



2020 FCSS Grant Application

DEADLINE FOR SUBMISSIONS:
Monday, July 15, 2019
at 12:00 noon

Mail completed application and required attachments to:

**City of Beaumont
Family & Community Support Services
5600 49 Street
Beaumont AB T4X 1A1**

Or drop off completed application to:

**Family & Community Support Services
5817 Rue Eaglemont
Beaumont, AB**

For Information, please contact:

**Kim Williston
FCSS Director
780-929-1006
kim.williston@beaumont.ab.ca**

**Margaret Munchrath
FCSS Administrative Assistant
780-929-1006
margaret.munchrath@beaumont.ab.ca**

City of Beaumont FCSS Grant Application

SECTION A: Organization Information

Name of Organization:	
Mailing Address:	
Telephone No:	Fax No:
Email Address:	Website:
President/Chair Executive Director of Organization:	
Contact Person for Application (including position):	
Telephone No:	Fax No:
Email Address:	
Is the organization a registered charity or non-profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe the main purpose or mandate of your group:	
Alberta Registry Number (if applicable):	Date of Incorporation (if applicable):

- To be eligible to receive an FCSS grant, the program or project must fit the Provincial FCSS mandate (outlined below). **Please describe how your group/program does the following:**

Is of a preventative nature enhancing the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity;

Does one or more of the following (please check all that apply):

- Helps people develop independence, strengthen coping skills and become more resistant to crisis;
 - Helps people develop an awareness of social needs;
 - Helps people develop interpersonal group skills enhancing constructive relationships among people;
 - Helps people and communities assume responsibility for decisions and actions that affect them;
 - Provides supports that help sustain people as active participants in the community.
- To be eligible to receive an FCSS grant, the project or program must also address one or more of the City of Beaumont FCSS Program Priorities as outlined below. **Please check the priorities addressed by your program/project:**

Children/Youth

- Development of conflict resolution skills
- Youth participation and acceptance in the community
- Asset Building

Adults/Families

- Supports for parents of children over the age of one year, especially single parents
- Parenting programs and classes promoting responsibility for, supervision of and involvement with children through their teenage years
- Prevention of family violence

- Promotion of wellness
- Community acceptance regardless of religion or race

Seniors

- In-home support services
- Program and activities which promote seniors participation and integration

SECTION B: Program, Service And/Or Project Description

Goals (e.g. support parents in learning more about effective communication with their teenager). Describe the program or project for which the funding will be used:

Program/Service Activities (e.g. Provide educational sessions for parents on communicating with their teenager):

Outputs (e.g. the number of participants in attendance, the number of sessions):

Measurable Outcomes (In order to be eligible for funding, you must demonstrate how your program meets one or more of the following FCSS Provincial Outcomes)

Improved Social Wellbeing of Individuals

Outcome 1: Individuals experience personal well being

Outcome 2: Individuals are connected with others

Outcome 3: Children and youth develop positively

Improved Social Wellbeing of Community

Outcome 1: The community is connected and engaged.

Outcome 2: Community Social issues are identified and addressed

How many people do you serve and what age group do they fall into?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> 0 - 5 years | <input type="checkbox"/> 18+ years |
| <input type="checkbox"/> 6 - 12 years | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> 13 - 17 years | <input type="checkbox"/> Families |

What are the exact start and end dates of your upcoming year's program?

Days of the week?

Hours?

In what ways does your group utilize and promote volunteerism?

How does your group identify community needs? Meet these needs? Avoid duplication of services already provided by other groups/agencies?

List the community agencies you are collaborating/partnering with and describe these efforts or if you are not currently partnering with any groups, please describe one partnership effort you will attempt in the upcoming year.

What fees are being charged for participation in your group's activities?

\$_____/session

\$_____/month

\$_____/Year

How is your program accessible for those who cannot afford the service?

Please describe your group's fundraising efforts in the last year including Fundraiser(s)/Date(s)/Net Amount Raised:

What amount has your group received in grants through FCSS in the calendar year previous to this application?

What is the grant amount your group is requesting through the FCSS Budget for 2020?

If your group is not successful in obtaining funding will the project or program continue? Why?

Indicate how you will recognize the FCSS grant contribution in the community.

Attachment checklist:

- **Detailed annual budget (showing total request)**
- **Copy of previous year's audited or verified annual financial statement**
- **Copy of promotional brochure (if applicable)**
- **List of Board of Directors**

Applicant Declaration

We the undersigned do hereby declare that to the best of our knowledge this application:

1. Contains a full, current, and accurate account for all matters stated herein.
2. Is made for and on behalf of the Organization by the undersigned.
3. We declare that the monies will be used for the purpose for which the application was approved. If the event is not undertaken, the grant money will be returned.
4. We agree to fulfill the commitments of the grant, which include submitting the required final report within one month following the completion of the event identifying the project outcome and an evaluation of the project in relation to its objectives.

If grant awarded the cheque will be made payable to:

Name of Organization _____

Address of Organization: _____

Application prepared by:

(Please print name)

(Phone Number)

(Position/Title with organization)

(Signature)

(Date)