

2020
Ponoka Proud
(supporting each other during unprecedented times)
GRANT 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
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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

FUNDING OPPORTUNITIES
(please read all points below)

- **Applications welcomed from agencies, community groups, non-profits, community hall boards, businesses or even a group of neighbors and friends that want to make a difference in their community.**
- **Applications must serve the east half of the County of Ponoka (5th meridian boundary) and/or the Town of Ponoka**
- **Applications will be reviewed at any time up to and including December 15, 2020**
- **Applications would clearly indicate adherence to AHS Covid Policy and Procedures.**
- **We anticipate projects must be ready to begin within the FCSS fiscal year end (Dec 31, 2020) or an extension can be requested**
- **Projects must begin after application; projects will not be funded retroactively**
- **Applications will be considered until funding has been exhausted**
- **A preliminary discussion must take place with Shannon Boyce-Campbell (E.D. PONOKA FCSS) 403-783-4462 to ensure your innovative project is applicable and if there are any necessary adaptations.**

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CRITERIA: Check applicable criteria

- Social Connection** Opportunities for individuals to connect and interact in creative and safe environments (virtual, social distanced etc.)

EXAMPLES BUT NOT LIMITED TO: delivery of Christmas meals, Virtual Talent Contests, Senior Supports, Outdoor displays, Community Ice Rink, virtual storytelling sessions involving senior's and youth, etc.

- Domestic Violence Prevention and Awareness** –For example: increasing awareness of
- scope of abuse /signs of abuse
 - local and regional resources and supports

- Housing/Homelessness**

EXAMPLES BUT NOT LIMITED TO: care kits for persons experiencing homelessness, meal vouchers, volunteer supports, etc.

- Mental Health and Self-Care Supports**
- Physical (involving the body, exercise health, nutrition, rest etc.) Psychological (learning new things, practicing mindfulness and creativity)
 - Emotional Care (managing stress, enhancing emotional literacy etc.)
 - Professional (sharing your strengths and gifts)
 - Environmental (life skills, monitoring technology time) Spiritual (meditation, journaling)
 - Financial (budgeting, spending and saving wisely)

EXAMPLES BUT NOT LIMITED TO: offering reduced cost meditation or yoga classes, virtual art classes, stress management in-services etc.

- Volunteer Supports/Training-** Supports and/or training for volunteer groups or individuals who require adaptations to their methods of delivery, meeting formats, etc.

EXAMPLES BUT NOT LIMITED TO: Virtual Meeting Subscriptions (Zoom, TEAMS etc.) Roberts Rules Handbooks, On-line Professional Development etc.

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PART A Project Details

Project Name: _____

Project Neighbourhood or Community: _____

Primary Contact Information

Full Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

1. Please describe your project. What will you do? Where? When?

2. What difference do you hope your project will make in your neighbourhood/community?

3. How will you let people know about your project? How will you reach out to your neighbourhood/community?

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4. Please complete the Project Budget (in its entirety) Table below.

Item/Activity Examples: decoration, food, facility rental, PPE (Personal Protective Equipment)	Total Cost of Item/Activity
Total Project Cost	\$ _____

Other Contributors:

Please list other contributors to the Project and what they are contributing.

For Example: East Hall Community Centre will be providing kitchen space to make meals and will be donate turkeys for the meals

- _____
- _____
- _____
- _____

5. Total amount of Ponoka Proud Grant Request: _____

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6. Please explain what you plan on spending the FCSS Grant funds on. (What portions of the budget will utilize FCSS dollars?)

7. Are there other groups or individuals that will help you with your project? What will they contribute? What will they do?

8. How will you know that your project has been successful? What measurement will you use (e.g. number of attendees, number of new volunteers, anecdotal feedback)?

9. The Community Outcome for the Ponoka Proud Grants is that the community is connected and engaged. The indicator that this is happening is positive attitude towards others and the community.

Each Ponoka Proud grant recipient may be required to provide participants names and feedback. There must be a measurement that indicates a positive change in the community as a result of the project. An example agreement scale is shown below:

SAMPLE : As a result of the _____ project, I feel _____ within my community.					
1-----	2-----	3-----	4-----	5-----	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

Do you agree to work with the FCSS ED to develop an adequate and meaningful measurement tool from participants and provide these results in your reporting? Yes No

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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, the results of the participant survey and if possible, pictures and stories of celebration and recommendations for change. No later than Dec 31, 2020. (or at extension deadline)
4. FCSS Executive Director, must be notified if any change occurs that may result in an 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.
6. Ponoka FCSS reserves the right to cancel the Ponoka Proud grant funding with reasonable cause and provide 30-days written notice.

PART C Authorization

This application must be signed by the primary contact and agency representative 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** _____

Contact #2

Full Name _____ **Signature** _____ **Date** _____

Contact #3

Full Name _____ **Signature** _____ **Date** _____

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PROJECT COMPLETION REPORTING
Once approved please plan to report on.

Measurement Tool Used and Results:

Financial Reporting:

SUCCESS stories and pictures are important.

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

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