

2018
SMALL GRANTS FUNDING
APPLICATION
Ponoka Family & Community Support Services (FCSS)

Vision:

A caring and supportive community assisting its people

Mission:

Building a safe and caring community through quality programs and services

Organization Name

Project Name

Amount Requested

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

This personal information is being collected under the authority of section 33(c) of the *FOIP Act* and will be used to administer FCSS funding. The aggregate data will be used by Community Services for program planning and evaluation. All information gathered by Ponoka FCSS is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Ponoka FCSS Director at 403-783-4462

SMALL GRANT FUNDING OPPORTUNITIES

- Applications will be reviewed at regularly scheduled board meetings (currently the second Monday of the month with the exceptions of December, July and August)
- Projects must be ready to begin prior to the FCSS fiscal year end (Dec 31, 2018) or an extension can be requested
- Projects must begin after application; projects will not be funded retroactively
- If you require any additional information regarding eligibility or assistance with the application, please call the FCSS office (403.783.4462) and ask to talk to Executive Director Shannon Boyce-Campbell

DID YOU KNOW?

Eligible projects, services and expenditures must adhere to legislated requirements and it is recommended that you take a look at the FCSS PROGRAM HANDBOOK and reference it if possible in your application. <http://www.humanservices.alberta.ca/documents/FCSS-Program-Handbook.pdf>

You are also welcome to look at our 2013 PONOKA FCSS ASSET MAPPING REPORT on our website that indicated local needs and direction. (www.ponokafcss.net Request for Funding/Board Grant Requests)

According to the FCSS Regulations, participating municipalities and Metis settlements are obligated to “promote, encourage and facilitate the development of stronger communities”

- It identifies that there are 3 levels of Prevention-Primary, Secondary and Tertiary. FCSS programs focus on primary prevention (community development) and secondary prevention (community-based services)

Whether an FCSS Program wants to provide services or facilitate others to provide services, the role of FCSS’s is to ensure community involvement and input to make change happen.

Whatever the approach preventative social services provided by FCSS Programs will be:

- 1) orientated to the future, not the past;*
- 2) focused on a group in the community or section of the community, rather than the individual*
- 3) innovative and locally determined*
- 4) carried out in the cooperation with other organizations and/or*
- 5) designed to encourage self-help, volunteerism and capacity building so people can help themselves.*

We support programs that;

- Assist communities to identify social needs and develop responses to meet those needs
- Promote, encourage and support volunteer work
- Inform the public of available services
- Promote the social development of children and families
- Enrich and strengthen family life
- Enhance the quality of life of the retired and semi-retired

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NUMBER OF PROJECTED PARTICIPANTS? _____

PARTICIPANT AGES	%
0 - 5	
6 - 11	
12 - 18	
Young Adults 19-25	
Adults 26-64	
Seniors 65+	

4. Please complete the Project Budget (in its entirety) and indicate what the FCSS funding will be used for specifically.

Item/Activity Examples: facility rental, instructor costs, travel expenses	Total Cost of Item/Activity

Total Project Cost \$ _____

Contributions from others \$ _____

Total amount of FCSS Grant Request: \$ _____



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5. Who, or what agency will also be helping you with your project? What will they contribute? What will they do?

6. How will you know that your project has been successful? What measurement will you use and provide to FCSS (e.g. number of attendees, number of sessions held, surveys)?

PART B Agreement

By signing and submitting this application, you are agreeing to the following terms and conditions;

1. Ponoka FCSS must be recognized in some capacity as a contributor to the event (i.e. on the poster).
2. The applicant must expend the funds received in accordance with their application.
3. **The applicant must complete and submit a financial report of income and expenses, participant feedback and if possible pictures and stories of celebration and recommendations for change NO later than Dec 31, 2018.**
4. FCSS staff must be notified if any change occurs that may result in inability of the applicant to deliver the project identified in the application.
5. Any unspent funds allocated through this program to the successful project will be returned to Ponoka FCSS or an extension will be requested.
6. Ponoka FCSS reserves the right to cancel the grant funding with reasonable cause and provide 30-days written notice.

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PART C Authorization

This application must be signed by the primary contact and participating households who are involved with this project.

By signing below, I confirm that all information submitted within this application, including Part A and part B, is true, complete and accurate to the best of my knowledge.

Primary Contact

Full Name _____ Signature _____ Date _____

Second Contact

Full Name _____ Signature _____ Date _____

Third Contact

Full Name _____ Signature _____ Date _____

SUCCESS stories and pictures are important.

Please share any success stories related to this project (attach on separate sheet).

Mail to: Ponoka FCSS Attn: Shannon Boyce-Campbell P.O. Box 4004 Ponoka, Alberta T4J-1R5	Drop off: Ponoka FCSS Attn: Shannon Boyce-Campbell 5006-52 Avenue Ponoka, Alberta	Email: Ponoka FCSS Attn: Shannon Boyce-Campbell shannon@ponokafcss.net *An original signed document will still be required*
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