



# 2021 Community Grant Application Clearwater Regional FCSS

## Submission Deadlines:

**January 1, 2021** at 12:00 pm

**March 1, 2021** at 12:00 pm

**May 1, 2021** at 12:00 pm

**October 1, 2021** at 12:00 pm

**DROP-OFF:** Clearwater Regional FCSS Office  
5332-50 Street  
Rocky Mountain House, AB

**MAIL:** Clearwater Regional FCSS Office  
PO Box 1509  
Rocky Mountain House, AB  
T4T 1B2

**EMAIL:** [fcssmanager@rockymtnhouse.com](mailto:fcssmanager@rockymtnhouse.com)

**PHONE:** Andrea Vassallo – (403) 847-5270

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## GRANT APPLICATION CHECKLIST

- Detailed budget is attached for the grant application indicating exactly where FCSS dollars will be spent
- Organization's Budget for the current year
- Most current audited financial statements, attached
- List of current board members including name and position
- Application is fully completed
- Application is **signed**
- A digital copy of the application has been emailed to the FCSS Manager: [fcssmanager@rockymtnhouse.com](mailto:fcssmanager@rockymtnhouse.com)
- A copy of the **signed** application has been delivered to the FCSS Office



Total Non-FCSS Funding for Project:	2021 FCSS Funding Requested:	Previous FCSS Funding:
Name:         \$: Name:         \$: Name:         \$: Name:         \$: Name:         \$: Name:         \$: Name:         \$:	\$	2020:  2019:  2018:  2017:  Other:

**1. WHAT IS YOUR 3-YEAR SUSTAINABILITY PLAN? FCSS FUNDING CANNOT BE GUARANTEED YEAR-TO-YEAR.**

Start typing here - boxes will expand



2. CONTACT INFORMATION	
Project Name	
Organization Name	
Mailing Address	
Postal Code	
Contact Person	
Title	
Phone Number	
Email Address	
Alternate Contact Person	
Title	
Phone Number	
Email Address	

3. TYPE OF ORGANIZATION	
<input type="checkbox"/> Alberta Societies Act Registration Number:	<input type="checkbox"/> Government Agency:
<input type="checkbox"/> Charitable Number (if applicable):	<input type="checkbox"/> Other (please specify):

4. ORGANIZATION INFORMATION
Please provide a brief overview of your organization (i.e. Mission/Vision, mandate, history).



5. PROGRAM OVERVIEW	
<b>Program/Project Title:</b>	
<b>Issue Identification:</b> <b>What</b> community issue, need or situation are you responding to?  <u>For example:</u> Youth are exhibiting some poor choices and risk behaviors, youth have been seen loitering & doing drugs.	
<b>Overall Goal:</b> <b>What change or impact do you want to achieve?</b>  <u>For example:</u> We want to see seniors that are connected and engaged and supported to thrive.	
<b>Broad Strategy:</b> <i>How are you going to address the issue, need or situation? (What are the actions/steps/activities) i.e. Workshops, counselling, community forums etc.</i>  <u>For example:</u> I'm going to provide a 12-week course on parenting that's facilitated by a social worker.	
<b>Who is served:</b>  <i>Target Group</i>  <u>For example:</u> Seniors living alone, community members, dads who are single-parenting on a low income, etc.	



<p><b>Rationale:</b></p> <p><i>Why will your plan help you to achieve your goals?</i></p> <p><i>What evidence do you have that this strategy will work?</i></p> <p><u>For example:</u> <i>If I run a 12-week parenting course, then parents will have better parenting strategies, leading to healthier functioning in the family. Or, research shows that if..., then...</i></p>	
<p><b>Relevant Statistics:</b></p> <p><i>Please include relevant statistics from previously done programs or programs from successful communities.</i></p> <p><u>For example:</u> 1 in 5 people experience a mental health issue within their lifetime. Suicide is the second-most leading cause of death in adolescents.</p>	
<p><b>Partners:</b></p> <p><i>Who &amp; what resources does each Partner bring to the program/project (i.e. Money, staff, knowledge etc.)</i></p>	

**6. ARE THERE SIMILAR PROJECTS BEING OFFERED IN YOUR SERVICE AREA? IF YES, HOW DOES YOUR PROJECT DIFFER FROM EXISTING PROJECTS?**

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**7. ANTICIPATED NUMBER OF ATTENDEES:**

**8. OUTCOMES** *\*\*\*Please contact FCSS Office for assistance\*\*\**

Outcome Measured:	Indicator(s) of Success: (How will you know this outcome has been achieved?)	Provincial Outcome & Indicator Alignment:	Measures Bank Measure Number:	Measure(s): Outcomes Measures Bank spreadsheets: <a href="https://www.rockymtnhouse.com/p/fcss-family-community-support-services-">https://www.rockymtnhouse.com/p/fcss-family-community-support-services-</a>
<i>EXAMPLE</i> Improved Social Well-Being of Individuals	<i>Participants report that they are better at getting through hard times because they believe in themselves.</i>	<i>Individual Outcome #1: Individuals experience personal well-being. Indicator – Resilience: the extent to which people are able to deal with life’s difficulties.</i>	<i>PM1</i>	<i>As a result of (program name), I am better at getting through hard times because I believe in myself.</i>
1.				
2.				
3.				



**9. ADDITIONAL INFORMATION**

**Identify Measurement Tool(s) Used:**

Survey       Observation       Interview       Focus Groups

**When will you survey your attendees?**

Before and after (preferred)       Just after

**DECLARATION:**

**I declare that** all information in this application is accurate and complete and that the application is made on behalf of the organization named on Page 3 with its full knowledge and consent and complies application criteria.

If any program or project funding remains, I will contact the FCSS Office immediately, so the funds may be redistributed before year-end.

The organization will fully spend funds by December 31, 2021 and submit a final report by January 31, 2022.

**I acknowledge that** should this application be approved, I/my organization will have entered into a funding agreement, which will outline the terms and conditions.

Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**By Mail:**

Clearwater Regional FCSS  
Box 1509  
Rocky Mountain House, AB  
T4T 1B2

Questions? Please contact:  
Andrea Vassallo at (403) 847-5270  
**email:** fcssmanager@rockymtnhouse.com



<b>Sample Project Budget</b>			
<b>REVENUE</b>	<b>AMOUNT</b>		
Donations			
Fundraising			
Registrations			
FCSS Grant Request			
Other Grant			
<b>TOTAL:</b>	<b>\$ -</b>		
<b>EXPENSE</b>	<b>AMOUNT</b>		
Administrative Costs			
Advertizing			
Telephone & Internet			
Honorariums & Gifts			
Insurance			
Meeting Expenses			
Rent			
Office Supplies			
Computer Equipment			
Food & Refreshments			
Program Supplies			
Subsidies			
Speaker			
Training			
Travel			
Utilities			
Volunteer Support			
Wages			
Other Expenses			
<b>TOTAL:</b>	<b>\$ -</b>		
<b>***Please indicate where FCSS funding will be spent.</b>			