

Town of Crossfield - FCSS

2019 Funding Application

Deadline: October 18, 2019

****In order you apply, you must have submitted a Letter of Intent for this funding cycle****

Through this application process, you will identify the Outcomes for your program. Each applicant will be required to measure their outcomes. If you have questions regarding the completion of this form, please contact Eris Latham at erisl@crossfieldalberta.com or by phone 403.946.5565.



Office Use Only

Date Submitted:

Date Reviewed:

Section 1 - Introduction

- 1 Please read all of the information carefully prior to submission.
- 2 Applications can be accepted as is, rejected, modified, or accepted with conditions.
- 3 Please ensure ALL paperwork is submitted together and on time. NO late applications will be accepted.
- 4 Successful applicants will be required to sign a Memorandum Of Understand (MOU) with the Town of Crossfield - Family and Community Support Services. This agreement will include details of payment, financial and program reporting, as well as other funding conditions.

Application questions: Please contact Eris Latham
403-946-5565

erisl@crossfieldalberta.com or

Section 2 - Information

FCSS is a partnership between the Province and the Municipality that develops locally driven preventative social initiatives to enhance the well-being of individuals, families, and the community.

** For the 2020 application year, a letter of intent must be submitted by each organization requesting funding. This letter is to outline the programs objectives and outcomes. **DUE: July 19th, 2019.**

To obtain FCSS funding, programs of service providers must fit with the Town of Crossfield FCSS priorities and meet the Provincial Family & Community Support Services regulations. These Programs must be run by Registered Nonprofit Societies or Registered Religious societies.

- a) Be of a preventative nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.
- b) Do one of the following:
 - a) Help people to develop independence
 - b) Strengthen coping skills and become more resistant to crisis
 - c) Help people develop awareness of social needs
 - d) Help people to develop interpersonal and group skills
 - e) Help people and communities assume responsibility for decisions and actions which affect them
 - f) Provide supports that help sustain people as active participants in the community

Programs and Services Not Eligible for FCSS Funding

- a) Provide primarily for the recreational needs or leisure time pursuits of individuals
- b) Are intended to sustain an individual or family (ie. Providing food, clothing or shelter)

- c) Be primarily rehabilitative in nature
- d) Duplicate services that are ordinarily provided by a government or government agency

Note on Religious Societies: In the case of Registered Religious Societies: The program must not be exclusive to members of one faith and must be open to members of the general public. The intent of these programs cannot be to grow membership in a particular church or religion and program outcomes must fit the FCSS mandate. Money provided must not be used for programming not approved in this application, church upgrades or improvements.

The above guidelines must be kept in mind when completing your application. Please ensure the application is completed legibly and feel free to use additional sheets if any of the spaces provided on the application form are inadequate.

Section 3 - Conditions of Funding

Funding received from the Town of Crossfield - Family Community Support Services program must provide preventative social programs and directly benefit residence in the region.

Section 4 - Final Reporting

When filling out the funding application, please fill in the white and pink spaces.

The sections within this application that are highlighted in GREY are to be completed as your final report.

Keep a copy for your records and resubmit application with completed gray areas for Final Report.

Section 5 - Submission of Application

Letter of Intent Due: July 19th, 2019

Application Deadline: October 18th, 2019 at 4:30 pm

Town of Crossfield Administrative Office
Attention: Eris Latham
PO Box 500
1005 Ross St.
Crossfield, Alberta
T0M 0S0

Email: erisl@crossfieldalberta.com

Agency information

Agency name:	
Agency Address:	
Project Name:	
Contact Name:	
Contact Phone:	
Contact Email Address:	
Alternate Contact Name & Phone number	

Alberta Societies Act Registration #	
Charitable # (If applicable)	

Amount Requesting:	
Amount Approved (Office Use Only)	

Town of Crossfield FCSS	Program/Project Summary (to be completed for application)
Program/Project Title:	
Statement of Need: What community issue, need, or situation are you responding to? What evidence do you have (needs assessments, community feedback)?	
Who is served? Targeted group, Overall goal:	
Strategy How will the program address the issue, need or situation? (what actions/steps are you going to take) i.e. Workshops, counselling, community forums, etc How will program\project take place?	
Rationale: Why will this work? What evidence do you have that this strategy will work? Research?	
Resources Needed (Inputs) Such as staff, volunteers, money, materials, equipment, technology, information	
Partners: Who & What resource(s) does the partner bring to the program/project i.e Money, staff, knowledge, etc	

Town of Crossfield

Program/Project Summary and Report- Pink & White to be filled in for application.

GREY SECTION: Complete ONLY for FINAL REPORT

Program/Project Name:	Date(s) of Program:
------------------------------	----------------------------

Primary Target Population: <input type="checkbox"/> Infants/Toddlers (0-3yrs) <input type="checkbox"/> Preschool (3-5yrs) <input type="checkbox"/> Children (5-12 yrs) <input type="checkbox"/> Youth (12-18 yrs) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Families <input type="checkbox"/> Community	NOTE Funding Application: complete <i>white and pink</i> Final Report: Complete <i>Gray Areas</i>
--	--

# of Anticipated Participants: _____	# of Actual participants: _____	# completing Measure Tool: _____
--------------------------------------	---------------------------------	----------------------------------

Outcome	Indicator(s) of Success:		Measures Bank Measure #:	Measure(s):	
1				1	
				# Completing measure: _____ # experiencing a positive change: _____	
				2	
				# Completing measure: _____ # experiencing a positive change: _____	
	<i>(If more than one indicator for this outcome)</i>				1
					# Completing measure: _____ # experiencing a positive change: _____
					2
					# Completing measure: _____ # experiencing a positive change: _____

Outcome	Indicator(s) of Success:		Measures Bank Measure #:	Measure(s):		
2 (if more than one outcome)				1		
				# Completing measure: _____ # experiencing a positive change: _____		
						2
						# Completing measure: _____ # experiencing a positive change: _____
	2. (If more than one indicator for this outcome)				1	
					# Completing measure: _____ # experiencing a positive change: _____	
				2		
				# Completing measure: _____ # experiencing a positive change: _____		

Additional Information

Identify measurement tool(s) to be used:

- Survey
 Observation
 Interview
 Focus Group

- Pre/post test:** Both before and after your activities
 Post Only: after activities

When measurement tools will be used:

Other output information related to this program/project: FINAL REPORT ONLY

Volunteer involvement related to this program/project only: (if applicable)

of volunteers: _____

of volunteer Hours: _____

Stories - Please share a story that describes the significant impact for the participants: (attach additional page if required)

Continuous Quality Improvement:

After analyzing the information, should this program or project continue? Why or Why not?

What improvements can be made to the program/project?

What indicators are present that the desired positive change has occurred?

Successes:

Changes to be made (if any):

Completed By:

Date Completed:

2018 BUDGET (Please be specific) ****Please attach additional pages if further breakdown is required.****

ITEM	Column 1 2019 Budgeted Costs Affiliated with Program/Project	Column 2 2019 Costs to be funded by Town of Crossfield FCSS (Project Request)	Column 3 2019 ACTUAL Year End Total Project Costs- Final report
EXPENSES			
PERSONNEL (specify positions and hours per week)			
a. SUBTOTAL PERSONNEL			
TRAVEL & TRAINING (specify)			
b. SUBTOTAL TRAVEL & TRAINING			
MATERIALS AND SUPPLIES (specify)			
c. SUBTOTAL MATERIALS AND SUPPLIES			
OTHER (specify)			
d. SUBTOTAL OTHER			
e. TOTAL EXPENDITURES (e=a+b+c+d)			
REVENUE (specify other sources of funding including fundraising, fees for service, other grants, etc.)			
f. TOTAL REVENUE			
g. FCSS REQUEST (Total of Column 2)			

I hereby acknowledge that the Town of Crossfield FCSS 2018 Funding Application was submitted with full consent of the Board of Directors:

Signatures 2019 Town of Crossfield FCSS Funding Application (Due September 17th , 2018)

_____ Signature _____ Date _____
Print Name

Position: _____

TO BE SIGNED WHEN SUBMITTING FINAL REPORT

I hereby acknowledge that the Town of Crossfield FCSS 2017 FINAL REPORT contains information which is true and accurate to the operations and records of our organization:

Signatures 2019 Town of Crossfield FCSS FINAL REPORT (DUE Feb 28th 2020)

_____ Print name _____ Date _____
Print Name

Position: _____