**Application Deadline: September 14, 2022**

Pincher Creek & District



**Box 2841 Pincher Creek, AB T0K 1W0 - Telephone 403-627-4406 fcss@pinchercreek.ca**

**2023 FUNDING APPLICATION**

**(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. Ensure the Provincial FCSS Measures Bank (supplied by the Pincher Creek & District FCSS Director) is used in this application.
3. Please return PAGES 4-9 plus the completed budget using the template provided.
4. Organizations will be notified about funding decisions by October 3, 2022.
5. 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 obligations and other funding conditions.

**Application Questions Please Contact: Andrea Hlady, FCSS Director at 403-627-4406 or email** [**fcss@pinchercreek.ca**](mailto: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 programs to enhance the well-being of individuals, families and communities.

To be eligible, 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. Additional information on Program Advice Inventory Listing is found here: [Microsoft Word - FCSS Program Advice Inventory Listing - Stand Alone Version Final - Nov 2010.doc (alberta.ca)](https://open.alberta.ca/dataset/c1a700fe-f77f-492a-bf86-6b977b78ae34/resource/21a8d6af-00f2-4e4d-bf8c-68f1aa5b0b4a/download/fcss-program-advice-inventory-listing.pdf)

***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, 2023.
3. Outcomes will be measured to December 31, 2023 and included in a final report due by February 28, 2024.

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

**APPLICATION SUBMISSIONS**:

**DEADLINE: September 14, 2022 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**](mailto:fcss@pinchercreek.ca)

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



Box 2841, Pincher Creek, Alberta, T0K 1W0 Telephone 403-627-4406 - fcss@pinchercreek.ca

**Pincher Creek and District**

**Family and Community Support Services**

**2023 Funding Application**

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| --- | --- |
| **1. ORGANIZATION INFORMATION** | |
| Organization Name: | Click here to enter text. |
| Project/Program Name: | x |
| Executive Director Name: | x |
| Email Address and Website: | x |
| Mailing Address (include postal code): | x |
| Street Address: | x |
| Project Contact Name (if different than Executive Director): | x |
| Project Contact Phone Number: | x |
| Grant Amount Requested: | $0.00 |

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| **2. ORGANIZATION OVERVIEW** |
| Please provide a brief overview of your organization and project/program (ie. Mission, mandate, history). |
| x |

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| **3. PROJECT INFORMATION** |
| Please explain, in your own words, what the program is and why this program is important. |
| x |

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| **4. PROGRAM LOGIC MODEL** |  |
| **Program/Project Title:** | Click here to enter text. |
| **Projected Dates of Program:** | x |
| **Statement of Need:**  ***What*** community issue, need or situation are you responding to? Evidence of need? | x |
| ***Overall Goal:***  ***What*** *change or impact do you want to achieve?* | x |
| **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.* | x |
| **Outcomes:** Please complete section 8 and list the outcomes you are measuring here**.** |  |
| **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)* | x |
| **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.* | x |
| **Partners:**  *Who are your partners & what resource does each Partner bring to the program/project (ie. Money, or staff, or knowledge, etc.)* | x |
| **Financial Outlook:**  *If your funding request is not approved or only partially approved, are you & your partners prepared to continue with the program?* | x |

**Outputs Note: for funding application, complete white areas. For year-end report, complete grey areas**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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** | x | x | x | x | x | **x** | **x** | **x** |
| **Actual**  **year end** |  |  |  |  |  |  |  |  |
|  | **# of Volunteers** | **# of Volunteer Hours** | **# of Presentations** | **# of Workshops** | **Total # of participants** | **Other?** | **Other?** | **Other?** |
| **Anticipated** | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| **Actual**  **Year End** |  |  |  |  |  |  |  |  |

**Fill in the white sections only. For year-end report, complete grey areas.**

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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) used**  *(To use for Measurement Tool.)* | |
| 1. x | | 1. x | |  | |  | | 1.  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |
|  | | 2. (if more than one measure for this indicator)  # completing measure: \_\_\_\_\_  # experiencing a positive change \_\_\_\_\_\_  \_\_\_\_ | |
| 2. If more than one indicator for this outcome | |  | |  | | 1.  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_\_\_  \_\_\_ | |
|  | | 2. (if more than one measure for this indicator)  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |
| 2. x | | 2. x | |  | |  | | 1.  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |
|  | | 2. (if more than one measure for this indicator)  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |
| 2. If more than one indicator for this outcome | |  | |  | | 1.    # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |
|  | | 2. (if more than one measure for this indicator)  # completing measure: \_\_\_\_\_  # experiencing a positive change:\_\_\_\_\_ | |

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| **Provincial Strategic**  **Direction: Choose the most appropriate** |  |

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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 additional attachments unless requested to do so.** | **ATTACHED**  **(Check box if item is included with you application.)** |
| List of current 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 a financial statement upon completion of the program. |  |

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| **10. Submit completed application (Pages 4-9) to:** | |
| 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**](mailto:fcss@pinchercreek.ca) (scanned or digital signatures will be accepted). 3. Unsigned applications will be returned & deadline will not be waived.   **The deadline for applications is September 14, 2022 @ 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 Date  By Mail:  **Pincher Creek and District FCSS For questions please contact Andrea Hlady, FCSS Director**  **Box 2841, Pincher Creek, AB T0K 1W0 Phone: 403-627-4406 email: fcss@pinchercreek.ca** | |
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