



2024 FCSS Funding Application

FUNDING PERIOD: January 1 – December 31, 2024

Introduction

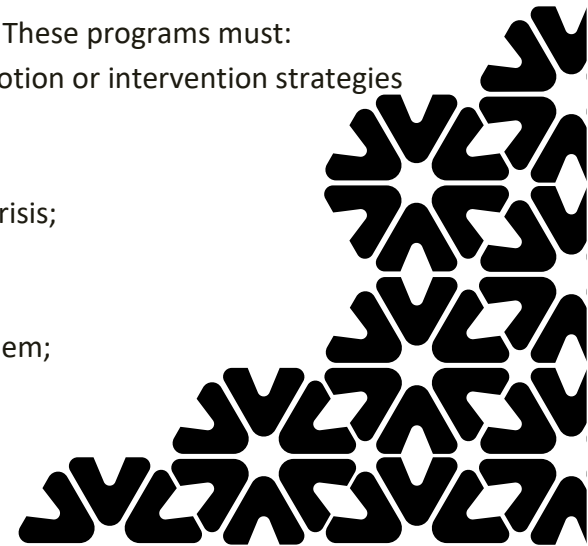
- **New for 2024, separate applications must be filled out for each program in each municipality you intend to run the program in.**
- You will be contacted once recommendations have been approved by the respective Council's.
- Following approval you will be asked to fill out a project report for your program to highlight how you plan to report the FCSS Outcomes for your program.
- Successful applicants will be required to sign a Funding Agreement with each Municipality from which they receive funds. This agreement will include details of payment, financial and program reporting and other funding conditions.
- Applicants may be required to provide a presentation on their application.

Information

Family and Community Support Services (FCSS) is a partnership between the Province and a Municipality or Metis Settlement that develops locally driven preventive social initiatives to enhance the well-being of individuals, families and communities.

To obtain FCSS conditional funding, programs of service providers must meet the Provincial FCSS regulations. These programs must:

- a) 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:
 - a. help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - b. help people to develop an awareness of social needs;
 - c. help people to develop interpersonal and group skills;
 - d. help people and communities to assume responsibility for decisions and actions which affect them;
 - e. 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 (i.e. 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.

Conditions of Funding

- a) A completed project report with the reported FCSS Outcome Measures must be completed.
- b) Funding received from the municipalities, must provide preventive social programs that directly benefits its residents.
- c) All funds must be spent by December 31st of the funding year. If you are anticipating a surplus contact the municipality prior to October 31st of the funding year.
- d) Outcomes must be measured and included in a final report by January 31 of the following year, and you must use measures from the FCSS Measures Bank – Provincial Priority Measures (see attachment #1), (or visit the FCSS website)

Submission of Application:

Applications must be received via mail or email on or before:

November 30, 2023

Mail:

Mountain View County

Attn: Josie McGillicky

Bag 100, Didsbury, Alberta, T0M 0W0

E-mail: grants@mvcountry.com

Please contact the individual municipality you are applying for funding from should you have any questions regarding your application.

Carstairs FCSS - 403-940-3327

Olds FCSS – 403-556-6981

Cremona FCSS - 403-510-4521

Mountain View County FCSS – 403-335-3311

Didsbury FCSS- 403-335-7161



2024 FCSS Funding Application

(Check any or all to which you are applying)

Carstairs FCSS	<input type="radio"/>	Olds FCSS	<input type="radio"/>
Cremona FCSS	<input type="radio"/>	MVC FCSS	<input type="radio"/>
Didsbury FCSS	<input type="radio"/>	Sundre FCSS (not accepting applications)	

AGENCY INFORMATION	
Agency Name:	
Contact Name:	
E-Mail Address:	
Mailing Address (include postal code):	
Street Address:	
Telephone Number:	

AGENCY INFORMATION
Provide a brief overview of your agency (i.e. Mission, Mandate, and History).

FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Carstairs**. For questions regarding your Carstairs Application call Lori King 403-940-3327.

Fill out the below information for ONE project you intend to run in **Carstairs**.

Make a **copy** of this page to fill out again if you are running **more than one project within Carstairs**.

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

Over-arching Goal

FCSS enhances the social well-being of individuals, families and community through prevention

To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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; and	Provide supports that help sustain people as active participants in the community

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)

Program/Project Name:	
Program/Project Overview:	
<i>What community issue, need or situation are you</i>	

<i>responding to? Evidence of need?</i>	
Who is served: <i>Target Group</i>	Primary Target Population: <input type="radio"/> Children/Youth <input type="radio"/> Adults <input type="radio"/> Seniors <input type="radio"/> Family <input type="radio"/> Community
Resources Needed: <i>le). staff, volunteers, money, materials, equipment, technology, information</i>	
Partners: <i>Who & what resource does each Partner bring to the program/project</i>	
Volunteers:	
Anticipated # of Volunteers:	
Anticipated # of Volunteer Hours:	
Participants:	
Anticipated # of Children/Youth:	
Anticipated # of Adults:	
Anticipated # of Seniors:	
Total Number of Participants:	
Will the program and budget be impacted if full amount requested is not received? If yes, please explain:	

Please List the financials for this specific program in Carstairs:

Expenditures: (Itemize & List)	Estimated Revenue & Contributions:
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	\$			Funding from own Organization:		\$	
	\$			Fundraising:		\$	
	\$			Grants: _____		\$	
	\$			_____		\$	
	\$			Donations:		\$	
	\$			Other: _____		\$	
	\$			_____		\$	
	\$			_____		\$	

Total Expenditures: (A) \$ _____ **Total Estimated Revenue: (B)** \$ _____

Funding Request: (A minus B)	\$ _____
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Cremona FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Village of Cremona**. For questions regarding your Cremona Application call Jennie Thompson 403-510-4521.

Fill out the below information for ONE project you intend to run in **Cremona**.

Make a **copy** of this page to fill out again if you are running **more than one project within Cremona**.

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

Over-arching Goal				
FCSS enhances the social well-being of individuals, families and community through prevention				
To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Program/Project Overview:	
<i>What community issue, need or situation are you</i>	

<i>responding to? Evidence of need?</i>	
Who is served: <i>Target Group</i>	Primary Target Population: <input type="radio"/> Children/Youth <input type="radio"/> Adults <input type="radio"/> Seniors <input type="radio"/> Family <input type="radio"/> Community
Resources Needed: <i>le). staff, volunteers, money, materials, equipment, technology, information</i>	
Partners: <i>Who & what resource does each Partner bring to the program/project</i>	
Volunteers:	
Anticipated # of Volunteers:	
Anticipated # of Volunteer Hours:	
Participants:	
Anticipated # of Children/Youth:	
Anticipated # of Adults:	
Anticipated # of Seniors:	
Total Number of Participants:	
Will the program and budget be impacted if full amount requested is not received? If yes, please explain:	

Please List the financials for this specific program in Cremona:

Expenditures: (Itemize & List)	Estimated Revenue & Contributions:
-------------------------------------------	-----------------------------------------------

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Funding from own Organization:	\$ _____
Fundraising:	\$ _____
Grants: _____	\$ _____
_____	\$ _____
Donations:	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenditures: (A) \$ _____

Total Estimated Revenue: (B) \$ _____

Funding Request: (A minus B)	\$ _____
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Didsbury FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Didsbury**. For questions regarding your Didsbury Application call Ryan Shokoples 403-335-7161.

Fill out the below information for ONE project you intend to run in **Didsbury**.

Make a **copy** of this page to fill out again if you are running **more than one project within Didsbury**.

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

Over-arching Goal				
FCSS enhances the social well-being of individuals, families and community through prevention				
To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Program/Project Name:	
Program/Project Overview:	
<i>What community issue, need or situation are you</i>	

<i>responding to? Evidence of need?</i>	
Who is served: <i>Target Group</i>	Primary Target Population: <input type="radio"/> Children/Youth <input type="radio"/> Adults <input type="radio"/> Seniors <input type="radio"/> Family <input type="radio"/> Community
Resources Needed: <i>le). staff, volunteers, money, materials, equipment, technology, information</i>	
Partners: <i>Who & what resource does each Partner bring to the program/project</i>	
Volunteers:	
Anticipated # of Volunteers:	
Anticipated # of Volunteer Hours:	
Participants:	
Anticipated # of Children/Youth:	
Anticipated # of Adults:	
Anticipated # of Seniors:	
Total Number of Participants:	
Will the program and budget be impacted if full amount requested is not received? If yes, please explain:	

Please List the financials for this specific program in Didsbury:

Expenditures: (Itemize & List)	Estimated Revenue & Contributions:
-------------------------------------------	-----------------------------------------------

	\$	_____	Funding from own Organization:	\$	_____
	\$	_____	Fundraising:	\$	_____
	\$	_____	Grants: _____	\$	_____
	\$	_____	_____	\$	_____
	\$	_____	Donations:	\$	_____
	\$	_____	Other: _____	\$	_____
	\$	_____	_____	\$	_____
	\$	_____	_____	\$	_____

Total Expenditures: (A)	\$	_____	Total Estimated Revenue: (B)	\$	_____
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Funding Request: (A minus B)	\$ _____
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Olds FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Olds**. For questions regarding your Olds Application call Heather Dixon 403-556-6981.

Fill out the below information for ONE project you intend to run in **Olds**.

Make a **copy** of this page to fill out again if you are running **more than one project within Olds**.

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

Over-arching Goal				
FCSS enhances the social well-being of individuals, families and community through prevention				
To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Program/Project Overview:	
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Volunteers:	
Anticipated # of Volunteers:	
Anticipated # of Volunteer Hours:	
Participants:	
Anticipated # of Children/Youth:	
Anticipated # of Adults:	
Anticipated # of Seniors:	
Total Number of Participants:	
Will the program and budget be impacted if full amount requested is not received? If yes, please explain:	

Please List the financials for this specific program in Olds:

Expenditures: (Itemize & List)	Estimated Revenue & Contributions:
--------------------------------	------------------------------------

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Funding from own Organization:	\$ _____
Fundraising:	\$ _____
Grants: _____	\$ _____
_____	\$ _____
Donations:	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____

Total Expenditures: (A) \$ _____

Total Estimated Revenue: (B) \$ _____

Funding Request: (A minus B)	\$ _____
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Mountain View County FCSS Funding Application:

Please fill out the following information if you are applying for **funding from Mountain View County**. For questions regarding your Mountain View County Application call Josie McGillicky 403-335-3311.

Fill out the below information for ONE project you intend to run in **Mountain View County**.

Make a **copy** of this page to fill out again if you are running **more than one project within Mountain View County**.

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

Over-arching Goal				
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Resources Needed: <i>le). staff, volunteers, money, materials, equipment, technology, information</i>	
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Volunteers:	
Anticipated # of Volunteers:	
Anticipated # of Volunteer Hours:	
Participants:	
Anticipated # of Children/Youth:	
Anticipated # of Adults:	
Anticipated # of Seniors:	
Total Number of Participants:	
Will the program and budget be impacted if full amount requested is not received? If yes, please explain:	

Please List the financials for this specific program in Mountain View County:

Expenditures: (Itemize & List)	Estimated Revenue & Contributions:
-------------------------------------------	-----------------------------------------------

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Funding from own Organization: \$ _____
Fundraising: \$ _____
Grants: _____ \$ _____
 _____ \$ _____
Donations: \$ _____
Other: _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Expenditures: (A) \$ _____

Total Estimated Revenue: (B) \$ _____

Funding Request: (A minus B)	\$ _____
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DOCUMENTATION REQUIREMENTS:	ATTACHED:
List of current Board of Directors (name and position only)	<input type="radio"/>
Most recent Audited Financial Statement	<input type="radio"/>

COMPLETED APPLICATIONS:
<p>Completed Applications may be mailed OR emailed: By Mail: Josie McGillicky, Bag 100, Didsbury, Alberta, T0M 0W0 By Email: grants@mvcounty.com</p> <p>Applications must be received at Mountain View County on or before November 30, 2023</p> <p>DECLARATION: I declare that all the information in this application is accurate and complete, and that the application is made on behalf of the named organization 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</p> <p>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.</p> <p>_____</p> <p>Print Name Authorized Signature Date</p>