



“The Pincher Creek and District Family and Community Support Service facilitates preventive social services and community initiatives which contribute to community and family wellness and build community capacity in the Town of Pincher Creek, the Municipal District of Pincher Creek #9 and the Village of Cowley.”

Pincher Creek FCSS is located at the town office, 962 St. John Avenue, Pincher Creek.

What is FCSS?

Family & Community Support Services (FCSS) is a joint municipal/provincial program established to develop, support and fund preventive social services.

FCSS is an 80/20 funding partnership between the Government of Alberta, local municipalities and Metis Settlements. FCSS receives its mandate from the provincial *Family and Community Support Services Act and Regulation*.

Under FCSS, communities design and deliver social programs that enhance well-being among individuals, families, and communities and generally promote and facilitate the development of stronger, more resilient communities. The programs depend on community resources and often involve volunteers. FCSS believes that self-help contributes to a sense of integrity, self-worth and independence. The programs are intended to help individuals in our community adopt healthy lifestyles, thereby improving quality of life and building the capacity to prevent and/or deal with crisis situations should they arise.

One of the key principles of the FCSS Program is local responsibility in priority-setting and resource allocation. FCSS emphasizes local decision-making, based on the belief that communities have the desire, energy and resources to build capacity. Each municipality or Metis settlement determines how the dollars they receive should be allocated to meet local needs.

Who benefits from FCSS?

Programs funded by FCSS include services such as family counselling, care for isolated seniors, support for children and youth and community capacity-building. The FCSS mandate extends to all age groups and people from all walks of life.

Why focus on prevention?

Research shows that an investment of \$1 in preventive services yields a \$7 return in avoided costs such as police, justice, additional treatment and increased productivity in employment and contribution to society.

Who manages FCSS programs?

Through a Regional Agreement, the Town of Pincher Creek manages FCSS funding programs for the Town, the Municipal District of Pincher Creek #9 and the Village of Cowley. The Pincher Creek and District FCSS collaborates with the community to better understand the local social issues and how best to respond to them.

The FCSS Board of Directors, with representation from each of the Town of Pincher Creek, Municipal District of Pincher Creek and Cowley and four members-at-large from the community, reviews funding requests from social agencies and selects projects for funding.

Pincher Creek FCSS Coordinator David Green is available to answer questions about local programming and funding for community groups. David can be reached at 403-627-3156.

What types of programs and services will FCSS fund?

To receive funding, programs and services must :

- Meet FCSS eligibility requirements and the funding priorities of the Town and Municipal District of Pincher Creek and the Village of Cowley according to the FCSS Regulation
- Be collaborative and not duplicate existing programs
- Involve volunteers
- Leverage additional funds to assist with program costs
- State objectives in measurable terms
- Demonstrate the capacity to achieve stated outcomes
- Demonstrate good governance and administration

Contacts

The Pincher Creek and District FCSS office is located at the Town Hall, 962 St. John's Ave in Pincher Creek.

Mailing Address: Box 2841,
Pincher Creek, Alberta T0K 1W0
Phone; 403-627-3156
Email: fcss@pinchercreek.ca

Additional information is also available on the following provincial websites: <http://www.child.gov.ab.ca/whatwedo/fcss/>
<http://www.fcssaa.ab.ca/>

FCSS Eligibility Assessment Tool

The following four-stage test will assist local groups in determining if a project or funding request fits the FCSS eligibility criteria.

1. Is the project or service preventive? Does it enhance the social well-being of families and individuals? Does it enhance or build community capacity? Does it have preventive social outcomes?

The answer should be yes.

2. Does the project or service:
Help people develop independence, strengthen coping skills?
Help people develop an awareness of social needs?
Help people to develop interpersonal and group skills?
Help people and communities to build capacity, assume responsibility OR provide supports that help sustain people as active members of the community?

The answer should be yes to at least one of these questions

3. Is the project or service:
Primarily a recreation, leisure, entertainment or sporting activity or event?
Offering direct assistance, including money, food, clothing or shelter to sustain an individual or family?
Primarily rehabilitative therapeutic, or crisis management?
A duplication of services offered by any level of government?
A Capital expenditure such as the purchase, construction or renovation of a building or facility?

The answer should be no to all of these questions

4. Do the proposed expenditures of the project comply with sections 3 and 4 of the FCSS Regulation?

The answer should be yes.

Pincher Creek and District



Box 2841, Pincher Creek, Alberta, T0K 1W0 Telephone 403-627-3156 - fcss@pinchercreek.ca

2015 Funding Application Funding Period: January 1 – December 31, 2015 Due by September 15, 2014

Through this application process you will identify what your Short Term Outcome is. If necessary, the FCSS Director will work with you one-on-one to determine the best way to measure your identified Short Term Outcome. Each applicant will be required to measure their Outcome and the FCSS Director will support successful applicants in this process.

Please be advised that all information hereto provided will be considered public information.

Organization Name:	
Organization's Physical Address:	
Organization's Mailing Address:	
Contact Name:	Contact Phone #:
E-mail:	Website:
Executive Director (If Applicable):	
Funding Requested:	Amount Approved: \$.

***the box shaded in gray is meant for office use only**

Certificate of Compliance:

This is to certify that to the best of my knowledge and belief, the information included in this report complies with the requirements and conditions set out in the Pincher Creek and District FCSS Funding Agreement, the Provincial Family and Community Support Services Act and the Conditional Funding Agreement Regulation.

Applicants Name:	
Applicants Signature:	
Date:	

INFORMATION ABOUT YOUR ORGANIZATION

If you apply for funding for 2015 then you can copy and paste this information on your next year's application unless your organization's focus and structure has changed.

Mission/Mandate of applicant organization:	
Goals of applicant organization:	
Programs and services provided by the applicant organization:	

INFORMATION ABOUT THE PROJECT TO BE FUNDED

Complete this part for each project to be funded.

Program/Project Title:	
Start Date:	
Completion Date:	
Statement of Need: What community need or issue is being addressed?	
What evidence do you have that the need exists?	
Strategy of Program:	
Short Term Outcome(s): (Desired Positive Change)	
Rationale? What evidence/rationale do you have that supports the strategy of your program to achieve your stated Short Term Outcome? (If... Then)	

FCSS Funded Program/Project Summary Report

Program/Project Name:

Date(s) of Program:

Primary Target Population:

Infants/Toddlers
(0 – 3 yrs.)

Preschooler
(3 – 5 yrs.)

Children
(5 – 12 yrs.)

Youth
(12 – 18 yrs.)

Adults

Seniors

Families

Community

of Anticipated Participants: _____

of Actual Participants: _____

Completing Measurement Tool: _____

Outcomes(s):

Indicator(s) of Success:

**Provincial Outcome &
Provincial Indicator
Alignment:**

**Measures Bank
Measure
Number:**

Measure(s):

1.

1.

1.

completing measure: _____

experiencing a positive change: _____

2. *(if more than one measure for this indicator)*

completing measure: _____

experiencing a positive change: _____

2. *(if more than one indicator for this outcome)*

1.

completing measure: _____

experiencing a positive change: _____

2. *(if more than one measure for this indicator)*

				# completing measure: _____ # experiencing a positive change: _____
Outcomes(s):	Indicator(s) of Success:	Provincial Outcome & Provincial Indicator Alignment:	Measures Bank Measure Number:	Measure(s):
2. (if more than one outcome)	1.			1.
			# completing measure: _____ # experiencing a positive change: _____	
		2. (if more than one measure for this indicator)		
	# completing measure: _____ # experiencing a positive change: _____			
2. (if more than one indicator for this outcome)				1.
			# completing measure: _____ # experiencing a positive change: _____	
		2. (if more than one measure for this indicator)		
	# completing measure: _____ # experiencing a positive change: _____			
Outcomes(s):	Indicator(s) of Success:	Provincial Outcome & Provincial Indicator Alignment:	Measures Bank Measure Number:	Measure(s):
3. (if more than one outcome)	1.			1.
			# completing measure: _____ # experiencing a positive change: _____	
	2. (if more than one measure for this indicator)			

				# completing measure: _____ # experiencing a positive change: _____
	2. (if more than one indicator for this outcome)		1.	# completing measure: _____ # experiencing a positive change: _____
			2. (if more than one measure for this indicator)	# completing measure: _____ # experiencing a positive change: _____
				# completing measure: _____ # experiencing a positive change: _____

Additional Information

Identify Measurement Tool(s) Used:

Survey
 Observation
 Interview
 Focus Groups

When Measurement Tool(s) Used:

Pre-test/post-test: both before and after your activities
 Post-Only : After Activities
 During your activities

Other output information related to this program/project:

Volunteer involvement related to this program/project only: (if applicable)

of volunteers: _____ **# of volunteer hours:** _____

FUNDING

Other Funders:

Please indicate all other funders for this program. If you have applied for another grant to help fund this program, you are asked to indicate whether or not your organization has been awarded the full amount applied for or if it is still in the application phase. Will you be fundraising for part of the operating expenses, and if so, how much? If you are not granted 100% of your requested amount please use the space below to describe alternative solutions.

Funder Name	Amount requested	Amount confirmed	Pending

Budget:

Please provide a budget specific to the program/project for which you are requesting funding, and indicate very clearly how much funding you are requesting. You may use the attached budget form as a guide to layout and format if you wish. The form itself is an excel document. To activate excel properties, simply double click anywhere in the form and the excel format and formula system will be engaged. You can add, change, or delete any of the revenue or expense categories to suit your organizations focus. If you choose not to use the attached form, please feel free to produce your own and then include it as an attachment in your application package.

Applicants are asked to identify all sources of income, including other grants, self-generated income, and donations in kind. Applicants are also asked to list all anticipated expenditures for the total program / project for the whole funding year. (Operating expenses include both administration and program costs).

Applications will not be considered without a detailed budget.

According to s.4, Prohibited Costs, in the FCSS Regulations:

Expenditures of the program shall not include

(a) the purchase of land or buildings,

(b) the construction or renovation of a building,

(c) the purchase of motor vehicles,

(d) any costs required to sustain an organization that do not relate to direct service delivery under the program,

(e) municipal property taxes and levis, or

(f) any payments to a member of a board or committee referred to in section 3(b) or (j), other than reimbursement for expenses referred to in section 3(l).

Previous Years Financial Statement: Please include with your application a copy of your organization's previous year's audited or reviewed financial statement. Be sure the auditor or reviewer(s) have signed on the balance sheet. If your program's financial statement was not audited or reviewed then please provide what you have, but be prepared for questions. If your organization is just getting started and has not yet generated a financial statement, please indicate that.

Completed By:

Signature

Printed Name

Date: _____

IF POSSIBLE, FCSS WOULD LIKE TO BE ABLE TO RECEIVE YOUR APPLICATION ELECTRONICALLY. IF THAT IS NOT POSSIBLE, THE FORM CAN SIMPLY BE HANDWRITTEN AND SUBMITTED.

FCSS EMAIL ADDRESS: fcss@pinchercreek.ca

FCSS MAILING ADDRESS: Box 2841, Pincher Creek, T0K 1W0

FCSS OFFICE ADDRESS: 962 St. John Avenue (Town Hall)

FCSS TELEPHONE: 403-627-3156

