



Family and Community Support Services (FCSS) Grant Funding



Application Year: **January 1 to December 31, 2025**

Program Name:	GRANT AMOUNT REQUESTED \$	GRANT AMOUNT AWARDED \$
Organization Information:		
Organization Name:		
Mailing Address:		
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:	

Additional Organization Information:	
Brief Description of your agency: Mission, Mandate, History	
Funded by	<input type="checkbox"/> Provincial Gov't <input type="checkbox"/> Federal Gov't <input type="checkbox"/> Other (please list all):
Reason why you need additional 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.

DEADLINE DATES

Applications for FCSS Grant Funding: **September 30** (for the upcoming years' program)

Please note that all of the shaded gray areas are reserved for your Year End report data and should not be filled in until completing the Year End report.

Year End Report: **January 31** (of the following year, i.e.. Year End Report for the 2024 Program Year will be submitted by January 31, 2025)

GREY SHADED AREAS - complete these areas ONLY for the YEAR END FINAL report

	County of Vermilion River	Vermilion	Kitscoty	Paradise Valley	Marwayne	Lloydminster	Other
Total # of Volunteers:							
Total # of Volunteers Hours:							
Total # of participants							

Program/Project:

POINT FORM DESCRIPTION

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?

Statement of Need:

What community need or issue does this program or project address?

Overall Goal:

What do you hope to achieve with the program or project [overall change or impact in the long term]

<p>Broad Strategy: <i>In general terms, how will the program or project address the community need?</i></p>	
<p>Rationale: <i>What evidence do you have that would support this approach, i.e., if you do these things, then these results will occur? What is your “if/then statement?”</i></p>	
<p>Who is served? <i>What is the Target Group or population you want to reach with this program or project? (youth, seniors, adults etc.)</i></p>	<input type="checkbox"/> Infants/Toddlers (0-3) <input type="checkbox"/> Preschool (3-5) <input type="checkbox"/> Children (5-12) <input type="checkbox"/> Youth (12-18) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Volunteers <input type="checkbox"/> Community
<p>Inputs: <i>Identify the specific resources you have available for this program or to complete the project.</i></p>	
<p>Outputs: <i>Identify the specific Activities and processes you will use to work toward your program or project goals.</i></p>	

Strategic Direction	Outcome Statement:	Measures: (Question On the Survey)	Measures Bank Number:	Alignment with the FCSS Outcomes Model: Chart of Outcomes and Indicators:	Data to be collected and reported on the Year End Summary Report after surveying	County of Vermilion River	Vermilion	Kitscoty	Paradise Valley	Marwayne	Lloydminster	Other
SD# ____			PM# ____	<input type="checkbox"/> INDIVIDUALS <input type="checkbox"/> FAMILIES <input type="checkbox"/> COMMUNITY Model Outcome# Model Indicator:	Total # of Participants							
					# completing the tool:							
					# completing measure:							
					# experiencing a positive change:							
					% of positive change							
SD# ____			PM# ____	<input type="checkbox"/> INDIVIDUALS <input type="checkbox"/> FAMILIES <input type="checkbox"/> COMMUNITY Model Outcome# Model Indicator:	Total # of Participants							
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SD# ____			PM# ____	<input type="checkbox"/> INDIVIDUALS <input type="checkbox"/> FAMILIES <input type="checkbox"/> COMMUNITY Model Outcome# Model Indicator:	Total # of Participants							
					# completing the tool:							
					# completing measure:							
					# experiencing a positive change:							
					% of positive change							

PROPOSED BUDGET		ACTUAL BUDGET
REVENUE:		
FCSS Grant Funding:		
County of Vermilion River	\$	\$
Town of Vermilion	\$	\$
Village of Marwayne	\$	\$
Village of Kitscoty	\$	\$
Village of Paradise Valley	\$	\$
City of Lloydminster	\$	\$
Other Funding Sources	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Revenue:	\$	\$
EXPENDITURES:		
Program/Project Materials	\$	\$
Speaker/Presenter Expenses	\$	\$
Advertising/Promotions	\$	\$
Telephone/Postage/Copying	\$	\$
Facility Rentals	\$	\$
Other Costs: (ex. nutritional expenses)	\$	\$
Administration/Coordination	\$	\$
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Expenditures	\$	\$
Surplus (Deficit)	\$	\$

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 improvements can be made to the outcome measurement process?	

Should there be any unexpended 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?	

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 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>):

I acknowledge that 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 by September 30, 2024, to:
Contact: James Warren, CAO **Email:** Villageofpv@mcsnet.ca **Phone:** 780-745-2287

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

