

2025 Drumheller Valley Family and Community Support Services (FCSS) Funding Application Deadline April 30, 2025

Introduction

Family and Community Support Services (FCSS) is a partnership between the Province of Alberta and a Municipality 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 meet the requirements of the Family and Community Support Services Outcomes Model and the Family & Community Support Services Act and Regulations.

Questions can be directed to:

FCSS Department (403) 823-1364 communityservices@drumheller.ca

Infrastructure Office In-Kind 403-823-1330

These programs must include the following:

1. Enhance the social well-being of individuals, families and community through prevention and contribute to at least one of the FCSS Outcomes (see model on page 3)
 2. Enhance the social well-being of individuals, families, and community through prevention.
 3. Achieve 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 support that helps sustain people as active participants in the community.
 4. 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.
 5. Priority will be given to programs that support one (or more) from a prevention lens of the following priorities identified in the 2023/24 Drumheller Valley Community Social Needs Assessment:
 - Belonging and Social
 - Health & Well-Being
 - Participation
 - Housing
 - Affordability
 - Transportation
-

Application Instructions:

1. Please ensure the application is complete. Fields will expand to accommodate information.
2. Please note all shaded grey areas are reserved for your year-end final report.
3. Ensure measures from the FCSS Measures Bank are used in this application. The complete Measures Bank can be accessed at: [FCSS Measures Bank](#).
4. Ensure the budget template provided is used.
5. Applications will go to the FCSS Grants Committee, and you will be contacted once recommendations have been finalized.
6. Successful applicants will be required to sign a Funding Agreement with Drumheller Valley Family and Community Support Services. This agreement will include details of payment, financial and program reporting, and other funding conditions.

Conditions of Funding

1. Funding received from the Drumheller Valley Family and Community Support Services program must provide preventive social programs that directly benefit Drumheller residents.
2. As funding is limited, we encourage early applications. Please note, all funding request may not be granted.
3. All funds must be spent by December 31st, 2025.
4. Outcomes must be measured, and data included in a Year End Final Report, which is the **Shaded grey areas** on this application by January 31st, 2026.
5. Measures must be selected from the Family and Community Support Services Measures Bank.
6. Applicants must work collaboratively with applicable collective impact tables (e.g., Interagency, Family Fun, Asset, BCAVA, Poverty Reduction Alliance).
7. Unspent funding must be returned to the Town of Drumheller.
8. Incomplete applications will not be considered.

NOTE: Personal information on this form is collected under the authority of the Freedom of Information & Protection of Privacy Act (the Act) for administrative purposes of the Town of Drumheller. Personal information is protected from unauthorized use and disclosure in accordance with the Act and may only be used and disclosed as provided by the Act. Questions regarding the collection of personal information can be directed to the FOIP Coordinator, Town of Drumheller, 224 Centre Street, Drumheller Alberta, T0J 0Y4 403-823-1339.

Online: www.drumheller.ca/live/community-grants

Drop-off: 224 Centre Street, Drumheller, AB T0J 0Y4 Email:

communityservices@drumheller.ca

Drumheller Valley Family and Community Support Services (FCSS)

Deadline April 30, 2025

| Program/Project Name: | Grant Amount Requested: | Grant Amount Awarded: |
|-----------------------|-------------------------|-----------------------|
| | | \$ |

| Organization Information: | |
|--|--|
| Agency Name: | |
| Executive Director Name: | |
| E-Mail Address and Website: | |
| Mailing Address: | |
| Postal Code: | |
| Project Telephone Number: | |
| Project Contact Name: | |
| Fiscal Agent Name & Address: (if required) | |
| Please provide a BRIEF overview of your agency: (mission, mandate, values) | |

| Type of Organization: | |
|--|---|
| <input type="checkbox"/> AB Societies Act Registration Number: | <input type="checkbox"/> Government Agency: |
| <input type="checkbox"/> Charitable Number (if applicable): | <input type="checkbox"/> Other: Non-profit |

| Project/Program Overview: Please explain briefly what the project/program is and why it is important to our community? (300 words or less): |
|--|
| |

Does your project address the prevention side of the stated priorities? Choose all that apply and briefly explain:

Belonging and Social Participation: Older adults come to participate in programming and connect with others.

Affordability:

Health & Well-Being: Staying socially and physically active to promote healthy aging:

Housing:

Transportation:

Program Logic Module:

| | |
|---|--|
| Statement of Need: What community issue, need or situation are you responding to? What evidence is there of this need? | |
| Overall Goal: In one sentence, what change, or impact do you want to achieve? | |
| Which FCSS Strategic Direction does this support? (see model on page 3) | |
| Strategy (what): How are you going to address the issue, need or situation? (What are the actions/ steps/ activities such as workshops, mentoring, community forums, collective impact table, etc.) | |
| FINAL REPORT: Was your strategy implemented as planned above? If not, why? What changed? How did it go? | |

| | |
|---|--|
| Outcomes: List the outcome(s) you are measuring here (see page 3 model). Use these same ones in the "Outcomes" section below | |
| Who is served: Target Group | |
| Rationale (why): Why will your strategy help you achieve your outcome(s)? What evidence/research do you have that this strategy will work? | |
| Resources Needed (Inputs): Such as staff, volunteers, money, materials, equipment, technology, information – please be as specific as possible and include detailed information on the needed financial resources in your budget. | |
| Partners: List the partners you will be working with to achieve this goal. | |
| FINAL REPORT: What partners were involved? What did they contribute? | |

Anticipated and Actual # of Participants by residence:

| | # of Drumheller residents | # of Starland County residents | # of Wheatland County residents | # of Kneehill residents | # of Special Areas residents |
|------------------------|---------------------------|--------------------------------|---------------------------------|-------------------------|------------------------------|
| Anticipated 0-5 yrs. | | | | | |
| Actual 0-5 yrs. | | | | | |
| Anticipated 6-11 yrs. | | | | | |
| Actual 6-11 yrs. | | | | | |
| Anticipated 12-17 yrs. | | | | | |
| Actual 12-17 yrs. | | | | | |
| Anticipated 18-54 yrs. | | | | | |
| Actual 18-54 yrs. | | | | | |
| Anticipated 55+ yrs. | | | | | |
| Actual 55+ yrs. | | | | | |

Actual # of Volunteers & Hours:

| | |
|----------------------|--|
| # of Volunteers | |
| # of Volunteer Hours | |

Outcomes – refer to FCSS Measures Bank (add more if you will measure more):

| Outcome: identified above in Program Logic Module section above | Indicator of Success: From FCSS Measures Bank | Measure: Question on the survey | FCSS: Measures Bank Number | #: completing this measure | #: experiencing a positive change |
|---|---|---------------------------------|----------------------------|----------------------------|-----------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Please share an anecdotal story that illustrates the significant impact of the participants. 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 in achieving the goals outlined above?

What improvements can be made to the program/project?

Did your outcome measurements yield the expected results? Please explain.

If all funds were unspent: Why? What plans do you have for the unspent funds? What timeline will be required to expend the funds?

| Budget: | | |
|------------------------------------|-----------|---------|
| Revenue: | Proposed: | Actual: |
| FCSS Grant Funding Request | | |
| Other Grants (please specify) | | |
| Donations | | |
| Fee for Service/Participant Fee | | |
| Other Sources (please specify) | | |
| Other Sources (please specify) | | |
| Total Revenue: | | |
| | | |
| Expenditures: | Proposed: | Actual: |
| Accounting/Legal Fees | | |
| Administration | | |
| Advertising | | |
| Building Rental/Cleaning/Utilities | | |
| Food & Beverage Supplies | | |
| Fundraising Expenses | | |
| Insurance | | |
| Program Staffing | | |
| Program Supplies | | |
| Telephone, Postage, Copying | | |
| Travel Costs | | |
| Volunteer Recognition | | |
| Other (please specify) | | |
| Other (please specify) | | |
| Total Expenditures: | | |

| Declaration of Applicant: | |
|---|--|
| <p>I do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies with the requirements and conditions set out in the Family and community Support Services Act and Regulation (FCSS Services Act) I acknowledge that should this application be approved, I/we will be required to enter into this funding agreement in its entirety.</p> | |
| Date: | |
| Print Name: | |
| Authorized Signature: | |

Please keep a copy of this application and final report for your records along with supporting financials.

Administration

| For Office Use Only: | Application: | Year End Final Report: |
|-----------------------------|--------------|------------------------|
| Date Received: | | |
| Scoring: | | |
| \$ Amount Approved: | | Expended: \$ |
| Date Approved: | | |
| Other Notes/Requests: | | |
| Future Recommendations: | | |