

FCSS Eligibility Assessment Tool

1. Is the project or service preventative? Does it enhance the social well-being of families and individuals? Does it have preventative social outcomes? (The answer to these questions must be “YES”)
2. Services under a program **MUST** do one or more of the following:
 - a. help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - b. help people to develop an awareness of social needs;
 - c. help people to develop interpersonal and group skills which enhance constructive relationships among people;
 - d. help people and communities to assume responsibility for decisions and actions which affect them;
 - e. provide supports that help sustain people as active participants in the community.”
3. **FCSS funding CANNOT be used for programs and services that:**
 - a. primarily a recreation, leisure, entertainment or sporting activity or event
 - b. provide an individual or family with basic living supports such as money, food, clothing or shelter
 - c. primarily rehabilitative, therapeutic or crisis management
 - d. duplicate services provided by government or a government agency
 - e. a capital expenditure such as a purchase, construction or renovation of a building or facility
4. The proposed expenditures of the project **MUST** comply with the above FCSS Regulation.



4720-50 Street
Stettler, AB
Box 2097 T0C 2L0

Phone: 403-742-2337
Fax: 403-742-1391
Email: info@stettleresc.ca

Stettler & District FCSS Funding Focus must,
“Be of a Preventative Nature that enhances the social well-being of individuals and families through intervention strategies provided at the earliest opportunity”.

FUNDING GUIDELINES

1. Aligns with FCSS Accountability Framework
2. Promote and encourage active engagement in the community.
3. Foster a sense of belonging and promote inclusion.
4. Does not duplicate services ordinarily provided by government or government agencies.
5. Enhance access to social supports.
6. Develop and strengthen skills that build resilience.
7. Organization or initiative exhibits excellence in performance, partnerships, and leadership.
8. Organization or initiative exhibits strong governance.
9. If the programs financial information discloses an annual surplus in the fiscal year respecting which FCSS has rendered a Grant, the Operator shall within 90 days of the request repay part or all the Grant funds for that fiscal year as FCSS reasonably requires.

FCSS does not fund:

1. Primarily recreational needs
2. Rehabilitative needs
3. For-profit organizations
4. Political parties
5. Religious activities
6. Capital expenses
7. Individuals

PROVINCIAL PREVENTION PRIORITIES FOR FCSS

- Homelessness and Housing Insecurity
- Mental Health and addictions
- Employment
- Family and sexual violence across the lifespan
- Aging well in community

1. AGENCY INFORMATION

Agency Name	
Project/Program Name	
Contact Person(s) and Title	
Mailing Address	
E-Mail Address	
Phone Number(s)	
Website	
Fiscal Agent/payable to: (if successful)	

2. TYPE OF ORGANIZATION (check one)

<input type="checkbox"/>	Registered Society/Registered Charity
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	School Division
<input type="checkbox"/>	Community Initiative
<input type="checkbox"/>	Other

3. REGISTERED SOCIETY/REGISTERED CHARITY NUMBER(S)

--

4. PROJECT INFORMATION

Total amount of funding requested from Stettler & District FCSS

--

Provide a summary of the program you will be delivering - What is it intended to do, how will it assist the target population? (400 words or less)

--

What other agencies or community partners will be involved with your project?

Community need - Why is there a need for this project/program in the community? What is the need? How have you determined this need? What demographic information or statistics support the community need? Are others in the community offering a similar program?

Alignment with FCSS funding priorities - "Please indicate how this project/program fits the funding focus and which of the focus areas it aligns with.

Your organizations mission/vision - What is the mission/vision of your organization? How does this project/program align with your organizations mandate?

In what capacity will volunteers be involved in delivering the project in your agency? How many volunteers do anticipate will be involved? How many volunteer hours do you anticipate for the year?

Please provide a brief description of where in our area your program participants reside.

Program participants - Please indicate the number of participants you anticipate participating in your programs/project, based on the following target groups (one or more of the following):

- _____ Number of unique Clients (clients you count only one time)
- _____ Number of families
- _____ Number of participants (Total)

Optional: Please provide additional outputs you anticipate measuring that will better inform us about your activities (i.e. # of community events, presentations, or awareness campaigns, # of information sessions)

5. OUTCOMES

Goals - (General statements of what you are attempting to achieve; long term outcomes)

Activities - (Outline the project/program activities that will lead to achievement of the identified goal)

Expected Outcomes - (Statements which describe the difference the project/program intervention will make to individuals or the community in the short term, medium term)

Measurement tools - (Please identify measurement tools. List means by which you collect information to measure your outcomes, for example: surveys, focus groups, personal interviews)

6. RECOGNITION

If your application is successful, please tell us how you will recognize Stettler & District FCSS contribution to your program. (i.e.: our logo on your materials or other)

7. DOCUMENTATION REQUIREMENTS	Documents attached
Annual Project/Program Budget (January 1 to December 31) (Include funding from other sources)	<input type="checkbox"/>
List of current Board of Directors	<input type="checkbox"/>
Most recent audited financial statement	<input type="checkbox"/>
Fee policy and schedule (if applicable)	<input type="checkbox"/>
Letters of Support (if collaborating with others in this program)	<input type="checkbox"/>

8. DECLARATION

I declare that all of the information in this application is accurate and complete and affirm that this application is made on behalf of the organization named with its full knowledge.

I acknowledge that, if this application is approved, the organization named will be required to enter into a funding agreement and comply with the terms and conditions of the agreement.

Date

Print Name

Authorized Signature

9. SUBMIT COMPLETED APPLICATION

Completed application forms must be submitted by the deadline and should be sent by email to: shelly.walker@stettlercsc.ca

Your completed application form is shared with FCSS and the FCSS Board for a local committee to review.

For questions please contact Shelly Walker: (403-742-2337) or shelly.walker@stettlercsc.ca

**APPLICATION DEADLINE: OCTOBER 15TH, 2024 AT 11:59 P.M.
PRESENTATIONS: OCTOBER 21 BETWEEN 4:00 PM – 6:00 P.M.**