



Town of Onoway Family & Community Support Services

FCSS External Grant Application

Town of Onoway
Mail: Box 540, Onoway, AB T0E 1V0
Email: shelley@onoway.ca
Phone: 780-967-5338
Fax: 780-967-3226
In Person: 4812-51 Street, AB



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:

1. Be of preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity;
2. Do one or more of the following:
 - a. Help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - b. Help people to develop an awareness of social needs;
 - c. Help people to develop interpersonal and group skills which enhance constructive relationships among people;
 - d. Help people and communities to assume responsibility for decisions and actions which affect them;
 - e. 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:

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

Expenditures of the program shall not include:

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

What are the deadlines for application?

There are no fixed deadlines. Applications will be considered until funding depleted.

Where do I submit my completed application?

Your application must include a projected budget and a detailed project description, and be authorized by the legal and/or financial signing authority for your 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. Completed applications may be submitted to:

Mail: Town of Onoway, Box 540, Onoway, AB T0E 1V0

Fax: 780-967-3226

Email: shelley@onoway.ca

Where do I call for further information?

For further information, contact the Community Services Department at 780-967-5338

FCSS Grant Evaluation Process**1. Evaluation Form:**

If successful, your organizations will receive an FCSS Grant Funding Evaluation Form with your approval letter. Your organization must complete this form within **30 days** of your project completion date (which you must provide on the application form). Overdue and outstanding reports can affect future applications.

2. Receipts/Invoices:

Your 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.

3. Announcement/Promotion

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

4. 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.

5. 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 from the intention 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.

6. Project Extensions:

All final accounting documentation is due within 30 days of the expected completion date noted on the application form.

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 31st of the year the funding is allocated cannot be approved, as per the FCSS provincial mandate.

7. Delinquent Filing of Evaluation

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.

Final Documentation, Extension or Change of Project Requests should be submitted to:

Town of Onoway
Box 540, Onoway, AB T0E 1V0
Fax: 780-967-3226
Phone: 780-967-5338
Email: shelley@onoway.ca

Project/Program Name: _____

Expected Project/Program Completion Date: _____ (must be specific)

Organization Name: _____
(Cheque will be made payable to this name.)

(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. If you do not fit this criteria, contact us for potential options.)

Organization Address: _____
(Cheque and all correspondence will be mailed to this address.)

Primary Contact (for this application): _____

Position/Title (within applying organization): _____

Contact Information:

Email: _____ Fax: _____

Phone: (Home) _____ (Cell): _____

Each program/project **must be of a preventative nature** that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.

Does your project meet that criteria? Yes No

To be eligible for FCSS funding, it must also do one or more of the following:
(Please check all that apply - you will be required to report on each outcome selected below.)

- Your project will "help people to develop independence, strengthen coping skills and become more resistant to crisis".
- Your project will "help people to develop an awareness of social needs".
- Your project will "help people to develop interpersonal and group skills which enhance constructive relationships among people".
- Your project will "help people and communities to assume responsibilities for decisions and actions which affect them".
- Your project will "provide supports that help sustain people as active participants in the community" including promoting, encouraging and facilitating the involvement of volunteers.
- Other - If your program/project does not fit into one of the above categories, please explain how your organization believes your project will fit the FCSS mandate

Target Group: If you focus on more than one group, indicate Primary (P) and Secondary (S). Please provide an estimated number of participants within each age group.

0-5 Years

12-17 Years

56+ Years

6-11 Years

55 Years

Should you require additional space for any of the following questions, please feel free to attach additional pages.

1. Provide a detailed description of your project.

2. How was the need for your project determined? What is the need and how will it be addressed?

3. Will you be making funding applications to any other FCSS program (i.e. Lac. Ste. Anne County)? If yes, please include application amounts in the budget section of this application.

Yes

No

4. Briefly outline the tasks, timeline and personnel (staff & volunteers) required to complete the project.

5. How does your organization intend to "market" or promote the program/project?

6. Indicate how your organization will contribute to the program/project (cash, volunteer labour, donated equipment/supplies/materials, etc.)

7. If applying for funding for a staff position, a detailed job description must be included with this application.

N/A

Detailed job description attached for _____
(List Job Title)

8. List any other relevant information you would like to include to support your application.

9. What geographical area will your program/project serve?

- | | | |
|-----------------------------------------------|----------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Lac Ste. Anne County | <input type="checkbox"/> Onoway | <input type="checkbox"/> Summer Village of _____ |
| <input type="checkbox"/> Rich Valley | <input type="checkbox"/> Alberta Beach | <input type="checkbox"/> Other _____ |

Proposed Budget

Please include as much detail as possible.

Revenue	
Agency Contribution- Cash (includes fundraising):	
Agency Contribution- In Kind (includes volunteer hours):	
Donations:	
Registration Fees:	
FCSS Funding (Administered by Onoway)	
FCSS Funding (Administered by LSAC)	
FCSS Funding (Other FCSS municipalities - please list)	
Other Revenues:	
Total Revenue	

Expenses	
Paid personnel (administration/instructor)	
Volunteer personnel (administration/instructor)	
Mileage (include rate):	
Facility (include rental rate):	
Materials & Supplies (please describe):	
Advertising	
Other Expenses:	
Total Expenses	

Profit/Loss: \$ _____

FCSS Grant Request: \$ _____

Applicant Agreement:

I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the applying organization.
- The information provided within this application form and supporting documents is true and accurate and endorsed by the applying organization.
- The project will benefit the general public and not specific individuals.
- An accounting of spending (including receipts) showing compliance with the conditions of the grant shall be provided no later than 30 days from the completion date noted in the application/approval.
- Any grant awarded shall be used solely for the purposes stated within this application, the approval notification and according to the FCSS mandate.
- As a condition of accepting financial assistance, access to all financial statements and records having any connection with monies received is hereby granted to Town of Onoway.
- The Contribution from Town of Onoway FCSS Administration will be recognized.

Print Name: _____

Position/Title: _____

Signature: _____

Date: _____

The personal information provided will be used for the purpose of reviewing grant applications for funding recommendations and is collected under the authority of Section 33© of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected on this form will only be used for the provision of the review process for the grant program you have made application to. If you have any questions about the collection and use of this information, please contact the Town of Onoway FOIP Coordinator at the Town of Onoway Administration Office 780-967-5338, Box 540, Onoway, AB, T0E 1V0