

## Funding Application for School Based Programs

2025

SCHOOL BASED  
GRANT/SPONSORSHIP  
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  (This is where your cheque will be written to, if successful)	Project Name	Amount Requested
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**PLEASE NOTE: PONOKA FCSS ONLY ABLE TO SUPPORT PROGRAMS WITHIN THE TOWN OF PONOKA AND/OR THE EAST SIDE OF PONOKA COUNTY (EAST OF 5<sup>TH</sup> Meridian)**

**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

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.

## Funding Application for School Based Programs

<b>Mail to:</b> Ponoka FCSS Attn: Shannon Boyce P.O. Box 4004 Ponoka, Alberta T4J-1R5	<b>Drop off:</b> Ponoka FCSS Attn: Shannon Boyce 5006-52 Avenue Ponoka, Alberta	<b>Email:</b> Ponoka FCSS Attn: Shannon Boyce <a href="mailto:shannon@ponokafcss.net">shannon@ponokafcss.net</a> <i>*An original signed document will still be required*</i>
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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 completed prior to the FCSS fiscal year end (Dec 31, 2024) or an extension be requested for reporting. **Non-reporting will result in future applications being denied until reporting is completed.**
- 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 IN ENTIRITY:

- Eligible projects, services and expenditures must adhere to legislated requirements, and it is recommended that you review FCSS PROGRAM HANDBOOK and reference it in your application.  
<http://www.humanservices.alberta.ca/documents/FCSS-Program-Handbook.pdf> It is also recommended that you are familiar with and if possible reference the Family and Community Support Services Accountability Framework <https://open.alberta.ca/publications/family-and-community-support-services-accountability-framework> and the FCSS ACT. [https://kings-printer.alberta.ca/570.cfm?frm\\_isbn=9780779830541&search\\_by=link](https://kings-printer.alberta.ca/570.cfm?frm_isbn=9780779830541&search_by=link)
- There are also current Ponoka FCSS and stakeholder directed surveys that would prove beneficial for you to review. Contact Shannon Boyce-Campbell for further information.
- *The approach to 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.*

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- 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

**Project/Event Name:** \_\_\_\_\_

**Are the students/participants who will be participating Town of Ponoka and/or the East ½ of Ponoka County only? Y/N**

**Primary Contact Information**

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Please describe your project. What will participants be doing? Where will the event be held? Dates?
2. What FCSS related measurable outcomes will you be monitoring for this project/event? (For clarity, please contact FCSS) Example: My school community involves me in planning, choosing or leading activities.

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3. How does this project align with your schools, and/or school divisions and/or Alberta Educations Performance Measures and Outcomes? (please provide current insight and explain how it will be measured)

EXAMPLES: (Alberta Education)

Students will be asked via a survey if the program/event has helped them learn the importance of caring for others.

Students report they are better equipped to access the support and services they need to achieve success.

Students that participated in the program indicate a reduction of barriers as a result of the program.

4. What will participants &/or administration contribute to the project? (i.e., time, partial cost coverage, facility, transportation fees etc.)

5. Does your school have a parent council? If so, have they been involved in any fundraising for the project or initiative?

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+	

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6. 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)

Indicate if you are requesting FCSS To Fund or who will funding (examples in blue)	Item/Activity Examples: facility rental, instructor costs, travel expenses	Total Cost of Item/Activity
FCSS	Registration fees	\$500
Parents/Students	Busing Fees	\$750

Total Project Cost \$ \_\_\_\_\_

Contributions from others \$ \_\_\_\_\_

Total amount of FCSS Grant Request: \$ \_\_\_\_\_

From where will the project be getting additional support? What will they contribute? What will they do?

Example: Parents will provide volunteer time to host the event

## 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 changes (in the event of the program running again) NO later than the last business day in December of the year of application. If reports are not received, future applications may be jeopardized.**
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.

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5. Any unspent FCSS funds allocated to this program will be returned to Ponoka FCSS prior to the last business day in December of the year of application, 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 school principal.**

By signing below, I confirm that the above information was read and all information submitted within this application, true, complete, and accurate to the best of my knowledge.

#### Primary Contact

Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Second Contact (if applicable)

Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### School Principal

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
- 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)