

Intake Dates:
April 30, 2024 by noon
June 30, 2024 by noon

2024 Drumheller Valley Family and Community Support Services (FCSS) Funding Application

Introduction

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

Questions can be directed to: CDSP (403)823-1315 cdsp@drumheller.ca

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 meet the requirements of the Family and Community Support Services Outcomes Model and the Family & Community Support Services Act and Regulations. These programs must:

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. Do 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 supports that help 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.

Priority will be given to programs that support one (or more) **from a prevention lens** of the following priorities identified in the 2022/23 Drumheller Valley Community Social Needs Assessment:

- Belonging and Social Participation
- Affordability
- Health & Well-Being
- Housing
- Transportation

Please ensure the application is complete. Fields will expand to accommodate information.

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. All funds must be spent by December 31st of 2024.
3. Outcomes must be measured, and data included in a Year End Final Report, which is the **shaded grey areas** on this application by January 31, 2025.
4. Measures must be selected from the Family and Community Support Services Measures Bank.
5. Applicants must work collaboratively with applicable collective impact tables (e.g., Interagency, Family Fun, Asset, BCAVA, Poverty Reduction Alliance).

Submission of Application

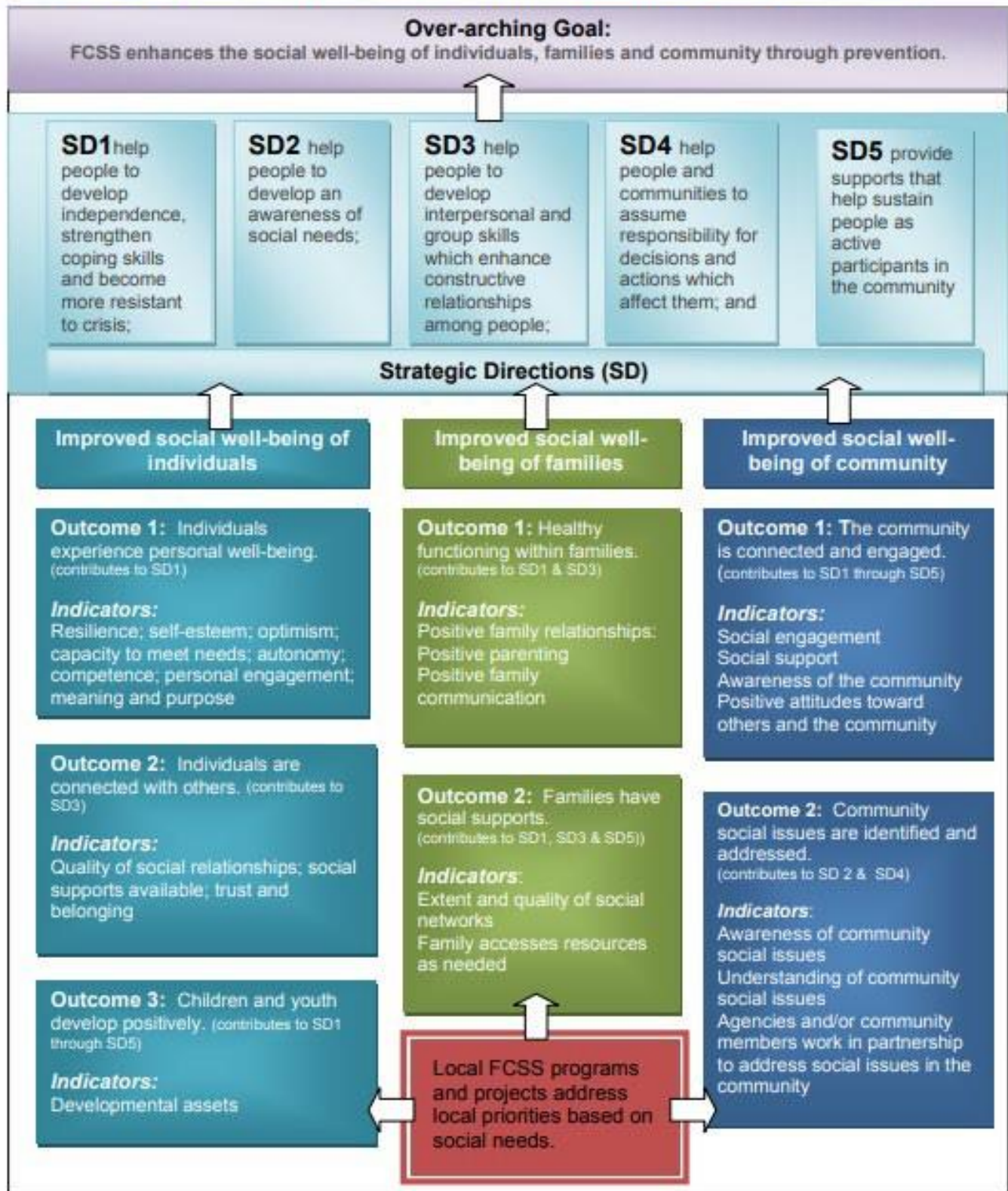
Online: www.drumheller.ca/live/community-grants

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

Email: cdsp@drumheller.ca

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.

The FCSS Outcomes Model: Chart of Outcomes and Indicators



Drumheller Valley Family and Community Support Services (FCSS) 2024 Funding Application

Program/Project Name	Grant Amount Requested	Grant Amount Awarded
	\$	\$

Organization Information

Agency Name:	
Executive Director Name:	
E-Mail Address and Website:	
Mailing Address (include 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 (please specify):

Program/Project Overview: Please explain briefly what the program/project is and why it is important to our community. Does it address one (or more) of the priorities highlighted on page 2? (max 300 words)

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

<input type="checkbox"/>	Belonging and Social Participation
<input type="checkbox"/>	Affordability
<input type="checkbox"/>	Health & Well-Being
<input type="checkbox"/>	Housing
<input type="checkbox"/>	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.					
# 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.					
Stories – Please share an anecdotal story that describes the significant impact for 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 not expended: Why? What plans do you have for the unexpended 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.

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

