

**Family and Community Support Services
Drumheller Region 2022**

**Application due:
June 10th, 2022 at noon**

Funding Application Annual Report

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM		
		Total
FCSS Request		
FCSS Received (actual)		

SECTION 1

1. AGENCY INFORMATION	
Agency Name (Full Legal Name)	
Program Name	
Program Contact	
Contact Phone	
Executive Director	
Contact E-Mail	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

SECTION 2

2. ORGANIZATION TYPE AND TEAM CAPACITY	
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. Include history, mandate, mission, vision ect. * [200 words max]	

2.2. As of the date of this application, is your organization's Board of Directors operating with full membership as outlined in the society bylaws registered with your organization?

Yes No

2.3. If no, please indicate the number of vacant positions and describe the situation (e.g. Vacancy of two directors for the past ten months). **[300 words max]**

2.4 Is the applicant authorized to enter into legal agreement for the delivery of these services?

Yes No

2.5 If no, please explain below **[300 words max]**

SECTION 3

3. PROGRAM OVERVIEW SPECIFIC TO THIS FUNDING APPLICATION

3.1 Indicate the primary population(s) that the project will focus on (check all that apply)

Children & Youth Families Adults Immigrants/Newcomers
Seniors Indigenous

3.2 Summarize the program and why it is important to the community. **[300 words max]**

3.3 NEED: Identify the risk factors the program will address. What evidence supports that this need exists? **[300 words max]**

3.4 GOAL: In a sentence or two, clearly state the outcomes you aim to achieve in this project. **[300 words max]**

3.5 STRATEGY: How will you achieve your goal? **[150 words max]**

3.6 What evidence or research do you have that supports this strategy? **[300 words max]**

3.7 List the partners and resources that will contribute to this program

[150 words max]

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SECTION 4

4. FCSS MANDATE ALIGNMENT

The FCSS Regulation states that services provided under a program must be of preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and **do one or more** of the following:

1. help people 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

4.1 Describe how your program meets the FCSS mandate of providing preventative social services. From the 5 options above describe which one(s) align best to your program. [250 words max]

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SECTION 5

5. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION

5.1 Please describe the evaluation and continuous improvement processes that you have in place for your program and outcome measurements. [250 words max]

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SECTION 6

6. OUTPUTS

6.1 Are there program participants that reside outside of the Drumheller municipal boundaries?

Yes No

6.2 Anticipated Outputs

	Drumheller	Starland County	Wheatland County	Special Areas	Kneehill County	Total
Anticipated # preschoolers (0-6 years)						
Anticipated # children (7-12 years)						
Anticipated # youth (13-17 years)						
Anticipated # adults (18-64 years)						
Anticipated # seniors (65+ years)						
Total individual participants per community	0	0	0	0	0	0
Anticipated # community presentations/events						
Anticipated # of Volunteers						
Anticipated # of Volunteer Hours						

6.2 Actual Outputs

	Drumheller	Starland County	Wheatland County	Special Areas	Kneehill County	Total
Actual # preschoolers (0-6 years)						
Actual # children (7-12 years)						
Actual # youth (13-17 years)						
Actual # adults (18-64 years)						
Actual # seniors (65+ years)						
Total individual participants per community	0	0	0	0	0	0
Actual # community presentations/events						
Actual # of Volunteers						
Actual # of Volunteer Hours						

6.3 Anticipated Target Group Percentages

Who is the primary target group for your program?		[must total 100%]
Anticipated % Children/Youth		
Anticipated % Families		
Anticipated % Adults		
Anticipated % Seniors		
Anticipated % Community Development		

6.4 Actual Target Group Percentages

Who was the primary target group for your program?		[must total 100%]
Actual % Children/Youth		
Actual % Families		

Actual % Adults	
Actual % Seniors	
Actual % Community Development	

SECTION 7

7. FCSS OUTCOMES
<p>Please provide outcome measure(s) for your project below. If your outcome measure aligns with the FCSS Measures Bank, please fill out the Provincial Indicator and Page #.</p> <ul style="list-style-type: none"> Refer to Attachment 1: FCSS Measures Bank Provincial Priority Measures to complete this section

Please refer to this example	
Provincial Strategic Direction	SD1 <input checked="" type="checkbox"/> SD2 <input type="checkbox"/> SD3 <input type="checkbox"/> SD4 <input type="checkbox"/> SD5 <input type="checkbox"/>
Improved social well-being of...	Individuals <input checked="" type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Individual Outcome 1 Internal Asset: External Asset:
Provincial Indicator Page # and Measure #	Provincial Indicator: Resilience Page #: 1 Measure #: PM2
Program Objective or Change Statement - refer to section 3.4	People will learn skills that build resiliency.
Provincial Survey Question	As a result of completing the resiliency workshop, I am better at handling whatever comes my way.
Provincial Pre/Post or Post Only	Post Survey
Provincial Survey and Scale used	Agreement Scale
# of surveys distributed	50
# of responses to survey question	45
# experiencing a positive response	42

Outcome 1 (required)	
Provincial Strategic Direction	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...	Individuals <input type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Select One Internal Asset: External Asset:
Provincial Indicator Page # and Measure #	Provincial Indicator: Page #: Measure #:
Program Objective or Change Statement - refer to section 3.4	
Provincial Survey Question	
Provincial Pre/Post or Post Only	
Provincial Survey and Scale used	

# of surveys distributed	
# of responses to survey question	
# experiencing a positive response	

Outcome 2 (optional)	
Provincial Strategic Direction	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...	Individuals <input type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Select One Internal Asset: External Asset:
Provincial Indicator Page # and Measure #	Provincial Indicator: Page #: Measure #:
Program Objective or Change Statement - refer to section 3.4	
Provincial Survey Question	
Provincial Pre/Post or Post Only	
Provincial Survey and Scale used	
# of surveys distributed	
# of responses to survey question	
# experiencing a positive response	

Outcome 3 (optional)	
Provincial Strategic Direction	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...	Individuals <input type="checkbox"/> Families <input type="checkbox"/> Community <input type="checkbox"/>
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Select One Internal Asset: External Asset:
Provincial Indicator Page # and Measure #	Provincial Indicator: Page #: Measure #:
Program Objective or Change Statement - refer to section 3.4	
Provincial Survey Question	
Provincial Pre/Post or Post Only	
Provincial Survey and Scale used	
# of surveys distributed	
# of responses to survey question	
# experiencing a positive response	

Section 8

8. PROGRAM BUDGET

- Please provide the anticipated budget for the program.
- Only the program budget is required, not the entire budget of the organization.

8.1 Could this program operate if we approved only a portion of your requested FCSS funding?

Yes

No

8.2 Please explain why.

[300 words max]

8.3 Revenue - please indicate all sources of funding, fees for service, grants, etc. for the program.

		Total
FCSS Amount Requested		
Your Organizations Contribution		
Other Grants:		
Donations		
Fee for Service		
Membership Dues		
Other:		
Total Revenue		

8.4 Expenses – please indicate the costs to run the program.

Salaries and Wages		
Staff Benefits		
Staff Travel and Subsistence		
Volunteer Appreciation		
Volunteer Training		
Rent and Utilities		
Insurance		
Phone		
Advertising and Promotions		
Office and Program Supplies		
Audit and Accounting		
Other:		
Other:		
Other:		
Total Expenses		

Total Revenue	
Total Expenses	
Net (Revenue – Expenses = 0)	

SECTION 9

9. ACTUAL PROGRAM BUDGET

- Please provide the actual budget for the program.
- Only the program budget is required, not the entire budget of the organization.

Revenue - please indicate the actual sources of funding, fees for service, grants, etc. for the program.

		Total
FCSS Amount		
Your Organizations Contribution		
Other Grants:		
Donations		
Fee for Service		
Membership Dues		
Other:		
Total Revenue		

Expenses – please indicate the actual costs to run the program.		
Salaries and Wages		
Staff Benefits		
Staff Travel and Subsistence		
Volunteer Appreciation		
Volunteer Training		
Rent and Utilities		
Insurance		
Phone		
Advertising and Promotions		
Office and Program Supplies		
Audit and Accounting		
Other:		
Other:		
Other:		
Total Expenses		

Total Revenue	
Total Expenses	
Net (Revenue – Expenses = 0)	

SECTION 10

10. RISK MITIGATION	
10.1 What factors or variable could interfere with your organizations ability to deliver this program (e.g. programming space no longer available, key staff member resigns)? What are the possible risks to the delivery of your project (e.g. lack of appropriate facilities, inability to hire qualified staff, reduction in other revenue streams)? [300 words max]	
10.2 How would you mitigate those risks that are mentioned above? (e.g. proactive planning measures? [300 words max]	

SECTION 11

11. ANNUAL REPORT	
11.1 Was your strategy implemented as planned? Why or why not?	[150 words max]
10.2 Stories – Please provide a success story of your program and photo's, if available.	[500 words max]

SECTION 12

12. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION	
12.1 Based on your quality improvement and evaluation processes should this program continue? Why or why not?	[250 words max]
12.2 If continuing this program did you identify any improvements that can be made?	[250 words max]

12.3 Did your outcome measurements yield the expected results? Please explain. **[250 words max]**

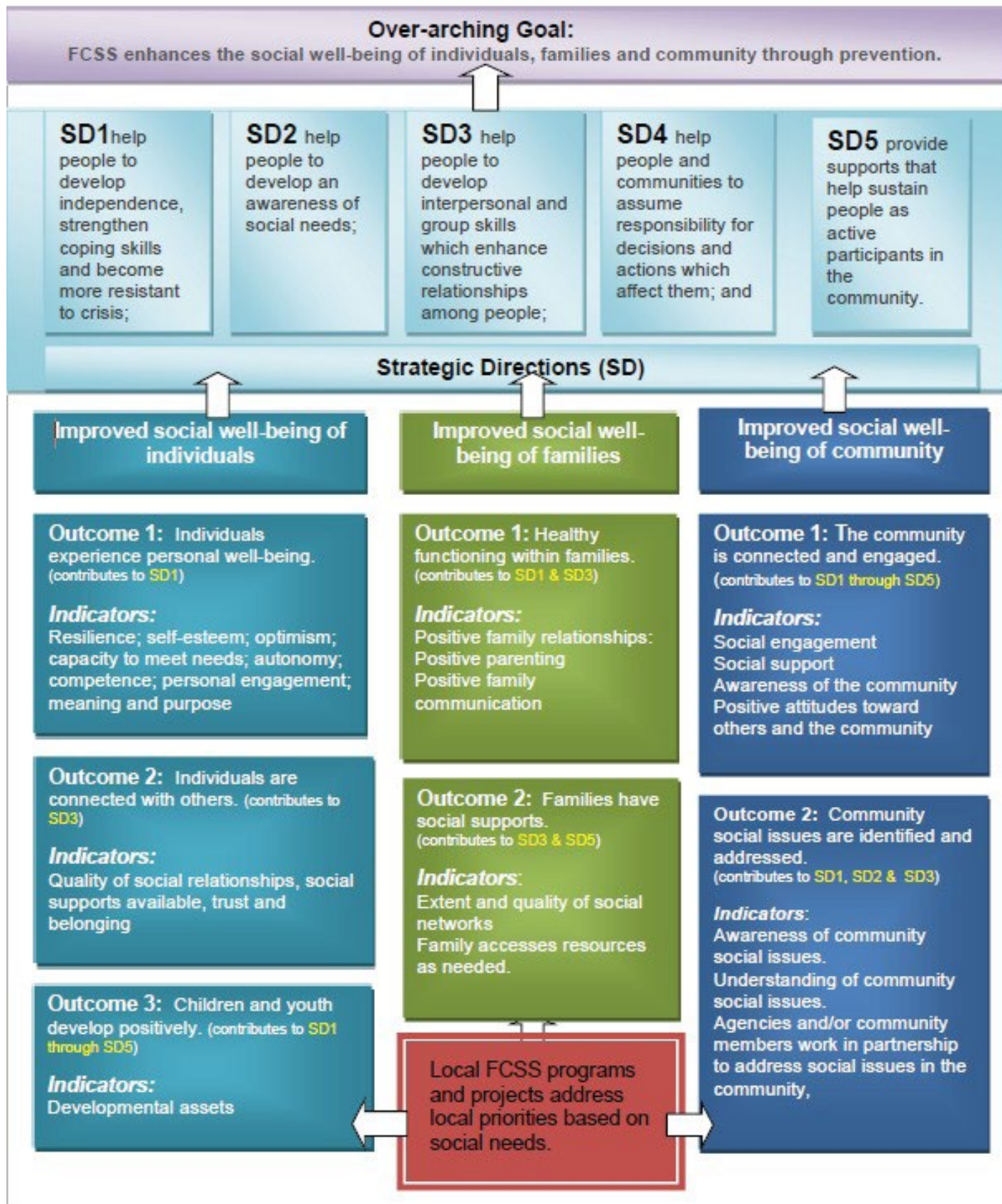
12.4 What occurred that resulted in funds not being expended? **[150 words max]**

12.5 What plans do you have for the unexpended funds? **[150 words max]**

12.6 What timeline will be required to expend the funds? **[150 words max]**

SCHEDULE A – Chart of Outcomes and Indicators

The FCSS Outcomes Model: Chart of Outcomes and Indicators:



SECTION 13

13. DOCUMENTATION REQUIREMENTS

Please ensure the following documents are attached to your application/annual report:

- 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.).
- Most recent audited financial statement (needed for both application and report).
- Digital and scanned signatures will be accepted; unsigned applications/reports will be returned.

Submit completed and signed application or annual report by direct delivery or email to CDSP@Drumheller.ca.

SECTION 14

14. DECLARATION

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

FOR OFFICE USE ONLY

Date Received	By Mail or Email
Date Approved	Notes/Future Recommendations
Amount Approved	