

2018 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



WHAT IS FCSS?

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

WHAT PROJECTS AND SERVICES MAY BE OFFERED THROUGH FCSS?

Services under the project must:

- ❖ Be of a preventive nature that enhances the social well-being of individuals and families through the promotion or intervention strategies provided at the earliest opportunity; and
- ❖ Do one or more of the following:
 - Help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - Help people to develop an awareness of social needs;
 - Help people to develop interpersonal and group skills which enhance constructive relationships among people;
 - Help people and communities to assume responsibility for decisions and actions which affect them;
 - Provide supports that help sustain people as active participants in the community.

Are you a government agency?	YES	NO
Is the project you are applying for recreational in nature?	YES	NO
Are you applying for funds that provide direct assistance (ex. money, food, clothing, shelter) to an individual(s)?	YES	NO
Are you applying for funds that provide services or programming that is rehabilitative, such as direct treatment or counseling?	YES	NO
Is the project or service a duplication of services provided by any level of the government?	YES	NO
Is the project or service a capital expenditure?	YES	NO
Is the project or service preventative?	YES	NO

Organization Information

“Registered” Name of Organization:		
Mailing Address:		Postal Code:
Telephone #:		
Fax #:		
E-Mail Address (if applicable):		
Website Address (if applicable):		
Executive Director/Principal/Agency Manager _____		
Finance Contact (within Agency): _____ Phone number: _____		
Email: _____		
Board Chair /Person with signing authority		
Name: _____	Home Phone: _____ City & Postal Code: _____	Home Address: _____
Board Member (with signing authority)		
Name: _____	Home Phone: _____ City & Postal Code: _____	Home Address: _____

Is your organization registered as a Society and in good standing? Yes No

Society Registration Number

Declaration of Board Members

In making this application, we, the undersigned Board Members/Principal/Governing Body of the Applicant, hereby represent to the Ponoka FCSS Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.

Signature of Board Chair or Authorized
(with signing authority)

Signature of Board Member or Executive Director
(with signing authority)

Month/Day/Year

Month/Day/Year

Please Provide Agency Mission, Vision, and Values

Does your organization have policies on the following?

Board of Directors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:
Financial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:
Human Resources	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:
Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:
Volunteer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:
Risk Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date last reviewed:

Which positions (both staff and Board) have signing authority for your organization?

Do you have your current year budget completed YES NO

(If yes please attach a copy or submit upon completion)

How often does the Board/Executive/Principal review the financial position of the agency/organization? _____

Please complete the following information regarding your organizations board of directors/governing body. If you do not operate under a board, please list persons responsible for funds and decision making.

Name	Board Position	# of years on the board

Frequency of Board Meetings or Equivalent: _____

Minimum number of Board Members in accordance with your By-Laws _____

Date of Annual General Meeting: _____

Do you have a strategic or long-term plan in place for your organization? YES
 NO

If yes, please attach a copy of the plan.

PROGRAMMING

Project Name

Brief Description – What you are going to do?

Timeline

Purpose – Why are you doing this?

Activity Plan - When and how often are you doing this?

RATIONALE for any CHANGES TO THE PROGRAM in the last year (include why you are offering/revamping this program, the importance to the community, etc.)

What outcome(s) do you hope to achieve for your project? (Contact E.D. for assistance with aligning outcomes with provincial requirements).

How will you measure/evaluate the identified outcome(s) of the project (surveys, interviews, questionnaires, etc.)?

Provincial FCSS Program Options - Please check all those that apply to your project

- Services that provide for the social development of children and their families.
- Services that enrich and strengthen families' lives by developing skills so people can function more effectively within their own environment.
- Services that enhance the quality of life of the retired and semi-retired.
- Services to promote, encourage and support volunteer work in the community.
- Services to assist communities with identifying their social needs and developing responses to meet those needs.
- Services to inform the public of available services

Provincial FCSS Strategic Directions – Please check all those that apply to your project

- Helps people to develop independence, strengthen coping skills and become more resistant to crisis.
- Helps people to develop an awareness of social needs.
- Helps people to develop interpersonal and group skills which enhance constructive relationships among people.
- Helps people and communities to assume responsibility for decisions and actions which affect them.
- Provides supports that help sustain people as active participants in the community.

List all partner agencies and projected funding sources for your next fiscal year.

Describe how volunteers will contribute to the Ponoka FCSS Funded Program. How many volunteers do you anticipate will assist you with this project? What role will they play?

Ponoka FCSS is required to provide an annual report to the Province of Alberta regarding the expenditures of FCSS Funds using the categories below.

Target Group:

# Participants	AGE	%
	0 - 5	
	6 - 11	
	12 - 18	
	Young Adults 19-25	
	Adults 26-64	
	Seniors 65+	

The next section of this application deals with the Project Budget.

- Note that not all budget categories may pertain to your project.
- If there is something in your budget that is not listed on the attached budget sheet, please specify under "Other".
- **In the first column, indicate where FCSS funds are being allocated**

EXPENSES	✓	Budget 2018	Actual for 2017 (if applicable)	Variance
Salary/Wages/Contract				
Employee Benefits				
Professional Development				
Travel & Subsistence				
Project Supplies /Materials				
Publications				
Equipment Purchase				
Advertising				
Volunteer Training				
Honorariums				
Rent				
Insurance				
Equipment maintenance/repairs				
Telephone/Communications				
Other				
TOTAL EXPENSES				
SURPLUS or (DEFICIT)				

TOTAL FCSS FUNDING REQUESTED: \$ _____

External Agencies that receive FCSS project funding are required to recognize this funding by way of any public service announcement and/or any promotional materials, as well as acknowledgement of partnership for the project funded.

PLEASE NOTE THE FOLLOWING IF THE APPLICATION IS SUCCESSFUL

You may be required to collaborate with the FCSS Executive Director to create a Logic Model and Program Survey

- **The following documentation is required for funding applications:**

Attached (please check)	Attachment Number	Description	# of Copies Required
Required Attachments for All Program Funding Requests			
(If not available at time of application please submit ASAP)			
<input type="checkbox"/>	1	Current list of agency Board of Directors (template provided on page 5 of application).	1
<input type="checkbox"/>	2	Most recent agency audited financial statements.	1
<input type="checkbox"/>	3	Most recent Annual Report or Minutes of the last Annual General Meeting.	1
<input type="checkbox"/>	4	Strategic Plan or Long-Range Plan.	1
<input type="checkbox"/>	5	Current Bylaws (please submit a copy of your current bylaws even if no amendments have been made).	1
<input type="checkbox"/>	6	Agency Organizational Chart (including titles and names).	1
<input type="checkbox"/>	7	Agency Current Year Budget (or provide when completed).	1
<input type="checkbox"/>	8	Copy of Certificate of Insurance Coverage. Showing date of current coverage and a minimum of \$2,000,000 in general liability coverage.	1

NECESSARY REPORTING ON OR BEFORE CALENDER YEAR END IF FUNDS RECEIVED

- **A detailed financial accounting of funds received**
- **# of Volunteers and Volunteer Hours**
- **Stories that describe the significant impact and continuous quality improvement (changes to be made)**

Reminder: external Agencies that receive FCSS project funding are required to recognize this funding by way of any public service announcement and/or any promotional materials, as well as acknowledgement of partnership for the project funded.

To assist with Ponoka FCSS to be proactive in responding to the needs of the community; please list and describe any emerging community and/or organizational issues/trends you have observed in the last year. These observations are not necessarily the focus of your organization but are simply a need in the community your organization feels exists.

SUCCESS stories are important.

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

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