



## 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
- 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

#### 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.

##### 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

**\*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, 2024      Round 2 Application Deadline: August 30, 2024      Final Round Application Deadline: September 30, 2024
- Tri-Village (Noon on each date below)  
Round 1 Application Deadline: March 4, 2024      Round 2 Application Deadline: May 1, 2024      Final Round Application Deadline: September 30, 2024
- 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](mailto: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 must 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 must be signed by one person with legal and/or financial signing authority 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 not 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

INDICATE WHICH MUNICIPALITY(S) YOU ARE APPLYING WITH		
Town of Onoway <input type="checkbox"/>	Tri-Village <input type="checkbox"/>	Both <input type="checkbox"/>

PROGRAM NAME	GRANT AMOUNT REQUESTED	GRANT AMOUNT AWARDED

ORGANIZATION INFORMATION	
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Organization Name: <small>(Cheque will be made payable to this name.)</small>		
Mailing Address: <small>(Cheque and all correspondence will be mailed to this address.)</small>		
Contact person:		Position/Title:
Email address:		
Telephone:	Cell:	Fax:
Is your Organization Registered as a Society or a Corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable Number:	Incorporation Number:	

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ADDITIONAL ORGANIZATION INFORMATION			
Brief Description of your agency: Mission, Mandate, History			
Funded by	<b>PROVINCIAL GOVERNMENT</b>	<b>FEDERAL GOVERNMENT</b>	<b>OTHER (please list all)</b>
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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<b>Program/Project Name</b>	
<b>Program/Project Completion Date</b>	
<b>Point Form Description</b> FCSS programs must be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity. How does this program or project contribute?	
<b>Statement of Need</b> What community need or issue does this program or project address?	
<b>Overall Goal</b> What do you hope to achieve with the program/project overall change or impact in the long term?	
<b>Broad Strategy</b> In general terms, how will the program or project address the community need?	
<b>Rationale</b> What evidence do you have that would support this approach, ie, if you do these things, then these results will occur? What is your "if/then statement?"	
<b>Who is served</b> What is the Target Group or population you want to reach with this program or project? (Youth, seniors, adults etc.)	
<b>Inputs</b> Identify the specific resources you have available for this program or to complete the project.	

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<p><b>Outputs</b> Identify the specific Activities &amp; processes you will use to work toward your program/project goals.</p>	
<p><b>Outputs</b> Who will you reach? (students volunteers, seniors etc.)</p>	<p><b>Must report to the province so please collect:</b></p> <ul style="list-style-type: none"> <li># of participants</li> <li># of volunteers</li> <li># of volunteer hours related to this FCSS initiative</li> </ul> <p><b>If partners are involved:</b></p> <ul style="list-style-type: none"> <li># of partners</li> <li>List of Partners</li> </ul> <p><b>Consider collecting other information relevant to this program/project:</b></p> <ul style="list-style-type: none"> <li># of new participants</li> <li># of individuals served by age category</li> <li># of workshops/presentations offered</li> <li># of various types of information requested, i.e., food bank, transportation, housing, health, safety-internet/telephone/door to door solicitors</li> <li># of information and referrals</li> </ul>
	<p>FCSS enhances the social well-being of individuals, families and community through prevention.</p>

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	PROPOSED BUDGET	ACTUAL BUDGET
<b>REVENUE</b>		
Onoway Grant Funding	\$	\$
Tri-Village Grant Funding	\$	\$
Lac Ste Anne County Grant Funding	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
Other Funding Sources	\$	\$
<b>Total Revenue:</b>	\$	\$
<b>EXPENSE</b>		
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 <i>[if applicable]</i>	\$	\$
Other Costs:	\$	\$
Other Costs:	\$	\$
Other Costs:	\$	\$
Other Costs:		
<b>Total Expenditures</b>	\$	\$
Surplus (Deficit)	\$	\$

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## YEAR END SUMMARY REPORT

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

**\*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 <u>Year End Summary Report</u> after surveying	Onoway	AB Beach	Castle island	Sunset Point	Val Quentin	Yellowstone
Community members know what is happening in their neighbourhood/ community.		<b>COMMUNITY OUTCOME 1</b> <i>The community is connected and engaged.</i>  <i>Indicator: Social Engagement</i>	<b>PM1</b>	<b>Prevention Strategy 1: Promote and encourage active engagement in the community.</b>	[Insert name] has helped me to know what is happening in my neighbourhood/ community .	Total # of Participants	15	5	5	10	7	7
						# completing the tool:	15	5	5	10	7	7
						# completing measure:	15	5	5	10	7	7
						# experiencing a positive change:	12	4	4	9	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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<b>Continuous Quality Improvement for YEAR END REPORT</b>	
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?	
<b>Should there be any unexpended FCSS Grant funds, please complete this section:</b>	
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	
I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies <b>with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.</b> <b>(<a href="http://humanservices.alberta.ca/family-community/14876.html">http://humanservices.alberta.ca/family-community/14876.html</a>):</b>	
<b>I acknowledge that</b> should this application 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 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 Services E-mail: [gino@onoway.ca](mailto:gino@onoway.ca)  
Phone: 780-967-5338 Fax: 780-967-3226 Mail: Attention FCSS Box 540 Onoway, AB T0E-1V0**

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

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