

Family and Community Support Services Foothills Region 2020

**Application due:
April 30, 2020**

Funding Application
 Annual Report

FCSS AMOUNT REQUESTED

	Longview	Foothills County			Other Sources	Total
FCSS Request						\$0.00
FCSS Received (actual)						\$0.00

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):	

2.1 Please provide a brief overview of your agency. Including mission, mandate, history, etc. [150 words]

3. PROJECT OVERVIEW

3.1 Program/Project Title

3.2 Program/Project Overview: Summarize the project/program and why it is important to the community. **[300 words]**

4. PROGRAM LOGIC MODEL

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

4.2 Target Audience: Who is served by this program?

[150 words]

4.3 Strategy: How are you going to address the issue identified? What are the actions/steps/activities?

[300 words]

4.4 Outcome/Goal: What change in knowledge, attitude, values, skill, behavior, condition and/or status will the program have on the target audience? (*refer to Attachment 1: Categories of Change*)

[300 words]

4.5 Rationale: Explain how this strategy will achieve the desired outcomes? What evidence or research supports this strategy? **[300 words]**

4.6 Partners: Identify your program/project partners and the resources they will contribute to the project. **[200 words]**

4.7 Inputs/ Required Resources: Identify the resources required to implement the program (staff, volunteers, funding, materials, equipment, etc.). **[200 words]**

5. OUTPUTS

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

5.1 ANTICIPATED OUTPUTS

Anticipated Number:	Longview		Foothills County			Total
Anticipated # preschoolers (0-6 years)						0
Anticipated # children (7-12 years)						0
Anticipated # youth (13-17 years)						0
Anticipated # adults (18-64 years)						0
Anticipated # seniors (65+ years)						0
Total individual participants per community	0	0	0	0	0	0
Anticipated # community presentations/events						0
Anticipated # of Volunteers						0
Anticipated # of Volunteer Hours						0

5.2 ACTUAL OUTPUTS

Actual Number:	Longview		MD of Foothills			Total
Actual # preschoolers (0-6 years)						0
Actual # children (7-12 years)						0
Actual # youth (13-17 years)						0
Actual # adults (18-64 years)						0
Actual # seniors (65+ years)						0
Total individual participants per community	0	0	0	0	0	0
Actual # community presentations/events						0
Actual # of Volunteers						0
Actual # of Volunteer Hours						0

6. OUTCOMES AND MEASUREMENT

6.1 PROVINCIAL FCSS PRIORITY MEASURES

Please refer to Attachment 2 (The FCSS Outcomes Model: Chart of Outcomes and Indicators) and Attachment 3 (FCSS Measures Bank Provincial Priority Measures) when completing this section.

Example

Statement of what the program aims to achieve (from section 4.4)	<i>People learn/gain skills that build resilience and increase coping.</i>				
Strategic Direction (<i>please select one option and refer to Attachment 2</i>)	SD1 <input checked="" type="checkbox"/>	SD2	SD3	SD4	SD5
Improved social well-being of... (<i>please select one option and refer to Attachment 2</i>)	Individuals <input checked="" type="checkbox"/>	Families		Community	
Outcome (<i>please select one option and refer to Attachment 2</i>)	<i>Individual Outcome 1</i>				
Indicator: include Internal or External Asset if Individual Outcome 3 is selected (<i>refer to Attachment 2 and 3</i>)	Indicator: <i>Resilience: the extent to which people are able to deal with life's difficulties</i> Internal/External Asset:				
PM and Page # (<i>refer to Attachment 3</i>)	PM 2		Page # 1		
Question: pre/post measures or post-only measures (<i>refer to Attachment 3</i>)	<i>As a result of completing the resiliency workshop, I am better at handling whatever comes my way.</i>				

Outcome 1	
Statement of what the program aims to achieve (from section 4.4)	
Strategic Direction (<i>please select one option and refer to Attachment 2</i>)	SD1 <input type="checkbox"/> SD2 <input type="checkbox"/> SD3 <input type="checkbox"/> SD4 <input type="checkbox"/> SD5 <input type="checkbox"/>
Improved social well-being of... (<i>please select one option and refer to Attachment 2</i>)	Individuals <input type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Outcome (<i>please select one option and refer to Attachment 2</i>)	Individual Outcome 1
Indicator: include Internal or External Asset if Individual Outcome 3 is selected (<i>refer to Attachment 2 and 3</i>)	Indicator: Internal/External Asset:
PM and Page # (<i>refer to Attachment 3</i>)	PM Page #
Question: pre/post measures or post-only measures (<i>refer to Attachment 3</i>)	
Number completing this measure:	
Number reporting a positive change:	

Outcome 2	
Statement of what the program aims to achieve (from section 4.4)	
Strategic Direction (<i>please select one option and refer to Attachment 2</i>)	SD1 <input type="checkbox"/> SD2 <input type="checkbox"/> SD3 <input type="checkbox"/> SD4 <input type="checkbox"/> SD5 <input type="checkbox"/>
Improved social well-being of... (<i>please select one option and refer to Attachment 2</i>)	Individuals <input type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Outcome (<i>please select one option and refer to Attachment 2</i>)	Individual Outcome 1
Indicator: include Internal or External Asset if Individual Outcome 3 is selected (<i>refer to Attachment 2 and 3</i>)	Indicator: Internal/External Asset:
PM and Page # (<i>refer to Attachment 3</i>)	PM Page #
Question: pre/post measures or post-only measures (<i>refer to Attachment 3</i>)	
Number completing this measure:	
Number reporting a positive change:	

6.2 OTHER MEASUREMENT TOOLS

If you are not using the Provincial FCSS Priority Measures, please report how the program outcomes will be measured in this section (i.e. observation, interview, focus group)

Measurement Tool	Measured pre and post program	Measured post-program only
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Number completing this measure:		
Number reporting a positive change:		

7. Report: Was your strategy implemented as planned? Why or why not? What changes were made? **[300 words]**

8. Stories: Please provide a success story of your program and photo's, if available. **[500 words]**

9. Continuous Quality Improvement

9.1 Should this project/program continue? Why or why not?

[250 words]

9.2 What improvements can be made to the project/program?

[250 words]

9.3 What improvements can be made to your outcome measurement process?

[250 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. ***Do not use commas in numbers.**

9.1 REVENUE - please indicate all sources of funding, fees for service, grants, etc.							
	Longview		Foothills County			Other Sources	Total
Membership							0
Fee for Service							0
Other							0
Other							0
FCSS Amount							0
Total Revenue	0	0	0	0	0	0	0
9.2 EXPENSES							
9.2.a. Personnel							
Salaries and Wages							0
Staff Benefits							0
Travel and Subsistence							0
Travel and Subsistence							0
Volunteer Appreciation							0
Other							0
Total Personnel	0	0	0	0	0	0	0
9.2.b. Operations							
Rent and Utilities							0
Insurance							0
Phone							0
Other							0
Total Operations	0	0	0	0	0	0	0
9.2.c. Administrative Expenses							
Advertising and Promotions							0
Postage							0
Audit and Accounting							0
Other							0
Total Admin	0	0	0	0	0	0	0
9.2.d Other Expenses							
Other							0
Other							0
Total Other	0	0	0	0	0	0	0
Total Revenue							\$0.00
Total Expenses							\$0.00
Net (Revenue – Expenses = 0)							\$0.00

10. ACTUAL EXPENDITURES: POST-PROGRAM FCSS REPORT

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. ***Do not use commas in numbers.**

10.1 ACTUAL REVENUE - please indicate all sources of funding, fees for service, grants, etc.							
	Longview		Foothills County			Other Sources	Total
Membership							0
Fee for Service							0
Other							0
Other							0
FCSS Amount							0
Total Revenue	0	0	0	0	0	0	0
10.2 ACTUAL EXPENSES							
10.2.a. Personnel							
Salaries and Wages							0
Staff Benefits							0
Travel and Subsistence							0
Travel and Subsistence							0
Volunteer Appreciation							0
Other							0
Total Personnel	0	0	0	0	0	0	0
10.2.b. Operations							
Rent and Utilities							0
Insurance							0
Phone							0
Other							0
Total Operations	0	0	0	0	0	0	0
10.2.c. Administrative Expenses							
Advertising and Promotions							0
Postage							0
Audit and Accounting							0
Other							0
Total Admin	0	0	0	0	0	0	0
10.2.d Other Expenses							
Other							0
Other							0
Total Other	0	0	0	0	0	0	0
Total Revenue							\$0.00
Total Expenses							\$0.00
Net (Revenue – Expenses = 0)							\$0.00

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. Digital and 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 report 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