

**FAMILY AND COMMUNITY SUPPORT SERVICES  
COMMUNITY GRANTS APPLICATION FORM  
2010**

**Due: FEBRUARY 16, 2010**



Personal information provided on this funding application is protected by the privacy provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions please contact the FOIPP Coordinator for the relevant municipality.

Application to:

- M.D. of Foothills
- Town of Black Diamond
- Town of High River
- Town of Okotoks
- Town of Turner Valley
- Village of Longview

1. Name of Organization/Agency:

2. Mailing Address:

3. Contact Person:  
 Telephone:  
 Fax:  
 E Mail:

Position:

4. Project Name:

5. Project Description (50–100 words summarizing the project)

6. Amount of FCSS Funding Requested in 2010:

M.D. of Foothills	\$
Town of Black Diamond	\$
Town of High River	\$
Town of Okotoks	\$
Town of Turner Valley	\$

Village of Longview \$

7. Did Your Organization Received F.C.S.S. Funding in 2008 or 2009?

Please indicate the amount for each year:

M.D. of Foothills	\$
Town of Black Diamond	\$
Town of High River	\$
Town of Okotoks	\$
Town of Turner Valley	\$
Village of Longview	\$

8. Type of Organization:

- Municipal
- Incorporated Society-Registration Number # \_\_\_\_\_
- Professional Corporation/Limited Company
- Non Profit Organization
- Other-Please specify \_\_\_\_\_

9. Organization/Agency Information:

Board of Directors

<u>Name</u>	<u>Position</u>
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Staff Members

Number of Full Time Staff	Position(s)
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Number of Part Time Staff	Position(s)
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10. Describe any other organizations in the community that provide similar services?

11. List your Community Partners

**12. Prevention-**

**The Province of Alberta annually provides funds to municipalities for Family and Community Support Services. The municipalities have dedicated a portion of these funds to Community Grant Programs. Services provided using these funds must meet the Provincial FCSS Regulation Service Requirements.**

**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 help sustain people as active participants in the community**

**This is to certify that to the best of my knowledge and belief, the information included in this funding application complies with the requirements and conditions set out in the Provincial FCSS Regulation Service Requirements.**

**Name (Agency Signing Authority)**

**Position**

## ***PROJECT LOGIC MODEL***

**13. Agency/Project Vision:**  
**(Desired social condition. May be your agency's existing vision statement)**

**14. Agency/Project Mission:**  
**(Unique role in working towards the desired social condition)**

**15. Statement of Need:**  
**(What community need does this program address)**

**16. Strategy**  
**(How will the program address this community need)**

**17. Rationale**  
**(An explanation of why you believe this strategy or approach will work, include research if possible.)**

**18. Goals**  
**(General statements of what you are attempting to achieve.)**

**19. Inputs: List resources dedicated to the project.  
(Attach current Project Budget, current Organization Budget here and Financial Statement for the previous year. The Fundraising strategies for your organization can also be placed here.)**

**20. Activities  
(Specific ways/actions you will use to work towards your goals.)**

**21. Outputs**  
 (Please report the direct product of your activities, usually measured by volume of work accomplished IN THE PREVIOUS YEAR. Must include number of clients, number of volunteers and volunteer hours. Other outputs may include number of training sessions, number of workshops, and number of community development projects.)

**Clients Served In Previous Year:**

	M.D. Foothills	Black Diamond	High River	Okotoks	Turner Valley	Village of Longview
Youth Under 12						
Youth 12-17						
Adults						
Seniors (Over 65)						

**IF THIS IS A NEW PROJECT, how many clients in each Municipality do you expect to serve annually?**

M.D. Foothills	Black Diamond	High River	Okotoks	Turner Valley	Village of Longview

**Volunteers**

**How does the project promote, encourage and facilitate the use of volunteers?**

**Number of volunteers involved in previous year:**

**Estimated Volunteer Hours in previous year:**

**IF THIS IS A NEW PROJECT, how many volunteers do you expect to be involved this year?**

**Estimated volunteer hours:**

**22. Expected Outcomes:**  
**(Statements which describe the difference the agency/project intervention will make in the short term, intermediate and long term)**

**23. Indicators of Success:**  
**(Concrete things that are seen or heard which provide evidence that you are achieving your outcomes. There should be an indicator of success for each outcome).**

**Short-Term**

**Mid-Term**

**Long-Term**

**24. Measurement Tools:**  
**(Please identify measurement tools. List means by which you collect information to measure your outcomes, for example; surveys, focus groups, personal interviews. Do not include as attachments.)**