

Woodlands County

Family & Community Support Services (FCSS) Application for Funding



REQUIRED DOCUMENTATION

- Completed Application form ☐
- Names of Board Members and Position held ☐
Do not include personal information such as emails or home addresses
- Most recent Financial Statement of your organization (preferably audited) ☐
- Current Certificate of Incorporation as a Society ☐ Attached ☐ On File
- Year-end Final Reports (To be provided at the end of the current year) ☐

PART 1: ABOUT YOUR ORGANIZATION/GROUP

Project/Program Name: _____

Name of Organization/Society: _____

Registered Society Number and/or Registered Charity Number: _____
(attach copy if not provided previously)

Mailing Address with Postal Code: _____

Contact Name: _____

Phone: _____ Email: _____

Name of Board Chair/President with Signing Authority: _____

Phone: _____ Email: _____

MISSION STATEMENT

Please provide a brief overview of your group's mission or purpose:

EXECUTIVE SUMMARY

Please provide (or attach) a summary describing your program for which FCSS funding is being requested.

This information should provide an overview for the services that you provide through this particular project.

What is the primary population that your grant funding will serve?

☐ Individuals ☐ Families ☐ Communities

The program/project must achieve one of the following provincial/local priorities. **Select one priority that best fits your project.** The priority must be from the population that your program/project will serve.

☐ **Individuals: Outcome 1:**

Individuals experience social well-being.

☐ **Families: Outcome 1:**

Healthy functioning within families.

☐ **Community: Outcome 1:**

The community is connected and engaged.

☐ **Individuals: Outcome 2:**

Individuals are connected with others.

☐ **Families: Outcome 2:**

Families have social supports.

☐ **Community: Outcome 2:**

Community social issues are identified and addressed.

☐ **Individuals: Outcome 3:**

Children and youth develop positively.

PART 2: PREVENTION

In what way(s) is your project preventive in nature?

Check the appropriate items from the following list:

- ☐ be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity
- ☐ help people develop independence, strengthen coping skills and become more resistant to crisis
- ☐ help people to develop an awareness of social needs
- ☐ help people 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 support that helps sustain people as active participants in the community

COORDINATION AND COMMUNICATION

Please identify other organizations within the project's catchment area which provide similar services.

What cooperative and coordinative steps has the project taken with these other agencies?

Describe the similarities and differences between the proposed project and those identified as being delivered by other organizations?

PART 3: LOGIC MODEL Please describe your program outcomes:

Statement of Need What community need, issue or situation are you responding to? Evidence of need?		
Target Group Who is being served through your project/program?		
Goals What change are you hoping to achieve?		
Strategies How are you going to address the need/issue? Eg. Workshops, counselling, forums etc.		
Activities Specific actions you will use to work towards your goal. Eg. Deliver social focused programming for children.		
Inputs What resources are needed? Eg. Staff, volunteers, funding, equipment, technology.		
Outcomes Describe the difference your program/project will make. Eg. Young children will develop skills that enhance their positive interaction with others.		
Measurement Tool How will you measure the success of your program/project? Eg. Pre/post test comparisons, observations, surveys.		
Number of individuals served by your project/program Clients should only be counted once – statistics from previous year if available.	Individuals, couples, families	
	Group participants	
	Groups or organizations	
	Total clients served	
	How many from Woodlands County?	

MANDATORY SECTION

PART 5: ADDITIONAL INFORMATION

Please do not include any client identifying information. (Use a separate sheet of paper if required.)

[illegible]

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BUDGET Applicants must use this form only.

Approved projects must be completed by December 31 of the grant year and the final report to be completed by **January 31 of the next calendar year.**

Include all sources of revenue and expenditures. Please identify where the Woodlands County FCSS grant monies will be used.

Revenue List items below	Amount	Source	Confirmed: Yes or No
Total Revenue			

Expenditures List items below	Amount	Source	Confirmed: Yes or No
Total Expenditures			
Woodlands County FCSS Grant Request Revenue – Expenditures =	\$		

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SUBMIT COMPLETED APPLICATION

Submit by mail to:

Woodlands County Community Services Committee

Woodlands County Office:

PO Box 60, Whitecourt, AB T7S 1N3

Fax: 780.778.8402 | Tel: 780.778.8400 | Toll Free: 1.888.870.6315

Woodlands County Regional Office:

PO Box 33, Fort Assiniboine, AB T0G 1A0

Fax: 780.584.3988 | Tel: 780.584.3866 | Toll free: 1.866.584.3866

Or submit by email to: communityservices@woodlands.ab.ca

Deadline for submissions: Last Friday in February

DECLARATION

I declare that all of the information in this application is accurate and complete and that the application complies with the requirements for "Eligibility for Support" outlined in Part B of the Information section.

Name (Agency Signing Authority)

Title

Date

For more information contact Woodlands County
at **1.888.870.6315** or online at **woodlands.ab.ca**

