

Funding Application for Amounts \$3000 or less

2024

SMALL GRANTS 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

<p>Organization Name</p> <p>(This is where your cheque will be written to if successful)</p>	<p>Project Name</p>	<p>Amount Requested</p>
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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@ponokafcss.net <i>*An original signed document will still be required*</i></p>
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SMALL GRANT FUNDING OPPORTUNITIES

- Applications will be reviewed at regularly scheduled board meetings (currently the second Monday of the month with the exceptions of December, July, and August)
- Projects must be ready to begin prior to the FCSS fiscal year end (Dec 31, 2024) or an extension can be requested.
- Projects must begin after application; projects will not be funded retroactively.
- If you require any additional information regarding eligibility or assistance with the application, please call the FCSS office (403.783.4462) and ask to talk to Executive Director Shannon Boyce-Campbell

PLEASE READ: Eligible projects, services and expenditures must adhere to legislated requirements, and it is recommended that you review FCSS PROGRAM HANDBOOK and reference it, if possible, in your application. <http://www.humanservices.alberta.ca/documents/FCSS-Program-Handbook.pdf> There is also other FCSS directed surveys that would prove beneficial for you to review. Contact Shannon Boyce-Campbell for further information.

According to the FCSS Regulations, participating municipalities and Metis settlements are obligated to “promote, encourage and facilitate the development of stronger communities.”

- It identifies that there are 3 levels of Prevention including, Primary, Secondary and Tertiary. FCSS programs focus on primary prevention (community development) and secondary prevention (community-based services)

Whether an FCSS Program wants to provide services or facilitate others to provide services, the role of FCSS’s is to ensure community involvement and input to make change happen.

Whatever the approach preventative social services provided by FCSS Programs will be:

- 1) orientated to the future, not the past.*
- 2) focused on a group in the community or section of the community, rather than the individual*
- 3) innovative and locally determined*
- 4) carried out in the cooperation with other organizations and/or*
- 5) designed to encourage self-help, volunteerism, and capacity building so people can help themselves.*

We support programs that.

- Assist communities to identify social needs and develop responses to meet those needs.
- Promote, encourage, and support volunteer work.
- Inform the public of available services.
- Promote the social development of children and families.
- Enrich and strengthen family life.
- Enhance the quality of life of the retired and semi-retired.

PART A Project Details

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.



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Project Name: _____

Are those who will be participating Town of Ponoka and Ponoka County Residents only? Y/N

Primary Contact Information

Full Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

1. Please describe your project. What will you do? Where? When?

2. What difference do you hope your project will make to those involved?

3. What will participants &/or administration contribute to the project? (i.e., time, partial cost coverage, meeting space etc.)

NUMBER OF PROJECTED PARTICIPANTS? _____

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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.**

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

4. Please complete the Project Budget (in its entirety) and indicate what the FCSS funding will be used for specifically. (can use checkmark in first column to indicate)

FCSS Funding Request	Item/Activity Examples: facility rental, instructor costs, travel expenses	Total Cost of Item/Activity

Total Project Cost \$ _____

Contributions from others \$ _____

Total amount of FCSS Grant Request: \$ _____

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** Please ensure the total amount of FCSS funding requested matches the line items checked off above**

5. Who, or what agency will also be helping you with your project? What will they contribute? What will they do?

6. How will you know that your project has been successful? What measurement will you use and provide to FCSS (e.g., number of attendees, number of sessions held, surveys)?

PART B Agreement

By signing and submitting this application, you are agreeing to the following terms and conditions.

1. Ponoka FCSS must be recognized in some capacity as a contributor to the event (e.g., on the poster).
2. The applicant must expend the funds received in accordance with their application.
3. **The applicant must complete and submit a financial report of income and expenses, participant feedback and if possible, pictures and stories of celebration and recommendations for change NO later than Dec 31, 2023.**
4. FCSS staff must be notified if any change occurs that may result in the inability of the applicant to deliver the project identified in the application.
5. Any unspent funds allocated through this program to the successful project will be returned to Ponoka FCSS or an extension will be requested.
6. Ponoka FCSS reserves the right to cancel the grant funding with reasonable cause and provide 30 days written notice.

PART C Authorization

This application must be signed by the primary contact and participating households who are involved with this project.

By signing below, I confirm that all information submitted within this application, including Part A and part B, is true, complete, and accurate to the best of my knowledge.

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Primary Contact

Full Name _____ Signature _____ Date _____

Second Contact

Full Name _____ Signature _____ Date _____

Third Contact

Full Name _____ Signature _____ Date _____

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.

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)