

2019 FUNDING APPLICATION

Family & Community Support Services (FCSS)



Deadlines for Submission of Funding Applications

Friday March 29th, 2019

Friday June 28th, 2019

4:00 p.m. MST

Completed applications should be returned to:

FCSS Coordinator
Town of Slave Lake
Box 1030
10 Main Street SW
Slave Lake, AB T0G 2A0

For further information, please call
FCSS Coordinator at
(780) 849-8003

FCSS FUNDED AGENCY ELIGIBILITY CRITERIA:

What programs and services may be offered through FCSS?

Services under the program must:

- a. Be of preventive nature that enhances the social well-being of individuals and families through the promotion or intervention strategies provided at the earliest opportunity, and
- b. Do one or more of the following:
 - Help people to develop independence, strengthen coping skills and become more resistant to crisis
 - Help people to develop an awareness of social needs;
 - Help people to develop interpersonal and group skills which enhance constructive relationships among people;
 - Help people and communities to assume responsibility for decisions and actions which affect them;
 - Provide supports that help sustain people as active participants in the community

What programs and services cannot be offered through FCSS?

Services provided under a program must not:

- a. Provide primarily for the recreation needs or leisure time pursuits of individuals
- b. Offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family,
- c. Be primarily rehabilitative in nature, or
- d. Duplicate services that are ordinarily provided by a government or government agency

What are the prohibited uses of FCSS funding?

Expenditures of the program shall not include:

- a. The purchase of lands or buildings
- b. The construction or renovation of a building
- c. The purchase of motor vehicles
- d. Any costs required to sustain an organization that do not relate to direct service delivery under the program
- e. Municipal property taxes and levies
- f. Any payments to a member of a board or committee other than reimbursement for expenses approved.

FCSS GRANT APPLICATION PROCESS:

1) Complete an FCSS Grant Application Form.

Your application must include a projected budget and a detailed project description, and be authorized by the legal and/or financial signing authority for your organization.

Incomplete application forms will be returned to the organization.

Please note the following additional information:

- If applying for a staff position - a detailed job description must be included.
- All funding allocations must be expended prior to December 31st of year in which you receive funding.

2) Review Process:

- a) Step 1 FCSS Coordinator will review the application to ensure the form is complete and includes all required information. As well, the project will be initially reviewed to ensure that it meets the FCSS mandate.
- b) Step 2 FCSS Coordinator will present applications to Town Council. Council will review and allocate funding based on the priority given to each project and the amount of funding available.
- c) Step 3 Your organization will be notified in writing of the funding decision regarding your application.

FCSS can provide grant funding to not-for-profit agencies, community groups, associations and committees.

FCSS will not provide funding to individuals or commercial enterprises.

REMINDERS:

1) Examples of successful FCSS Funded Agency projects are:

- a. **Services that promote the social development of children and their families, including:**
 - Parent-child development initiatives
 - Temporary or occasional parent relief services
 - Support services for young school age children

- b. **Services that enrich and strengthen family life by developing skills in people to function more effectively within their own environment, including:**
 - Parenting and family life education, and development programs
 - Marriage enrichment
 - Retirement planning
 - Programs for single adults and single parents
 - Courses designed to enhance self-awareness and personal growth
 - Individual, family and group counseling services that are educational and not treatment oriented
 - Youth development services

- c. **Services that enhance the quality of life of the retired and semi-retired, including:**
 - Home support services
 - Education and information services
 - Outreach and coordination services
 - Self-help socialization activities

- d. **Services designed to promote, encourage and support volunteer work in the community, including:**
 - Recruitment, training and placement services
 - Resources to support volunteers
 - Coordination of volunteer services

- e. **Services designed to inform the public of available services, including:**
 - Information and referral services
 - Community information directories
 - Newcomer services
 - Interagency coordination

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- 2) **If applying for supplies/equipment** – In the event that your organization should dissolve, any supplies and/or equipment purchased with FCSS funding will become the property of the Town of Slave Lake and the Community Services Department would be responsible for redistribution of such.

 - 3) **Funder/Partner Acknowledgement** - All external agencies that receive FCSS program funding are required to recognize this funding by way of any public service announcements and/or any promotional material, as well as acknowledgment of partnership for the project funded.

 - 4) **Application Assistance** – Please contact your FCSS Coordinator with the Town of Slave Lake to schedule a consultation for assistance, or for more information on filling out this application.

ORGANIZATION SUMMARY – 2019 FUNDING APPLICATION

| | | |
|---|-----------------------|---------------------|
| “Registered” Name of Organization: Mailing Address: Telephone #: Fax #: E-Mail Address (if applicable): Website Address (if applicable): | | |
| | | Postal Code: |
| | | |
| | | |
| | | |
| | | |
| Executive Director/President/Coordinator/Contact: _____ Finance Contact (within Agency): _____ Phone number: _____ Email: _____ | | |
| Board Chair (with signing authority) (if applicable) | | |
| Name: _____ | Home Phone: Email: | Home Address: |
| Board Member (with signing authority) (if applicable) | | |
| Name: _____ | Home Phone: Email: | Home Address: |

Declaration of Honesty

In making this application, we, the undersigned Board Members of the Applicant (or Executive Director/President/ Coordinator), hereby represent to the Town of Slave Lake’s FCSS and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors’ (or Executive Director’s/President’s/Coordinator’s) full knowledge and consent.

Signature of Board Chair
(with signing authority)
(if applicable)

Signature of Board Member or Executive
Director/President/Coordinator
(with signing authority)

Month/Day/Year

Month/Day/Year

PART "A" ORGANIZATION INFORMATION – 2018 FUNDING APPLICATION

1. WHAT IS YOUR ORGANIZATION'S PURPOSE?

(Vision, Mission, Goals and Objectives)

2. GOVERNANCE AND POLICIES

i) When did you last review your bylaws? _____

ii) Does your organization have policies in the following areas?

| | | | |
|---------------------------|------------------------------|-----------------------------|---------------------|
| Board of Directors | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Financial | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Personnel | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Volunteer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Risk Management | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |

- iii) How often does the Board review the financial position of the agency? _____
- iv) When did the Board last participate in Board Development? _____

3. FUTURE PLANNING

Do you have a strategic or long-term plan in place for your organization? YES NO

- i) If yes, please attach a copy of the plan.
- ii) If yes, how do you use your Strategic Plan?

- iii) If no, what is your progress toward developing one?

PART "B" PROGRAM INFORMATION

PROGRAM NAME: _____ 2019 FCSS REQUEST: _____

PROGRAM SITE(S): _____ PROJECT COMPLETION DATE: _____

(IF REQUIRED, PLEASE ATTACH ADDITIONAL PAGE)

5. PROVIDE A BRIEF DESCRIPTION OF THE PROGRAM/SERVICE THAT THE TOWN OF SLAVE LAKE WILL USE FOR **PUBLICATION** PURPOSES. PLEASE INCLUDE TARGET POPULATION, AND SERVICES PROVIDED BY THE PROGRAM. (MAXIMUM 5 SENTENCES)

6. WHAT IS THE RATIONALE FOR THIS PROGRAM? (INCLUDE WHY YOU ARE OFFERING THIS PROGRAM, IMPORTANCE TO THE COMMUNITY, ETC.)

7. IF APPLICABLE, HOW DID YOU USE THE 2016 OUTCOME DATA/ OR EVALUATION OF YOUR PROGRAM TO CHANGE AND/OR IMPROVE IT?

8. **IF THERE HAVE BEEN CHANGES TO THE PROGRAM FROM PREVIOUS YEARS, PLEASE PROVIDE UPDATES.** (INCLUDE THE FOLLOWING DETAILS: TARGET POPULATION, ACTIVITIES, STRATEGIES, TIMELINES, HOURS OF OPERATION, GOALS, SOCIOECONOMIC & DEMOGRAPHIC INFORMATION, OUTCOMES, PARTNERSHIPS, ETC.)

9. **PROVIDE OUTPUTS INFORMATION ON:**

i) Program activities:

| Program Service/Activity | 2019 (January-December) | |
|--------------------------|----------------------------------|---------------------------|
| | No. of Different Times Delivered | Total No. of Participants |
| | | |
| | | |
| | | |

ii) The number of **participants** that were served (count people once) by the program:

| | |
|----------------------------|-------|
| 2018 (January - December): | _____ |
| 2019 (Projected number): | _____ |

10. **DESCRIBE HOW VOLUNTEERS CONTRIBUTE TO YOUR PROGRAM.**

11. DO YOU PARTNER WITH OTHER ORGANIZATIONS TO OFFER THIS PROGRAM? IF YES, PLEASE COMPLETE THE INFORMATION BELOW.

(A PARTNERSHIP IS A PROJECT / SERVICE IN WHICH YOU INVESTED RESOURCES WITH OTHER AGENCIES OR GROUPS (E.G. FUNDING, SPACE, STAFF TIME, IN-KIND SERVICES))

| Name of Organization | Contribution Type (e.g. staff time, space, etc.) | Brief Description |
|----------------------|--|-------------------|
| | | |
| | | |
| | | |
| | | |

12. HOW DO YOU PLAN TO ADVERTISE/MARKET YOUR PROGRAM?

13. DESCRIBE YOUR CLIENTS' SOCIOECONOMIC AND DEMOGRAPHIC INFORMATION.

14. LIST AND DESCRIBE ANY EMERGING COMMUNITY AND/OR ORGANIZATIONAL ISSUES/TRENDS YOU HAVE OBSERVED IN THE LAST YEAR.

15. PLEASE PROVIDE A SUCCESS STORY ABOUT THE DIFFERENCE YOUR PROGRAM IS MAKING. (MAXIMUM 1 PAGE)

16. THE TOWN OF SLAVE LAKE IS REQUIRED TO PROVIDE AN ANNUAL REPORT TO THE PROVINCE OF ALBERTA REGARDING THE EXPENDITURE OF FCSS FUNDS USING THE CATEGORIES LISTED BELOW.

Please provide an estimate of the percentage of the program's FCSS allocation that is directed to services in the following categories:
(Your allocations should equal 100%)

Children/Youth (0-24) _____ %

Adults _____ %

Families _____ %

Seniors _____ %

Community
Development _____ %

PART “C” FINANCIAL INFORMATION

Agencies applying for FCSS Program Funds are **REQUIRED** to complete a proposed budget. Please be sure to balance your revenues and expenses. Be sure to properly indicate in the revenues section the Grants you are applying for including FCSS's.

| Description | 2018 Actual | 2019 Proposed | Confirmed Expenses (Y/N) |
|-------------------------------|-------------|---------------|--------------------------|
| EXPENSES: | | | |
| Staffing/Instructor: | | | |
| | | | |
| | | | |
| Training: | | | |
| | | | |
| | | | |
| Materials/Supplies: | | | |
| | | | |
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| | | | |
| Advertising/Promotion: | | | |
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| | | | |
| Facility Rent: | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL EXPENSES | | | |

| Description | 2018 Actual | 2019 Proposed | Confirmed Revenue (Y/N) |
|--------------------------------------|-------------|---------------|-------------------------|
| REVENUE: | | | |
| Organization Contribution: | | | |
| Cash Contribution | | | |
| Volunteer Hours | | | |
| Other | | | |
| | | | |
| | | | |
| Other Grant Funding: | | | |
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| Donations/ Sponsors: | | | |
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| Participant Fees/Registration | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL REVENUE | | | |

TOTAL AMOUNT REQUESTED

GRANT REQUEST

PART “D” SUBMISSION – 2019 FUNDING APPLICATION

Please send your signed application to:

Haylie Millard, FCSS Coordinator

fcsstosl@slavelake.ca

PH: (780) 849-8003

Alternatively:

| | |
|--|---|
| Mail to: Town of Slave Lake - FCSS PO Box 1030 Slave Lake, AB TOG 2A0 | Drop off: Better Together Community Resource Centre – FCSS 213-3 rd Ave NE Slave Lake |
|--|---|

PLEASE NOTE: You MUST receive a confirmation of receipt from Haylie Millard to guarantee application is being processed.