



# 2025 FAMILY & COMMUNITY SUPPORT SERVICES FUNDING APPLICATION

**To be completed and submitted to FCSS by July 30, 2024.**

## **Introduction**

1. Please read carefully all of the information in this form prior to your submission.
2. Please utilize Crowsnest Pass FCSS Funding Guidelines to complete your application.
3. Ensure the Provincial FCSS Measures Bank (CNP Family & Community Support Services Programmer) is used in this application.
4. Please be brief and concise with descriptions. **Please use budget template provided.**
5. Applicants may be required to provide a presentation on their application.

## **Submission of Application**

**DEADLINE: July 31, 2024 at 4:00pm**

**DROP-OFF: Community Services Department (Rm. # 1 - 2802-222 Street Bellevue)**

**EMAIL: [kim.lewis@crownsnestpass.com](mailto:kim.lewis@crownsnestpass.com)**

**Applications received after deadline will be not considered.**

## 2025 Family & Community Support Services Funding Application

**Funding Period: January 1 – December 31, 2025**

Through this application process you will be required to identify your Short-Term Outcome(s) for the program you are requesting funding. Gathering information on outcomes is a Provincial FCSS requirement. At the end of the Funding year, the applicant will be required to provide a final report that will include collected outcome data. If you have any question regarding outcome measures or about this application, please contact Kim Lewis at [kim.lewis@crownsnestpass.com](mailto:kim.lewis@crownsnestpass.com).

**Please be advised that all information hereto provided will be considered public information.**

<b>Name of Organization:</b>	<b>Program Name:</b>
<b>Organization Mailing Address:</b>	
<b>Contact Name:</b>	<b>Contact Title:</b>
<b>Email:</b>	<b>Phone #:</b>
<b>Website:</b>	<b>Facebook:</b>
<b>2025 Funding Requested: \$</b>	<b>Amount of FCSS Funding Received in 2024: \$</b>

<b>ORGANIZATION INFORMATION</b>	
<b>Organization Mission Statement/Mandate:</b>	
<b>Programs Provided by Organization:</b>	

**INFORMATION ABOUT THE PROJECT/PROGRAM TO BE FUNDED**

**Please keep your answer brief & concise.**

<b>Program/Project Title</b>			
<b>Start Date</b>		<b>Completion Date</b>	
<p><b>Program Description:</b>  <i>Please describe what the program is &amp; why you feel it is important.</i></p>			
<p><b>Statement of Need:</b>  <i>What community issue or need are you responding to? What evidence do you have that demonstrates this/these issues are present in our community?</i></p>			
<p><b>Program Strategies:</b>  <i>How are you going to address the issue, need or situation?                      (What actions/steps/activities)</i></p>			
<p><b>Rationale:</b>  <i>Why will your strategy help you achieve your outcome(s)?                      What evidence do you have that this strategy will work?                      Research? (Best practices?)</i></p>			

<p><b>Similar programs/Services?</b>  <i>Are there any other organizations in the community that provides a similar service? If yes, please indicate program similarities or differences that you are aware of.</i></p>	
<p><b>Volunteers:</b>  <i>Please describe how volunteers will be involved in this program/project.</i></p>	
<p><b>F.C.S.S Recognition:</b>  <i>Please provide an explanation of how Family &amp; Community Support Services will be recognized if funding is awarded.</i></p>	
<p><b>Who is Served?</b>  <i>Target group (indicate percentage) (if more than 1 target group, indicate the % of each group e.g. Youth 60%, Families 40%.</i></p>	<p>Children/Youth ____%   Adults ____%   Families ____%   Seniors: ____%</p> <p>Community: ____%</p>
<p><b>Community Partners?</b>  <i>Who are your partners &amp; what resource do each partner bring to the program/project? Ex: Money, staff, knowledge etc.</i></p>	
<p><b>Financial Outlook:</b> <i>If your funding request is not approved, or only partially approved, will you be able to continue with the program? What would the effect be if funding is not approved or only partially approved?</i></p>	

## OUTCOME MEASURES

**You will need an FCSS Outcome Measures Bank to complete this section. If you do not have an FCSS Measures Bank or you need assistance to complete this section; Contact Kim Lewis @ kim.lewis@crowsnest pass.com prior to the July 31 deadline.**

<b>Outcome:</b> <i>(What outcome do you want to achieve from the program?)</i>	<b>Indicator(s) of Success:</b> (How will you know this outcome has been achieved?)	<b>Provincial Outcome &amp; Indicator Alignment:</b>	<b>Measures Bank/ Measure Number:</b>	<b>Measure(s):</b> <i>(To use for Measurement Tool.)</i>
<b>Example</b> <b>Outcome:</b> Families play more together.	Families report that they play more often together.  (you will know if it successful because they will tell you in the survey)	Outcome #: Individual outcome # 3. Children & Youth develop positively.  Indicator: Asset # 1 – Family Support This is taken directly from the measures bank. (You can't make this up)	PM #1 (measures bank)	As a result of attending indoor playground, my family plays more often together. <i>(this is the actual survey question that will be asked)</i>
<b>Outcome # 1:</b>		Outcome #:  Indicator:		
<b>Outcome # 2:</b>		Outcome #:  Indicator:		

### ADDITIONAL INFORMATION

**Identify Measurement Tool(s) You Will Be Using to measure your outcomes:** (Choose only one)

- Survey     
  Observation     
  Interview     
  Focus Groups

**When Measurement Tool(s) Will Be Used:**  
(Choose only one)

- Pre-Test/Post-Test:  
(both before and after your activities)     
  Post-Only:  
(after activities)     
  During Your Activities

**Provincial Strategic Direction:**

Please select one that applies to your program.

- \_\_\_ #1 help people to develop independence, strengthen coping skills and become more resistant to crisis;  
 \_\_\_ #2 help people to develop an awareness of social needs;  
 \_\_\_ #3 help people to develop interpersonal and group skills which enhance constructive relationships among people;  
 \_\_\_ #4 help people and communities to assume responsibility for decisions and actions which affect them;  
 \_\_\_ #5 provide supports that help sustain people as active participants in the community.

### ANTICIPATED OUTPUTS

**Anticipated # of participants (only count each person one time even if they attend multiple times)**

	Infants/Toddlers 0-3 yrs.	Preschoolers 3-5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	Total # of Participants
Anticipated								

**Other Outputs: (only count each person one time even if they attend multiple times)**

	# of Volunteers	# of Volunteer Hours	# of Presentations	# of Workshops	Other?	Other?	Other?	Other?
Anticipated								

<b>2025 PROJECTED REVENUE</b>	
FCSS Grant Requested	\$
<b>USER FEES</b>	
Registration Fees	\$
Memberships	\$
Tuition	\$
Other:	\$
<b>FUNDRAISING</b>	
Grants from other organizations	\$
Donations	\$
Casino	\$
Other:	\$
Sale of Goods/Services	\$
<b>Total Projected Revenue</b>	<b>\$</b>

Does your program have designated or non-designated reserve funds?(please check one)    YES NO

Amount: \$ \_\_\_\_\_

If designated, please tell us what the reserves are designated for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## PROJECT BUDGET

**Please provide a breakdown of expenses covered by FCSS and “Other” revenue sources.**

Projected Expense	FCSS Funds requested for program.	Actual FCSS funds allocated to program. <small>Complete at end of project for report.</small>	“Other” Funds to be allocated to support the program.	“Other” actual funds allocated to support the program. <small>To be completed at end of project for report.</small>	Total Projected Program Budget	Actual Total Program Budget <small>Complete at end of project for report.</small>
<b>Staffing Costs</b>						
Administrative Salaries (related to direct program delivery)						
Benefits						
Program Staff Wages						
Benefits						
<b>Other Expenses</b>						
Advertising						
Bank Charges						
Board Development						
Bookkeeping/Audit Expense						
Equipment						
Facility Rental						
Insurance						
Membership Fees						
Phone						
Program Materials/Supplies						
Staff Development						
Utilities						
Vehicle Expenses						
Volunteer Recruitment/ Development/ Training						
Workshops						
Other:						
Other:						
<b>Totals</b>						

<b>DOCUMENTATION REQUIREMENTS</b>	<b>ATTACHED</b>
List of current agency Board of Directors by Name and Board position	<input type="checkbox"/>
List of all staff, including positions.	<input type="checkbox"/>
Most recent Un-Audited Financial Statement of your organization (Balance Sheet & Income Statement)	<input type="checkbox"/>
Copy of the Motion from your Board of Directors or Governing Body indicating a commitment to enter into a partnership with FCSS.	<input type="checkbox"/>

**SUBMIT COMPLETED APPLICATION TO:**

Please:

1. Submit the original signed copy of the application.
2. Email a scanned copy to: **kim.lewis@crowsnestpass.com** (scanned signatures will be accepted).
3. **Unsigned applications will be returned & deadline will not be waived.**

**The deadline for applications is July 31, 2024 @ 4:00PM.**

**DECLARATION:**

**I declare that** all the information in this application is accurate and complete, and that the application is made on behalf of the organization named on Page 3 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

For questions, please contact Kim Lewis, FCSS Programmer: Phone: 403.563.2207  
Email: **kim.lewis@crowsnestpass.com**