

Family and Community Support Services (FCSS)

Funding Application: **January 1 to December 31, 2019**

Application Deadline: **November 30, 2019**

| | | | |
|---|-----------------------|-----------------|--|
| Organization Information: | | | |
| Organization Name: | | | |
| Mailing Address: | | | |
| Contact person: | | Position/title: | |
| Email address: | | | |
| Telephone: | Cell: | Fax: | |
| Is your organization registered as a society or a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Charitable Number: | Incorporation Number: | | |

Eligibility for Financial Support

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a **non-profit society** in Alberta; or operating under the administrative jurisdiction of a school division or municipality.

ONLY applications that identify the Specific piece of the project or program that fits the FCSS Act and Regulation and identifies the Outcomes and Indicators will be considered.

| | |
|--|--|
| Program/Project Title: | |
| Statement of Need: <i>What community need or issue does this program or project address?</i> | |
| Overall Goal: <i>What do you hope to achieve with the program or project [overall change or impact in the long term]</i> | |
| Broad Strategy: <i>In general terms, how will the program or project address the community need?</i> | |
| Rationale: <i>What evidence do you have that would support this approach, ie.,if you do these things, then these results will occur? What is your "if/then statement?"</i> | |
| Who is served? <i>(youth, seniors, adults, volunteers, etc.)</i> | |
| Inputs : <i>Identify the specific resources you have available for this program or to complete the project.</i> | |
| Outputs: <i>Identify the specific Activities and processes you will use to work</i> | |

| | |
|---|---|
| toward your program or project goals. | |
| Outputs: <i>Who will you reach</i> (students, volunteers, seniors etc.) | |
| Volunteer Hours | # of participants _____ (age groups) _____ # of volunteers _____ # of volunteer hours _____ |

| | |
|---|------------|
| Declaration of Applicant | |
| I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein. | |
| X | X |
| President's signature | Print name |
| X | X |
| Treasurer's signature | Print name |
| Date of application: | |

Please submit your completed application no later than:

November 30, 2019

Forward completed application to:

***Village of Veteran
Box 439
Veteran, Ab.
T0C 2S0***

Contact: *Debbie Johnstone*
Telephone: *(403)575-3954*
E-mail: *villageofveteran@gmail.com*

PROGRAM BUDGET

Name of Program: _____

REVENUE:

FCSS Grant Funding Requested \$ _____

Other Funding Sources:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Revenue: \$ _____

EXPENDITURES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenditures \$ _____

VILLAGE OF VETERAN F.C.S.S. OUTCOMES YEAR-END REPORT

Project/Program Name: _____

| | |
|--|---|
| Target Group Children/Youth _____ Adults _____ Seniors _____ Families _____ Community _____ # of Participants _____ | |
| Identify the Measurement Tool(s) Used and When: | |
| <ul style="list-style-type: none"> • Questionnaire • Survey • Other | <ul style="list-style-type: none"> • Before your activities • After your activities • Both before and after your activities • Other |
| Other output information related to this program? Volunteer involvement related to this program (if applicable) # of volunteers _____ # of volunteer hours _____ | |
| Outcome Statement: Children are more confident in themselves. | |
| Indicator of Success: Children report more confidence in themselves. | |
| Measures: Kids Club helped me to be more confident in myself. # completing measure: _____ # experience a positive change: _____ | |
| Alignment Model: <i>Where does this project or program align with FCSS Outcomes Model:</i> <i>Chart of Outcomes & Indicators:</i> | _____ Individuals _____ Families _____ Community Measures Bank Number: _____ Outcome: Indicator: |

Created and completed by: _____

Date: _____

**VILLAGE OF VETERAN
F.C.S.S. YEAR-END REPORT**

REVENUES:

F.C.S.S. Grant Funds Received \$ _____

Other Revenues (Please list):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Project/Program Revenue \$ _____

EXPENSES:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Project/Program Expenses: \$ _____

Surplus (Deficit): \$ _____

This report must be completed and returned to the Village of Veteran by **December 31st**, 2019 along with all unexpended grant funds.

Applicant Signature & Date: