Pincher Creek & District

**Application Deadline: September 20, 2019**



**Box 2841 Pincher Creek, AB T0K 1W0 - Telephone 403-627-3156 fcss@pinchercreek.ca**

**2020 FUNDING APPLICATION**

**(FUNDING PERIOD: January 1 – December 31, 2020)**

***Section I – Introduction***

1. Please read carefully all of the information in this form prior to your submission.
2. Ensure the Provincial FCSS Measures Bank (supplied by the Pincher Creek & District FCSS Director) is used in this application.
3. Only PAGES 4-9 need be returned. Ensure that **only** the budget template provided is used.
4. Applicants may be required to provide a presentation on their application.
5. Recommendations on funding will go to the Board as quickly as possible. You will be contacted once recommendations have been approved.
6. Successful applicants will be required to sign a Funding Agreement with the Pincher Creek & District Family and Community Support Services. This agreement will include details of payment, financial and program reporting and other funding conditions.

**Application Questions Please Contact: David Green, FCSS Director at 403-627-3156 or email** **fcss@pinchercreek.ca**

***Section II: Information***

Family and Community Support Services (FCSS) is a partnership between the Province and a Municipality or Metis Settlement that develops locally driven preventative social initiatives to enhance the well-being of individuals, families and communities.

To obtain FCSS conditional funding, programs of service providers must meet the Provincial Family & Community Support Services regulations and eligibility guidelines. These programs must:

1. *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, and*

b) *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;*

1. *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.*

Programs and Services not eligible under the program include those that:

a) provide primarily for the recreational needs or leisure time pursuits of individuals;

b) are intended to sustain an individual or family (ie. Providing food, clothing or shelter);

c) are primarily rehabilitative in nature, or

d) 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 phone for clarification before you apply.

Please ensure the application is complete, 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 the Pincher Creek & District Family and Community Support Services program must provide preventive social programs that directly benefit its residents.
2. All funds must be spent by December 31, 2020.
3. Outcomes must be measured by December 31, 2020 and included in a final report due by January 31, 2021.

***Section IV – Submission of Application***

**APPLICATION SUBMISSIONS**:

**DEADLINE: September 20, 2019 by 4:00 PM**

**By Mail FCSS**

 **Box 2841**

 **Pincher Creek, AB T0K 1W0**

**Drop-off: 962 St. John Ave (Town Office)**

 **Pincher Creek, AB**

**By email** **fcss@pinchercreek.ca**

**Applications received after deadline will not be reviewed.**



Box 2841, Pincher Creek, Alberta, T0K 1W0 Telephone 403-627-3156 - fcss@pinchercreek.ca

**Pincher Creek and District**

**Family and Community Support Services**

**2020 Funding Application**

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| **1. AGENCY INFORMATION** |
| Agency Name: | Click here to enter text. |
| Project/Program Name: | Click here to enter text. |
| Executive Director Name: | Click here to enter text. |
| Email Address and Website: | Click here to enter text. |
| Mailing Address (include postal code): | Click here to enter text. |
| Street Address: | Click here to enter text. |
| Project Contact Name (if different than Executive Director): | Click here to enter text. |
| Project Contact Phone Number: | Click here to enter text. |
| Grant Amount Requested: | $Click here to enter amount..00  |

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| **2. AGENCY INFORMATION** |
| Please provide a brief overview of your agency and project/program (ie. Mission, mandate, history). |
| Click here to enter text. |

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| **3. OVERVIEW / PROJECT INFORMATION** |
| Please explain, in your own words, what the program is and why this program is important. Feel free to provide an anecdote or example of success. |
| Click here to enter text. |

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| **4. PROGRAM LOGIC MODEL** |  |
| **Program/Project Title:** | Click here to enter text. |
| **Projected Dates of Program:** | Click here to enter text. |
| **Statement of Need:*****What*** community issue, need or situation are you responding to? Evidence of need? | Click here to enter text. |
| ***Overall Goal:******What*** *change or impact do you want to achieve?* | Click here to enter text. |
| **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.* | Click here to enter text. |
| **Who is served:***Target Group (Indicate percentage) (if more than 1 target group, indicate percentage of each group e.g. Youth 60% Families 40%)* | Children/Youth: **\_\_\_\_\_\_**% Families: **\_\_\_\_\_\_**%Adults: **\_\_\_\_\_\_**% Seniors: **\_\_\_\_\_\_**%Community: **\_\_\_\_\_\_**% |
| **Rationale:** ***Why*** *will your strategy help you achieve your outcome(s)?* *What evidence do you have that this strategy will work? Research? (Best practices)* | Click here to enter text. |
| **Resources Needed (Inputs):***Such as staff, volunteers, money, materials, equipment, technology, information – please be as specific as possible and include detailed information, and the needed financial resources in your budget spreadsheet attached.* | Click here to enter text. |
| **Partners:** *Who are your partners & what resource does each Partner bring to the program/project (ie. Money, or staff, or knowledge, etc.)* | Click here to enter text. |
| **Financial Outlook:***If your funding request is not approved or only partially approved, are you & your partners prepared to continue with the program? What would the effect of the decrease be?* | Click here to enter text. |

**\*You MUST meet with the Pincher Creek & District FCSS Director to fill in the greyed sections. Do NOT fill in these sections beforehand. The white sections MUST be filled in before meeting with the FCSS Director.**

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| **5. OUTCOMES** |
| **Outcome:***(What outcome do you want to achieve from the program?)* | **Indicator(s) of Success:** (How will you know this outcome has been achieved?) | **Provincial Outcome & Indicator Alignment:**  | **Measures Bank/ Measure Number:** | **Measure(s):** *(To use for Measurement Tool.)* |
| 1. Click here to enter text. | 1. Click here to enter text. |  |  | 1.  |
|  | 2. (if more than one measure for this indicator) |
| 2. If more than one indicator for this outcome |  |  | 1.  |
|  | 2. (if more than one measure for this indicator) |
| 2. Click here to enter text. | 1. Click here to enter text. |  |  | 1.  |
|  | 2. (if more than one measure for this indicator) |
| 2. If more than one indicator for this outcome |  |  | 1.  |
|  | 2. (if more than one measure for this indicator) |

**\*If you would like to report on more than two outcomes, please see the FCSS Director.**

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| **Provincial Strategic****Direction:** |    |

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| **6. OUTPUTS** |
| **Anticipated # of participants from Town and M.D. of Pincher Creek and Village of Cowley:****\*\* Must match your Target Group(s) indicated in Section 4** (Numbers must match percentage indicated. If 100% Families is indicated, only note how many families you anticipate to serve. If 60% Youth and 40% Adults is indicated, then your numbers must reflect this percentage split.) |
|  | **Infants/Toddlers 0-3 yrs.** | **Preschoolers 3-5 yrs.** | **Children****5-12 yrs.** | **Youth****12-18 yrs.** | **Adults** | **Seniors****65+ yrs.** | **Families** | **Total # of Participants** |
| **Anticipated** | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |
| **Other Outputs:** |
|  | **# of Volunteers** | **# of Volunteer Hours** | **# of Presentations** | **# of Workshops** | **Other?** | **Other?** | **Other?** | **Other?** |
| **Anticipated** | Click here | Click here | Click here | Click here | Click here | Click here | Click here | Click here |

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| **7. ADDITIONAL INFORMATION** |
| **Identify Measurement Tool(s) You Will Be Using:**  | Click to choose an item. |
| **When Measurement** **Tool(s) Will Be Used:** | Click to choose an item.****  |

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| **8. DOCUMENTATION REQUIREMENTS: Do not provide other attachments unless requested to do so.** | **ATTACHED** **(Check box if item is included with you application.)** |
|  List of current agency Board of Directors by name and Board position, if applicable. (Do not include personal contact information such as home addresses, emails, or phone numbers). |[ ]
|  Project Budget (on separate attached spreadsheet) |[ ]
|  I understand and acknowledge that I will have to provide all receipts and a financial statement upon completion of the program. |[ ]

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| **10. Submit completed application to:****(Pages 4-9)** |
| Please: 1. Submit the original signed copy of the application (via mail or drop-off at the office).
2. Or Email a scanned copy to: **fcss@pinchercreek.ca** (scanned or digital signatures will be accepted).
3. Or Fax a copy to: 403-627-4784.
4. Unsigned applications will be returned & deadline will not be waived.

**The deadline for applications is September 20, 2019 @ 4:00PM.****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**](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 DateBy Mail: **Pincher Creek and District FCSS For questions please contact David Green, FCSS Director****Box 2841, Pincher Creek, AB T0K 1W0 Phone: 403-627-3156 email: fcss@pinchercreek.ca** |
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