

2024 FUNDING APPLICATION

Ponoka Family & Community Support Services (FCSS)

Vision:

A caring and supportive community assisting its people

Mission:

Building a safe and caring community through quality programs and services

| Organization Name | Project Name | Amount Requested |
|---|--------------|------------------|
| (this is where your cheque will be written if successful) | | |

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) STATEMENT

This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer FCSS funding. The aggregate data will be used by Community Services for program planning and evaluation. All information gathered by Ponoka FCSS is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the Ponoka FCSS Director at 403-783-4462

| | | |
|--|--|---|
| <p>Mail to: Ponoka FCSS Attn: Shannon Boyce P.O. Box 4004 Ponoka, Alberta T4J-1R5</p> | <p>Drop off: Ponoka FCSS Attn: Shannon Boyce 5006-52 Avenue Ponoka, Alberta</p> | <p>Email: Ponoka FCSS Attn: Shannon Boyce shannon@ponokafcscs.net <i>*An original signed document will still be required*</i></p> |
|--|--|---|

Ponoka FCSS respectfully acknowledges that we are on and work on the traditional lands of the Indigenous People (Inuit, First Nations, Metis) of Canada. We honour the ancestry, heritage and gifts of the Indigenous Peoples and give thanks to them.

WHAT IS FCSS?

FCSS is a partnership between the Province, Municipalities and Metis Settlements that develops locally driven **preventative social initiatives to enhance the well-being of individuals, families, and communities.**

WHAT PROJECTS AND SERVICES MAY BE OFFERED THROUGH FCSS?

Services under the project must:

- ❖ Be of a preventive nature that enhances the social well-being of individuals and families through the promotion or intervention strategies provided at the earliest opportunity; and
- ❖ Do one or more of the following:
 - Help people to develop independence, strengthen coping skills and become more resistant to crisis.
 - Help people to develop an awareness of social needs.
 - Help people to 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.

| | | |
|------------------------------|-----|----|
| Are you a government agency? | YES | NO |
|------------------------------|-----|----|

| | | |
|---|-----|----|
| Is the project you are applying for recreational in nature? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Are you applying for funds that provide direct assistance (ex. money, food, clothing, shelter) to an individual(s)? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Are you applying for funds that provide services or programming that is rehabilitative, such as direct treatment or counseling? | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| Is the project or service a duplication of services provided by any level of the government? | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| Is the project or service a capital expenditure? | YES | NO |
|--|-----|----|

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| | | |
|---|-----|----|
| Is the project or service preventative in nature? | YES | NO |
|---|-----|----|

Organization Information

| | | |
|--|--|---------------------|
| “Registered” Name of Organization: | | |
| Mailing Address: | | Postal Code: |
| Telephone #: | | |
| Fax #: | | |
| E-Mail Address (if applicable): | | |
| Website Address (if applicable): | | |
| Executive Director/Principal/Agency Manager _____ | | |
| Finance Contact (within Agency): _____ Phone number: _____ | | |
| Email: _____ | | |
| Board Chair /Person with signing authority | | |
| Name: _____ | Home Phone: _____ City & Postal Code: _____ | Home Address: _____ |
| Board Member (with signing authority) | | |
| Name: _____ | Home Phone: _____ City & Postal Code: _____ | Home Address: _____ |

Is your organization registered as a Society and in good standing? Yes No

Society Registration Number

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Declaration of Board Members

In making this application, we, the undersigned Board Members/Principal/Governing Body of the Applicant, hereby represent to the Ponoka FCSS Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.

Signature of Board Chair or Authorized
(with signing authority)

Signature of Board Member or Executive Director
(with signing authority)

Month/Day/Year

Month/Day/Year

Please Provide Agency Mission, Vision, and Values

Does your organization have policies on the following?

| | | | |
|--------------------|------------------------------|-----------------------------|---------------------|
| Board of Directors | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Financial | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Human Resources | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Program | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Volunteer | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |
| Risk Management | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date last reviewed: |

Which positions (both staff and Board) have signing authority for your organization?

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Do you have your budget completed for the year you are applying for funding for YES NO

(If yes please attach a copy or submit upon completion)

How often does the Board/Executive/Principal review the financial position of the agency/organization? _____

Please complete the following information regarding your organizations board of directors/governing body. If you do not operate under a board, please list the people responsible for funds and decision making.

| Name | Board Position | # of years on the board |
|------|----------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Frequency of Board Meetings or Equivalent: _____

Minimum number of Board Members in accordance with your By-Laws _____

Date of next Annual General Meeting: _____

Do you have a strategic or long-term plan in place for your organization?

YES NO

If yes, please attach a copy of the plan.

PROGRAMMING/PROJECT YOU ARE APPLYING FOR FUNDING FOR:

Project Name

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Brief Description – What you are going to do?

Timeline (when will the project/program begin and when is the expected end date)

Purpose – Why are you doing this?

Activity Plan – This can vary dependent on the application (a specific weekend, ongoing 1X per week.)

IF YOU HAVE RECEIVED FUNDING FROM FCSS IN THE PAST, WHAT CHANGES HAVE BEEN MADE TO THE PROGRAM AND FOR WHAT REASON? (Include rationale documentation i.e., client satisfaction surveys, parent feedback, changes to needs etc.)

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What FCSS outcome(s) will you be using to measure the success of the program? (FCSS E.D. will provide you with provincial FCSS outcome requirements, that you are able to utilize and measure-Choosing 1-3 outcome measures per project is ample.)

How will you measure/evaluate the identified outcome(s) of the project (surveys, interviews, questionnaires, etc.)?

Provincial FCSS Program Options - Please check all those that apply to your project

- Services that provide for the social development of children and their families.
- Services that enrich and strengthen families' lives by developing skills so people can function more effectively within their own environment.
- Services that enhance the quality of life of the retired and semi-retired.
- Services to promote, encourage and support volunteer work in the community.
- Services to assist communities with identifying their social needs and developing responses to meet those needs.
- Services to inform the public of available services

Provincial FCSS Strategic Directions – Please check all those that apply to your project

- Helps people to develop independence, strengthen coping skills and become more resistant to crisis.
- Helps people to develop an awareness of social needs.

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- Helps people to develop interpersonal and group skills which enhance constructive relationships among people.
- Helps people and communities to assume responsibility for decisions and actions which affect them.
- Provides support that helps sustain people as active participants in the community.

List all partner agencies and **projected funding sources** for your next fiscal year.
What role will they play with your group or agency and what funds will they contribute?

Describe how volunteers will contribute to the Ponoka FCSS Funded Program. How many volunteers do you anticipate will assist you with this project? What role will they play?

Ponoka FCSS is required to provide an annual report to the Province of Alberta regarding the expenditures of FCSS Funds using the categories below. **Please detail your predictions of attendees of your application. The actual attendees will be included in your grant reporting if you are successful in your application.**

Target Group:

| # Participants | AGE | % |
|----------------|--------------------|---|
| | 0 - 5 | |
| | 6 - 11 | |
| | 12 - 18 | |
| | Young Adults 19-25 | |
| | Adults 26-64 | |
| | Seniors 65+ | |

The next section of this application deals with the Project Budget.

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- Note that not all budget categories may pertain to your project.
- If there is something in your budget that is not listed on the attached budget sheet, please specify under "Other".
- **In the first column, indicate where FCSS funds are being allocated**

| Expenses | ✓ | Budget 2024 | Actual for 2023 (if applicable) | Variance and rationale if possible |
|-------------------------------|---|----------------|---------------------------------------|---------------------------------------|
| Advertising/Promotion | | | | |
| Equipment maintenance/repairs | | | | |
| Equipment Purchases | | | | |
| Honorariums | | | | |
| Insurance | | | | |
| Personal Protective Equipment | | | | |
| Presenters/Contracts | | | | |
| Professional Development | | | | |
| Project Supplies/Materials | | | | |
| Rent | | | | |
| Salary/Wages | | | | |
| Telephone/Communications | | | | |
| Travel & Subsistence | | | | |
| Volunteer Training | | | | |
| Volunteer Recognition | | | | |
| Other _____ | | | | |
| Other _____ | | | | |
| TOTAL EXPENSES | | | | |
| SURPLUS or (DEFICIT) | | | | |

TOTAL FCSS FUNDING REQUESTED: \$ _____

External Agencies that receive FCSS project funding are required to recognize this funding by way of any public service announcement and/or any promotional materials, as well as acknowledgement of partnership for the project funded.

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PLEASE NOTE THE FOLLOWING IF THE APPLICATION IS SUCCESSFUL

You will be required to create an Outcomes Measurement Plan (a simple and non-onerous task)

- The following documentation is required for funding applications:**

| Attached (please check) | Attachment Number | Description | # of Copies Required |
|---|----------------------|---|-------------------------|
| Required Attachments for All Program Funding Requests (If not available at time of application please submit ASAP) | | | |
| <input type="checkbox"/> | 1 | Current list of agency Board of Directors (template provided on page 5 of application). | 1 |
| <input type="checkbox"/> | 2 | Most recent agency audited financial statements. | 1 |
| <input type="checkbox"/> | 3 | Most recent Annual Report or Minutes of the last Annual General Meeting. | 1 |
| <input type="checkbox"/> | 4 | Strategic Plan or Long-Range Plan. | 1 |
| <input type="checkbox"/> | 5 | Current Bylaws (please submit a copy of your current bylaws, even if no amendments have been made). | 1 |
| <input type="checkbox"/> | 6 | Agency Organizational Chart (including titles and names). | 1 |
| <input type="checkbox"/> | 7 | Agency Current Year Budget (or provide when completed). | 1 |
| <input type="checkbox"/> | 8 | Copy of Certificate of Insurance Coverage. Showing date of current coverage and a minimum of \$2,000,000 in general liability coverage. | 1 |

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IF SUCCESSFUL, YOUR ORGANIZATION WILL BE REQUIRED TO REPORT BACK TO FCSS BEFORE THE CALENDER YEAR END, UNLESS OTHERWISE ARRANGED WITH THE FCSS E.D.

(Details of the reporting requirements will be shared, pending success of application)

Reminder: External Agencies that receive FCSS project funding are required to recognize this funding by way of any public service announcement and/or any promotional materials, as well as acknowledgement of partnership for the project funded.

Although, if successful you will receive a reporting requirement document, please keep in mind the following “basic” requirements

- A detailed financial accounting of funds received
- # Of Volunteers and Volunteer Hours
- Stories that describe the significant impact and continuous quality improvement (changes to be made)
SUCCESS STORIES ARE IMPORTANT
- And to assist Ponoka FCSS in being proactive to the needs of the community; please list and describe any emerging community and/or organizational issues/trends you have observed in the last year. These observations are not necessarily the focus of your organization but are simply a need in the community your organization feels exists.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE REACH OUT TO OUR EXECUTIVE DIRECTOR.

(Contact information provided on front page)

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