



Town of Peace River
Family and Community Support Services
2016 GRANTS TO GROUPS Funding Application
Application Deadline: Friday, February 12, 2016

IMPORTANT!

BEFORE APPLYING FOR THIS GRANT, YOUR PROGRAM OR PROJECT MUST BE ELIGIBLE FOR FCSS FUNDING. PLEASE REFER TO THE ELIGIBILITY CHART BEFORE PROCEEDING WITH THIS GRANT APPLICATION.

** If you are unsure about any portion of this application, or you would like assistance in completing the forms, please call our office to set up an appointment with one of our FCSS staff members (780-624-1000).*

**You must be a member of an incorporated not-for-profit organization or charity to submit an application for this funding opportunity. Applications will not be accepted from private individuals or for-profit entities.*

APPLICANT INFORMATION:

Registered name of the society/organization:

Phone: _____

Mailing Address:

Fax: _____

Email: _____

Postal Code: _____

Incorporation No: _____

Contact Name: _____

Date of Incorporation: _____

TYPE OF SUPPORT

Please indicate which type of funding support you are applying for:

- Special Project
 (Short term and not part of the regular operational costs of the organization)
- Operation Grant
 (On-going operational costs, required for offsetting the deficits of providing an existing service)

STRATEGIC DIRECTIONS

Which one of the following STRATEGIES under the FCSS Act BEST fits your proposed project?
 (Please **check the strategy that best applies to your project/program/service** – if no strategies apply – stop filling in this application form and contact the Director of Community Services for consultation. Please **do not** check items that **do not apply**.)

STRATEGIES: CHECK ONLY ONE STRATEGY-THE ONE THAT BEST FITS YOUR PROJECT/PROGRAM

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

EXECUTIVE SUMMARY:

Project Name and Description:

Project Name: _____

Please provide a short description of the proposed project/program:

Target Group: What age group(s) will your project/service serve? (Check all that apply.)

- Children 0-5 years of age
- Youth 6-11 years of age
- Teens 12-18 years of age
- Adults 19 - 25 years of age
- Adults 25 - 65 years of age
- Senior 65 +

Which of the Provincially identified Vulnerable Populations will your program/project support?

- Immigrants
- Children/Youth
- Seniors
- Aboriginal
- Working Poor
- PDD (Persons with Developmental Disabilities)
- Lone Parent Households

Please provide an estimated number of participants: _____ N/A

NOTE: Actual participant numbers will be gathered in your final evaluation. Please keep track of your participant numbers for reporting later on.

SHORT TERM OUTCOMES (Outcome = the change or positive difference)

Positive Change – What sort of positive change will your program/project create in your clients/participants as a direct result of your program/service. Please check the SHORT TERM OUTCOME (change) listed below, that best suits your program.

Check **ONE ONLY**:

Note: If your program is directed at youth 0-18 years of age, then please check “Children and Youth will develop positively”. Then complete the next section to let us know which assets you will be developing through your program.

For Individuals:

- Individuals** (Over 18 years of age) will experience personal well-being
- Individuals** (over 18 years of age) will be connected with others
- Children and youth will develop positively (Developmental Assets)** (Please complete the next section as well)

Families:

- Healthy functioning within **families** will increase
- Families** will have an increased knowledge of social supports

Community:

- The **community** will be more connected and engaged
- Community** social issues will be identified and addressed

If you checked Children and Youth will develop positively, please complete this section as well.

Please check the assets that best relate to your program/initiative. Check all that apply.

- Family Support** | Family life provides high levels of love and support.
- Positive Family Communication** | Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
- Other Adult Relationships** | Young person receives support from three or more nonparent adults.
- Caring Neighborhood** | Young person experiences caring neighbors.
- Caring School Climate** | School provides a caring, encouraging environment.
- Parent Involvement in Schooling** | Parent(s) are actively involved in helping the child succeed in school.
- Community Values Youth** | Young person perceives that adults in the community value youth.
- Youth as Resources** | Young people are given useful roles in the community.
- Service to Others** | Young person serves in the community one hour or more per week.
- Safety** | Young person feels safe at home, school, and in the neighborhood.
- Family Boundaries** | Family has clear rules and consequences and monitors the young person's whereabouts.
- School Boundaries** | School provides clear rules and consequences.
- Neighborhood Boundaries** | Neighbors take responsibility for monitoring young people's behavior.
- Adult Role Models** | Parent(s) and other adults model positive, responsible behavior.
- Positive Peer Influence** | Young person's best friends model responsible behavior.
- High Expectations** | Both parent(s) and teachers encourage the young person to do well.
- Creative Activities** | Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
- Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
- Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
- Time at Home** | Young person is out with friends "with nothing special to do" two or fewer nights per week.
- Achievement Motivation** | Young person is motivated to do well in school.
- School Engagement** | Young person is actively engaged in learning.
- Homework** | Young person reports doing at least one hour of homework every school day.
- Bonding to School** | Young person cares about her or his school.
- Reading for Pleasure** | Young person reads for pleasure three or more hours per week.
- Caring** | Young Person places high value on helping other people.
- Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
- Integrity** | Young person acts on convictions and stands up for her or his beliefs.
- Honesty** | Young person "tells the truth even when it is not easy."
- Responsibility** | Young person accepts and takes personal responsibility.
- Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.
- Planning and Decision Making** | Young person knows how to plan ahead and make choices.
- Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
- Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
- Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
- Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.
- Personal Power** | Young person feels he or she has control over "things that happen to me."
- Self-Esteem** | Young person reports having a high self-esteem.
- Sense of Purpose** | Young person reports that "my life has a purpose."
- Positive View of Personal Future** | Young person is optimistic about her or his personal future.

OUTCOME MEASURES:

Statement of Need - What is the overall issue your project/service is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For Example: Phone requests for service, client requests, current gap in services in relation to this service/need.)

Strategy - What strategies will your project/service use to address this issue?

Rationale - Explain why you believe this strategy or approach will work. The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we teach people different parenting tools and strategies, then parents will be able to apply these tools and improve their parenting skills." **Include evidence** based research if possible.

Inputs - What resources are you and/or your group dedicating to this project/service? (Staff, money, materials, partners, volunteers, in-kind services?)

Staff

How many _____ Estimated number of hours? _____

Volunteers

How many _____ Estimated number of hours? _____

Funding

How much? _____

In-kind services

Please list: _____

Materials:

Workbooks

Copying

Stationary

Other: _____

Partners

Who? _____

If you have other inputs that you will be providing to the program, please list them here:

Outputs - What services will your organization/group be providing (workshops, presentations, meetings, other services)?

Meeting time

How many will be offered? _____ How long will they be? _____

How often will they be offered (once per week, monthly, etc)? _____

Workshops

How many will be offered? _____ How long will they be? _____

How often will they be offered (once per week, monthly, etc)? _____

Presentations

How many will be offered? _____ How long will they be? _____

How often will they be offered? (once, series) _____

Please add any additional outputs you may be providing to this program/project:

Data Collection/Measurement Tools - What tools will you use to measure your success?

- Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)
- Post (End of Program) Survey only (programs that are less than 2-3 sessions)
- Pre and Post Interviews with clients/participants (for programs that last more than 3 sessions)
- Post Interview with clients/participants, only (for programs that only last 2-3 sessions)
- Observations
- Checklist (where participants are monitored through the program and as they achieve milestones, these milestones are checked off as being learned or achieved.)
- Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)
- Other:
Please explain what **other** form of measurement you will be using to measure positive difference:

IMPORTANT NOTE: If your application is approved, FCSS may ask that you include a targeted question to use in your survey(s). Groups that use FCSS specific questions will be helping us to provide data that strengthens the results that we provide to our Ministry. We ask that you make sure to collect the results from this question or set of questions and provide the data back to us on your Evaluation Form. It is to your organization's benefit that you utilize these measurement questions/methods as it provides our Board and our funders with evidence of the positive difference that your project/initiative has provided to the community.

You will be asked to include a blank copy of your Measurement Question with your Grant Evaluation. We will not require copies of the actual surveys that were completed by your participants, please keep these surveys according to your organization's retention policies.

COORDINATION AND COMMUNICATION:

Similar Services: Please identify other organizations in the Peace Region that provide similar services/programming.

Are there any other groups or organizations in Peace River that offer similar services to your program/project?

Yes No

If yes, what are the names of these organizations and the program that may be similar to yours?

Will your organization be partnering (networking, sharing information, sharing funding, sharing clients/participants) with the above organization(s)?

Yes No

If not, why not?

It is to your benefit to partner with agencies that provide similar services to both increase communication, while and decreasing any duplication of services. Partnership means that resources are being utilized effectively and specific aspects to a project are being shared.

Should you receive partial funding for your project, what would partial funding **realistically** mean for your overall project/service? What portions of your services would it affect?

Please note: Programs/projects are not typically awarded their full amount through Grants to Groups and the funding amount is dependent on the number of groups applying during the current funding cycle.

Would your program/project be able to be offered with partial funding? Yes No

Have you sought out additional funding from other funding sources for this project/program? Yes No

If yes, from what sources? (Please remember to list these sources on the budget sheet attached)

If yes, have any of these funding sources been confirmed? Yes No

If you have not sought out additional funding sources, why not?

If you do not receive full funding, how will you prioritize your programming? What parts might not get done?

Additional Information: Please provide any additional information you feel may help your application. Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

Note:

Thank you for your information thus far, please also ensure that you fill in the attached budget summary, included on the next page of this application. You **MUST** use the budget that is attached. Other financial information will not be necessary for this grant application, unless requested by Family and Community Support Services.

Family and Community Services will be contacting you should further clarification be required. Please ensure that your contact information on the first page of this application is the best way to contact you and that the information is accurate and printed clearly.

PROPOSED BUDGET

NOTE: APPLICANTS MUST USE THIS FORM ONLY; ALTERNATE BUDGET SPREADSHEETS WILL **NOT** BE ACCEPTED. PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE ON THIS SPREADSHEET.

Proposed Expenditures	Proposed Amount
Please provide all budget details below:	Provide proposed expenditure amount
Personnel	
Travel/Training	
Materials & Supplies	
Facility Costs	
Other	
Total Proposed Expenditures	
Proposed Revenue - Provide all sources of revenue below, including in-kind services and/or donations.	Provide proposed revenue amount
Total Proposed Revenue	
FCSS Funding Request:	

Thank you for your submission.