IRRICANA FCSS FUNDING APPLICATION

In an effort to best serve our community and to ensure accurate reporting, please be aware that the information provided in this application/year-end final report may be shared with other Municipalities and the Province of Alberta.

FUNDING PERIOD: January 1 – December 31, 2025

Section I – Introduction

1. Please read carefully all of the information in this form prior to your submission.

2. Please note all shaded **gray areas** are reserved for your year-end final report.

3. Ensure measures from the FCSS Measures Bank are used in this application. (See below for link)

4. Ensure budget template provided is used.

5. Applicants **may** be required to provide a presentation on their application.

6. Recommendations on funding will go to Council as quickly as possible. You will be contacted once recommendations have been approved by Council.

    If you have questions about this application, please contact:

    Brook Swanson your Irricana FCSS DIRECTOR

    bswanson@irricana.com

Section II: Information

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

To obtain FCSS conditional funding, programs of service providers must fit within the IRRICANA FCSS priorities and meet the requirements of the **Family and Community Support Services Outcomes Model: How we are making a difference** (March 2012) and **Family & Community Support Services Act and Regulations**. These programs must:

a)   Enhance the social well-being of individuals, families and community through prevention and contribute to at least one of the following outcomes:

(Highlight one or more)

Individuals: Outcome 1:
Individuals experience social well-being

Families: Outcome 1:
Healthy functioning within families.

Community: Outcome 1:
The community is connected and engaged.

Individuals: Outcome 2:
Individuals are connected with others.

Families: Outcome 2:
Families have social supports.

Community: Outcome 2:
Community social issues are identified and addressed.

Individuals: Outcome 3:
Children and youth develop positively.

b)   Enhance the social well-being of individuals, families and community **through prevention**.

c)   Do one or more of the following: (highlight one or more)

i)   help people to develop independence, strengthen coping skills and become more resistant to crisis.
ii)   help people to develop an awareness of social needs;
iii)   help people to develop interpersonal and group skills;
iv)   help people and communities to assume responsibility for decisions and actions which affect them;
v)   provide supports that help sustain people as active participants in the community.

d)   Programs and Services **not eligible** under the program include those that:

i)   provide primarily for the recreational needs or leisure time pursuits of individuals;
ii)   are intended to sustain an individual or family, i.e., providing food, clothing or shelter;
iii)   are primarily rehabilitative in nature; or
iv)   duplicate services that are ordinarily provided by a government or government agency.

The above guidelines must be kept in mind when completing your application. If you are unsure if your program qualifies, please contact Irricana FCSS Director Brook Swanson at bswanson@irricana.com before you apply.

Please ensure the application is complete and feel free to use additional sheets if any of the spaces provided on the application form are inadequate.

Section III - Conditions of Funding

1. Funding received from the BEISEKER Family and Community Support Services program must provide preventive social programs that directly benefit its residents.

2. All funds must be spent by December 31st of the funding year.

3. Outcomes must be measured, and data included in a Year End Final Report, which is the **shaded gray areas** on this application by or prior to applying for another year.

4. *Measures must be selected from the Family and Community Support Services Measures Bank.*

5. *If you need assistance with filling in your application, please contact* bswanson@irricana.com

   Prevention Strategies

Highlight one or more of the prevention strategies that your program, event or service will help address in the community.
(1) Promote and encourage active community engagement
(2) Foster a sense of Belonging
(3) Promote Social Inclusion
(4) Develop and Development of Healthy Relationships
(5) Create access and awareness about social programs and information
(6) Develop and strengthen skills that build resilience

Section IV – Submission of Application

APPLICATION SUBMISSIONS:

DEADLINE: November 1st, 2024 @ 10:00 am

Email: bswanson@irricana.com

Irricana FCSS Family and Community Support Services

2025 Funding Application

1. PROGRAM/PROJECT NAME	GRANT AMOUNT REQUESTED	GRANT AMOUNT AWARDED
	$	$

2. AGENCY INFORMATION

Agency Name:	Start typing here - boxes will expand
Executive Director Name:	Start typing here - boxes will expand
E-Mail Address and Website:	Start typing here - boxes will expand
Mailing Address (include postal code):	Start typing here - boxes will expand
Street Address:	Start typing here - boxes will expand
Project Telephone Number:	Start typing here - boxes will expand
Project Contact Name:	Start typing here - boxes will expand
Fiscal Agent Name & Address: (if required)	Start typing here - boxes will expand

3. TYPE OF ORGANIZATION

☐ Alberta Societies Act Registration Number:	☐ Government Agency:
☐ Charitable Number (if applicable):	☐ Other (please specify):

4. AGENCY INFORMATION - Please provide a BRIEF overview of your agency, i.e., mission, mandate, history.

Start typing here - boxes will expand

6. PROGRAM/PROJECT OVERVIEW

Please explain briefly, in your own words, what the program/project is and why it is important to our community.

Start typing here - boxes will expand

6. PROGRAM/PROJECT LOGIC MODEL	
Program/Project Title:	Start typing here - boxes will expand
Statement of Need: ***What*** community issue, need or situation are you responding to? Evidence of need?	Start typing here - boxes will expand
Overall Goal: ***What*** *change or impact do you want to achieve?*	Start typing here - boxes will expand
Strategy: *How are you going to address the issue, need or situation? (What are the actions/steps/activities) (i.e., Workshops, counselling, community forums etc.)*	Start typing here - boxes will expand
Was your Strategy implemented as planned above? If not, why? What changed? How did it go?	
Outcomes: (*Please complete section 8 and list the outcomes you are measuring from your program here.*) ***What*** *change or impact do you want to achieve? (Knowledge, Attitude, Values, Skills, Behaviour)*	*(List Outcome(s) here, add additional required information in section 8.)* Start typing here - boxes will expand
Who is served: *Target Group*	Start typing here - boxes will expand
Rationale: ***Why*** *will your strategy help you achieve your outcome(s)?* *What evidence do you have that this strategy will work? Research? (Best practices)*	Start typing here - boxes will expand
Resources Needed (Inputs): *Such as staff, volunteers, money, materials, equipment,*	Start typing here - boxes will expand

technology, information – please be as specific as possible and include detailed information on the needed financial resources in your budget on section 10.	
Partners: *Who & what resource does each Partner bring to the program/project (i.e., money or staff or knowledge etc.)*	Start typing here - boxes will expand

7. OUTPUTS	**NOTE:** For **Funding Application**: complete **White Areas** For **Year End Final Report:** Finish by completing **Shaded Gray Areas**

Anticipated and Actual # of participants for this program/project from Irricana

		Infants/ Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Presentations	# Of Volunteers	# Of Volunteer Hours
[insert name of FCSS Program]	Anticipated #										
	Actual #										

8. OUTCOMES SECTION				# Of Participants Completing the Measurement Tool: _____
Outcome [list in section 6 above]:	**Indicator(s) of Success:** (How will you know this outcome has been achieved?)	**Alignment with the FCSS Outcomes Model: Chart of Outcomes & Indicators:** (See attachment #1)	**FCSS Measures Bank Measure Number:**	**Measure(s):** *(Please complete the **shaded gray areas** after you have completed your project and collected and tallied the data. This then becomes your Year End Final Report.*
1.	1.			1.
				# Completing this measure: _____ *# Experiencing a positive change:* _____
				2. *(if more than one measure for this indicator)*
				# Completing this measure: _____ *# Experiencing a positive change:* _____

	2. *(if more than one indicator for this outcome)*			1.
				# *Completing this measure:* _____ # *Experiencing a positive change:* _____
				2. *(if more than one measure for this indicator)*
				# *Completing this measure:* _____ # *Experiencing a positive change:* _____

*If you would like to report on more than two outcomes, please copy empty chart below and paste below outcome 2.

2.	1.			1.
				# *Completing this measure:* _____ # *Experiencing a positive change:* _____
				2. *(if more than one measure for this indicator)*
				# *Completing this measure:* _____ # *Experiencing a positive change:* _____
	2. *(if more than one indicator for this outcome)*			1.
				# *Completing this measure:* _____ # *Experiencing a positive change:* _____
				2. *(if more than one measure for this indicator)*

				# Completing this measure: _____ *# Experiencing a positive change:* _____

9. ADDITIONAL INFORMATION

Identify Measurement Tool(s) Used:

❑ Survey   ❑ Observation   ❑ Interview   ❑ Focus Groups

When Measurement Tool(s) Used:	❑ Pre-test/post-test: both before and after your activities	❑ Post-Only: after activities

Additional Outcome Data:

Additional Information:

Stories – Please share an anecdotal story that describes the significant impact <u>for the participants</u>. Please also include a photo from your program (if possible):

Continuous Quality Improvement. Please answer the following questions:

After analyzing the information, should this program/project continue? Was the program successful?

What changes will you make (if any)?

What improvements can be made to the program/project?

What improvements can be made to the outcome measurement process?

10. BUDGET (Resources dedicated specifically to the project you are seeking funding for. Please also attach the latest audited financial statement for your organization.)

2025 PROPOSED BUDGET

(Ensure all calculations are correct. Use the second column to itemize the project expenses to which you plan to direct the FCSS funds. Column 1 + Column 2 = Column 3)

ITEM	Column 1 Expenses paid or contributed by the Applicant and other funding partners (Agency Contribution)	Column 2 Expenses to be funded by [insert FCSS (Project Request)	Column 3 PROJECTED Budget (Total Cost)	Column 4 Actual Cost (For report)
REVENUE (specify all sources of funding including fundraising, fees for service, other grants, etc.)				
Fundraising / Cash donations:				
Other Grants (Please specify):				
TOTAL REVENUE				
EXPENSES				
PERSONNEL				
Salaries & Wages & Benefits & Remittances				
Travel & Subsistence				
OPERATIONS COST				
Facility Rentals				
Insurance				
Telephone/internet, etc.				
ADMINISTRATION COSTS (specify)				
Advertising & Promotions				
Postage/administrative materials				
Audit & Accounting				
OTHER PROGRAM COSTS (specify)				
TOTAL EXPENDITURES				
FCSS REQUEST (DEFICIT/SURPLUS = Column 3: Total Revenue – Expenditures)				

Total FCSS Funding Request: _____

11. DOCUMENTATION REQUIREMENTS: Do not provide other attachments unless requested to do so.	ATTACHED
List of current agency Board of Directors by name and Board position. (Do not include personal contact information (home addresses, emails, or phone numbers).	☐
Program/Project Logic Model & Outcomes (Sections 6-8)	☐
Program/Project Budget (Section 10)	☐
Most recent Audited Financial Statement of your organization (Balance Sheet and income Statement]	☐
Financial statements directly related to this project will be required upon completion of project [see shaded portion of Budget - section 10.]	☐

12. SUBMIT COMPLETED APPLICATION TO:

1. Email a copy to: Brook Swanson bswanson@irricana.com (scanned signatures will be accepted)

The deadline for applications is November 1st, 2024 (only those who apply by the deadline will be considered first)

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 on Page 4 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)**:

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.

_____	_____	_____
Print Name	Authorized Signature	Date

13. SUBMIT COMPLETED YEAR END FINAL REPORT TO:
(Shaded portions of Sections 6-10 of your completed funding application)

1. Email a copy to: bswanson@irricana.com

The deadline for submitting the Year End Final Report is January 15 ,2026 or within 30 days of the completion of your project.

I acknowledge that the information contained within this Year End Final Report accurately depicts the activities and results of this program/project. I understand that I may be requested to make a final presentation on this program/project.

| _____ | _____ | _____ |
| Print Name | Authorized Signature | Date |

14. FOR FCSS PROGRAM USE ONLY:

APPLICATION	YEAR END FINAL REPORT
Date Received: ☐ By Mail ☐ By Email ☐ Hand Delivered	**Date Received:** ☐ By Mail ☐ By Email ☐ Hand Delivered
Application Incomplete – Date Returned:	Year End Final Report Incomplete – Date Returned:
Application Approved: ☐ Yes Amount Approved: $_____ ☐ **No** Reason for Denial:	Date Approved: Future Recommendations:
Other Notes:	Other Notes: