



Family and Community Support Services Village of Longview 2018

**Application due:
March 23, 2018**

Funding Application
 Annual Report

FCSS REQUEST AMOUNTS								
	Longview	Black Diamond	High River	MD of Foothills	Okotoks	Turner Valley	Other Sources	Total
FCSS Request								
FCSS Received (actual)								

1. AGENCY INFORMATION	
Agency Name:	
Project Name:	
Project Contact:	
Contact Phone:	
Executive Director:	
Email:	
Website:	
Mailing Address:	
Fiscal Agent/Name and Address (if required):	

2. ORGANIZATION TYPE	
Alberta Societies Act Registration Number:	
Charitable Number (if applicable):	
Government Agency (if applicable):	
Other (please specify):	

Please provide a brief overview of your agency. For example, its mission, mandate, history, etc. (200 words):

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3. PROJECT OVERVIEW

Project/Program Title:

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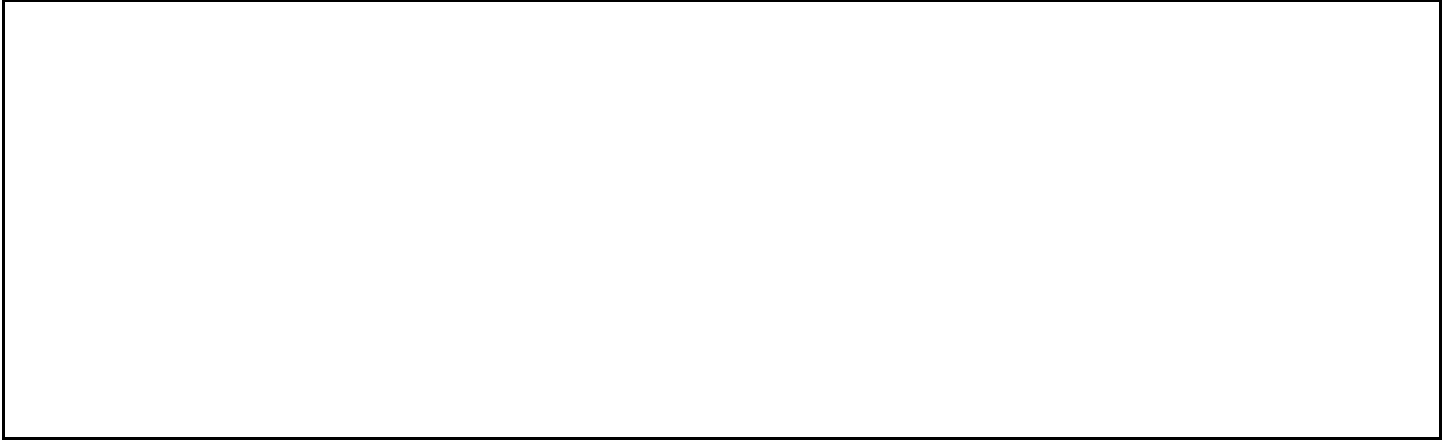
Use this section to explain, in your own words, the project or program and why it is important. Please include a relevant anecdote or example, if applicable (300 words):

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4. PROGRAM LOGIC MODEL

Statement of Need: Identify the social issue the program is intended to address. What evidence do you have that this need exists? (300 words)

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Target Audience: Who is served by this program? (300 words)

Outcome/Impact: Summarize the ideal impact your program will have on the community and/or your target participants. (300 words)

Strategy: How are you going to address the issue identified? What are the actions/steps/activities? (300 words)

Rationale: Why will your strategy achieve your desired outcomes? What evidence do you have that this strategy will work? Provide examples of similar program models if available (300 words).

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Inputs/ Required Resources: Outline the specific resources required to implement the program (staff, volunteers, funding, materials, equipment, etc.). Include additional financial details in the budget sheet provided below. (300 words)

Partners: Identify your program/project partners and the resources they will contribute to the project. (300 words)

Report: Was your above outlined strategy implemented as planned? Why or why not? What changes were made? Why? (300 words)

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5. OUTPUTS

Please use the shaded gray areas for reporting at the end of the project/program.

5.1 ANTICIPATED OUTPUTS

Anticipated Number:	Longview	Black Diamond	High River	MD of Foothills	Okotoks	Turner Valley	Total
Anticipated # preschoolers (0-6 years)							
Anticipated # children (7-12 years)							
Anticipated # youth (13-17 years)							
Anticipated # adults (18-64 years)							
Anticipated # seniors (65+ years)							
Total individual participants per community							

Anticipated community presentations/events							
Anticipated # of Volunteers							
Anticipated # of Volunteer Hours							

5.2 ACTUAL OUTPUTS

Actual Number:	Longview	Black Diamond	High River	MD of Foothills	Okotoks	Turner Valley	Total
Actual # preschool (0-6 years)							
Actual # children (7-12 years)							
Actual # youth (13-17 years)							
Actual # adults (18-64 years)							
Actual # seniors (65+ years)							
Total individual participants per community							

Actual community presentations/events							
Actual # of Volunteers							
Actual # of Volunteer Hours							

5.3 ANTICIPATED TARGET GROUP PERCENTAGES

Who is the focus/target group for your project/program? Please report your anticipated percentages below:

%	Children/Youth	%	Seniors
%	Families	%	Community Development
%	Adults		

5.4 ACTUAL TARGET GROUP PERCENTAGES

Who was the focus/target group for your project/program? Please report your actual percentages below:

%	Children/Youth	%	Seniors
%	Families	%	Community Development
%	Adults		

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6. OUTCOMES AND MEASUREMENT

6.1 DEFINE MEASUREMENT TOOLS

Outline the measurement tool(s) you will use to gauge the project/program success, (i.e.: survey, observation, interview)

Measurement Tool	Measured pre and post program		Measured post-program only	

6.2 PROVINCIAL OUTCOME MEASUREMENTS

Please refer to the Provincial Priority Measures Bank when developing project/program measurement tools and outcomes. Please use the shaded gray areas for reporting at the end of the project/program.

Example:

Outcome:	Indicators:	Measures:
<i>People learn/gain skills that build resilience and increase coping.</i>	<i>Participants report feeling better able to cope with challenges in life.</i>	<i>As a result of [insert name], I am better at handling whatever comes my way.</i>
Provincial outcome alignment:	Individual Outcome #1 - Individuals experience personal well being	
Indicator alignment/number:	Individual indicator - Resilience	
Measures Bank number:	PM2	

Outcome 1

Outcome:	Indicators:	Measures:
Provincial outcome alignment:		
Indicator alignment/number:		
Measures Bank number:		
Number completing this measure:		
Number reporting a positive change:		

Outcome 2

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Outcome:	Indicators:	Measures:
Provincial outcome alignment:		
Indicator alignment/number:		
Measures Bank number:		
Number completing this measure:		
Number reporting a positive change:		
7. Stories: Please provide an anecdotal example of your program's success and a photo, if available. (1000 words):		

8. Continuous Quality Improvement:

Was the program successful? Should this project/program continue? Why or why not? (300 words)

What improvements can be made to the project/program? (300 words)

What improvements can be made to your outcome measurement process? (300 words)

9. BUDGET: PRE-PROGRAM FCSS APPLICATION

Please indicate the resources specifically needed for your outlined project or program and attach a copy of your organization's approved year-end financials. Municipal and/or total amounts may be reported. One application with all the relevant information may be submitted to multiple municipalities.

9.1 REVENUE - please indicate all sources of funding, fees for service, grants, etc.								
	Longview	Black Diamond	High River	MD of Foothills	Okotoks	Turner Valley	Other Sources	Total
Membership:								
Fee for Service:								
Other:								
Other:								
FCSS Amount								
Total Revenue								
9.2 EXPENSES								
9.2.a. Personnel								
Salaries and Wages:								
Staff Benefits:								
Travel and								
Travel and								
Volunteer								
Other:								
Total Personnel:								
9.2.b. Operations								
Rent and Utilities:								
Insurance:								
Phone:								
Other:								
Total Operations:								
9.2.c. Administrative Expenses:								
Advertising and Promotions:								
Postage:								
Audit and								
Other:								
Total Admin:								
9.2.d Other Expenses:								
Other:								
Other:								
Total Other								
Total Revenue:								
Total Expenses:								
Net (must equal 0):								

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10. ACTUAL EXPENDITURES: POST-PROGRAM FCSS REPORT

Please indicate the resources specifically used for your outlined project or program and attach a copy of your organization's approved year-end financials. Municipal and/or total amounts may be reported. One application with all the relevant information may be submitted to multiple municipalities.

10.1 ACTUAL REVENUE - please indicate all sources of funding, fees for service, grants, etc.								
	Longview	Black Diamond	High River	MD of Foothills	Okotoks	Turner Valley	Other Sources	Total
Membership:								
Fee for Service:								
Other:								
Other:								
FCSS Amount								
Total Revenue								
10.2 ACTUAL EXPENSES								
10.2.a. Personnel								
Salaries & Wages								
Staff Benefits:								
Travel & Subsistence								
Travel & Subsistence								
Volunteer Appreciation								
Other:								
Total Personnel:								
10.2.b. Operations								
Rent and Utilities:								
Insurance:								
Phone:								
Other:								
Total Operations:								
10.2.c. Administrative Expenses:								
Advertising&Promotions								
Postage:								
Audit and Accounting								
Other:								
Total Admin:								
10.2.d Other Expenses:								
Other:								
Other:								
Total Other								
Total Revenue:								
Total Expenses:								
Net (must equal 0):								

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11. DOCUMENTATION REQUIREMENTS

Please ensure the following documents are attached to your application/report:

- 1 List of current agency Board of Directors including name and board position. Please do not include any personal information (i.e. home phone, address, email, etc.).
- 2 Most recent audited financial statement (needed for both application and report).

12. DECLARATION

Please submit completed and signed applications or reports by direct delivery, mail or email to the relevant municipal FCSS. Scanned signatures will be accepted; unsigned applications/reports will be returned.

Application 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 with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

I acknowledge that should this application be approved, I will be required to enter into a funding agreement, on behalf of the aforementioned organization, which will outline the terms and conditions.

Print name

Authorized Signature

Date

Report Declaration:

I declare that all of the information in this report is accurate and complete, and that the application is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

Print name

Authorized Signature

Date