSS).

**DECLARATION:** This document <u>must</u> be signed by one person with <u>legal and/or financial signing authority</u> for your organization. This signature indicates the organization's understanding of, and commitment to, the funding terms and conditions.

**CHANGE OF PROJECT:** A request for project changes must be submitted in writing and is subject to approval. Any request for a project change with a slight variance from the intention of the initial approved project will be subject to approval by Administration.

Any request for a project change that has a significant variance of the initial approved project will <u>not</u> be approved. An organization may make application for the secondary project, which will follow the regular grant review and allocation process.

**PROJECT EXTENSIONS**: Any request for a project extension must be submitted in writing and is subject to approval by Administration (and/or Council if Administration deems necessary). A project extension beyond December 31<sup>st</sup> of the year the funding is allocated cannot be approved, as per the FCSS provincial mandate.

**DELINQUENT FILING OF YEAR END SUMMARY REPORT:** Failure to submit the final budget and evaluation forms with all receipts/financial documentation will prevent the organization from eligibility to receive future funding until the matter is resolved.

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# **APPLICATION FORM**

	INDICA	ATE WHICH MUNICIPAL	LITY(S) YOU ARE APPI	LYING WITH	
Town of Onoway		Tri-Village		Both	
PROGRAM NAM	E	GRANT AMOU	UNT REQUESTED	GRANT AMOUN	T AWARDED
		ORGANIZATION IN	IFORMATION		
Organization Name: (Cheque will be made payable to this name.)					
Mailing Address: (Cheque and all correspondence will be mailed to this address.)					
Contact person:			Position/Title:		
Email address:					
Telephone:	Cell:			Fax:	
Is your Organization Registered	d as a Soci	ety or a Corporation:	Yes □ No		
Charitable Number:		Incorporation Number:			

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	ADDITIONAL ORGANIZATION INFORMATION						
Brief Description of your agency: Mission, Mandate, History							
Funded by	PROVINCIAL GOVERNMENT	FEDERAL GOVERNMENT	OTHER (please list all)				
Reason why you need funding for this project							

#### **ELIGIBILITY FOR FINANCIAL SUPPORT**

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a **non-profit society** in Alberta; or operating under the administrative jurisdiction of a school division or municipality.

ONLY applications that identify the Specific piece of the project or program that fits the FCSS Act and Regulation and identifies the Outcomes and Indicators will be considered.

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	Program/Project Name
	Program/Project Completion
	Date  Point Form Description
F	Point Form Description CSS programs must be of a
	eventive nature that enhances
	e social well-being of individuals
а	nd families through promotion or
	tervention strategies provided at
	e earliest opportunity.
	ow does this program or project ontribute?
	Statement of Need
٧	/hat community need or issue
d	pes this program or project
а	ddress?
	Overall Goal
	/hat do you hope to achieve with e program/project overall change
	impact in the long term?
Ŭ	Broad Strategy
Ir	general terms, how will the
	ogram or project address the
С	ommunity need?
	Rationale
	hat evidence do you have that ould support this approach, ie, if
V	ou do these things, then these
re	sults will occur? What is your
"i	/then statement?"
	Who is served
	/hat is the Target Group or
	opulation you want to reach with is program or project?
	outh, seniors, adults etc.)
	Inputs
	entify the specific resources you
	ave available for this program or
to	complete the project.

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Outputs	
Identify the specific Activities & processes you will use to work	
toward your program/project goals.	
Outputs Who will you reach?	Must report to the province so please collect:
(students volunteers, seniors etc.)	# of participants
	# of volunteers
	# of volunteer hours related to this FCSS initiative
	If partners are involved: # of partners List of Partners
	Consider collecting other information relevant to this program/project:
	# of new participants # of individuals served by age category # of workshops/presentations offered # of various types of information requested, i.e., food bank, transportation, housing, health, safety-internet/telephone/door to door solicitors # of information and referrals
	FCSS enhances the social well-being of individuals, families and community through prevention.

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	PROPOSED BUDGET	ACTUAL BUDGET
REVENUE		
Onoway Administrated Grant Funding	\$	\$
Lac Ste Anne County Grant Funding	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
Total Revenue:	\$	\$
EXPENSE		
Speaker/Presenter Expenses (e.g., 6 presenters @ \$500 each)	\$	\$
Program or Project Materials	\$	\$
Advertising/Promotions	\$	\$
Community Events	\$	\$
Facility Rentals	\$	\$
Administration/Coordination/Telephone/Postage/copying	\$	\$
Program Coordinator & Rev Canada Remit [if applicable]	\$	\$
Other Costs:		
Total Expenditures	\$	\$
Surplus (Deficit)	\$	\$

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# YEAR END SUMMARY REPORT

	Town of Onoway	Alberta Beach	Castle Island	Sunset Point	Val Quentin	Yellowstone
Total # of Volunteers:						
Total # of Volunteers HOURS:						

### \*GREY SECTION IN THIS BOX DO NOT USE IT IS AN EXAMPLE ONLY! \*

Outcome Statement:	Strategic Direction from FCSS Regulation	2010-2022 Alignment with the FCSS Outcomes Model: Chart of Outcomes and Indicators:	Old Measures Bank Number	2023 Alignment with Accountability Framework :Prevention Strategy	Measures Question On the Survey	Data to be collected and reported on the Year End Summary Report after surveying	Onoway	AB Beach	Castle island	Sunset Point	Val Quentin	Yellowstone				
Community members know		COMMUNITY OUTCOME 1	PM1	Prevention Strategy 1:	[Insert name] has	Total # of Participants	15	5	5	10	7	7				
what is happening in their		The community is connected		Promote and encourage active	helped me to know what is	# completing the tool:	15	5	5	10	7	7				
neighbourhood/ community.		and engaged.  Indicator:		engagement in the community.					happening in my neighbour	# completing measure:	15	5	5	10	7	7
		Social Engagement							hood/ community	# experiencing a positive change:	12	4 4 9 6	6	6		
						% of positive change	80	80	80	80	80	80				

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Outcome Statement	Strategic Direction from FCSS Regulation	2010-2022 Alignment with the FCSS Outcomes Model: Chart of Outcomes and Indicators:	Old Measures Bank Number	2023 Alignment with Accountability Framework Prevention Strategy	Measures Question On the Survey	Data to be collected and reported on the Year End Summary Report after surveying	Onoway	AB Beach	Castle Island	Sunset Point	Val Quentin	Yellowstone
						Total # of Participants						
						# completing the tool:						
						# completing measure:						
						# experiencing a positive change:						
						% of positive change						
						Total # of Participants						
						# completing the tool:						
						# completing measure:						
						# experiencing a positive change:						
						% of positive change						

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Continuous Quality Improvement	Continuous Quality Improvement for YEAR END REPORT					
After analyzing the						
information, should this						
program/project continue?						
What improvements can be						
made to the						
program/project?						
What changes will you make						
(if any)?						
What improvements can be						
made to the outcome						
measurement process?						
Should there be any unexpend	ed FCSS Grant funds, please complete this section:					
What occurred that resulted						
in funds not being expended?						
What plans do you have for						
the unexpended funds?						
What timeline will be						
required to expend the						
funds?						

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Declaration of Applicant	
	knowledge that this application contains a full and correct account of all matters stated herein and conditions set out in the Family and Community Support Services Act and Regulation.  https://doi.org/10.1016/j.community/14876.html
I acknowledge that should this applica	ation be approved, I/we will be required to enter into this funding agreement in its entirety.
Print Name	
Authorized Signature	
Date Signed	
Date submitted to FCSS Program	
Please keep a copy of this application f	for your records along with supporting financials. This report will coincide with the Year End Summary.

# Forward completed application to

Attention: Gino Damo - Director of Corporate & Community ServicesE-mail: gino@onoway.ca Phone: 780-967-5338 Fax: 780-967-3226 Mail: Attention FCSS Box 540 Onoway, AB T0E-1V0

FOR OFFICE USE ONLY		\$ Amount Approved:
Date Received:	By Email	By Mail:
Date Approved:	Notes/Special requests or comments	Future Recommendations

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