

Family & Community Support Services Grant Application

Who can apply?

Sturgeon County recognizes that volunteer community associations are vital to the health, well-being, and social development of our community. Each year, Sturgeon County Council allocates a pre-determined amount of money to financially assist community non-profit, volunteer services agencies and organizations that support locally driven preventative social initiatives that enhance the well-being of individuals, families, and communities.

Eligible Applicants Criteria:

- Any registered non-profit organization that provides services to Sturgeon County residents that fall within the definition of preventative social services as outlined in the Provincial FCSS Act and Regulation.
- Carry a minimum of \$2,000,000 of liability insurance.
- Applicant's programs and services must benefit the Sturgeon County residents.
- Applicants must use funds within the authorized period (by December 31).
- Applicants must accept the terms and conditions of the grant program (including repayment of outstanding funds to Sturgeon County if performance obligations are not met).
- Grant funding must be used for the purpose indicated in the grant application. Any request for redirection of funds must be submitted in writing to the FCSS Department.
- Applicants must submit completed applications with all required supporting documentation.
- All applicants must contact our Community Development Supervisor at 780-939-8336 for a pre-consultation prior to applying.

Reporting:

- All successful applicants must submit a Financial and Outcomes Reports prior to January 31 of the following year.
- Applicants with overdue reporting from any previous Sturgeon County funded projects will not be considered for new funding until their outstanding reporting requirements have been satisfied.

Ineligible Expenses:

- Expenses not directly related to the project.
- Expenses for fundraising, donations, and deficit reduction.

Grant Level:

• \$5,000 maximum – no matching funds required.

How the application process works:

- Sturgeon County Council Committee reviews all grant applications and make funding recommendations to Council.
- Applications are reviewed based on overall need, individual merit and benefit to the community and available funds.
- Organizations will be notified of a decision in within 2 to 4 months from submission of the appliation.
- Grant recipients may be required to sign a grant funding agreement prior to receiving funds.

Submit Application:

By mail to: Sturgeon County

Family and Community Support Services Department

9613-100 Street, Morinville, Alberta T8L 1R9

In person at: Family and Community Support Services Department Office

9608-100 Street, Morinville, Alberta

Email: grants@sturgeoncounty.ca

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Sturgeon County Family & Community Support Services Grant Application

Community Organization Name	
Mailing Address	Postal Code
Society of Registration No.	Date of Registration
Contact Information	
President/Chairperson	Contact Person for Grant Application (if different from President
Email Address	Position
Phone Number	Email Address
Organization Mandate:	Phone Number

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Family & Community Support Services Grant Application (continued)

Project Qualifications:

Projects/Services MUST:

Promote, encourage, and facilitate:

- the involvement of volunteers;
- efficient and effective use of resources:
- co-operation and coordination with allied service agencies;
- the development of stronger communities;
- citizen participation in planning, delivery, and the governance of the program and of services provided under the program;
- be of a preventive nature;
- help people develop independence & coping skills;
- an awareness of social needs;
- interpersonal and group skills;
- help people & communities assume responsibility

for decisions & actions which affect them, provide support that helps sustain people as active participants in the community.

Project/Services MUST NOT:

- provide primarily for the recreational needs or leisure time pursuits of individuals;
- offer direct assistance, including money, food, clothing, or shelter, to sustain an individual or family;
- be primarily rehabilitative in nature;
- duplicate services that are ordinarily provided by a government or government agency;
- be a capital expenditure.

For more details about regulations that define types of services that could qualify for FCSS funding, contact:

FCSS at grants@sturgeoncounty.ca or 780-939-8336,

or visit the link below: https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx#toc-7

Project Nan	2:
Project Des	iption (Please use separate paper if more room is needed.):
	any supporting documentation including project promotional materials, organizational information, and, port with this application.
How many (ounty residents will be directly affected by this project?
f the projec	ran last year, how many Sturgeon County residents were affected by the project?

The personal and business information provided will be used to process the Family & Community Support Services Grant Application and is collected under the authority of Section 33 (c) of the *Freedom of Information and Protection of Privacy Act, (FOIP)*. If you have any questions about the collection and use of this information, please contact the Sturgeon County Access and Privacy Officer at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321 or foip@sturgeoncounty.ca.

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Family & Community Support Services Grant Application (continued)

Please provide a Logic Model with your application. Contact FCSS staff at 780-939-8336 for assistance completing a Logic Model. Your Logic Model should include:

**NPLITS: What resources will you need to undertake your program (i.e.: staffing, facilities, advertising)

Valid Li Most Re I hereby certif complete and	iability Insurance Certificate ecent Audited Annual Financial Statements fy that I am an authorized signing official of the applying organization, the above information is I accurate, and is endorsed by the organization I represent. I accept and agree to the terms and the grant program.				
─ Valid L					
_	iability Insurance Certificate				
List of (
-	Current Executive (include name, position, email)				
Detaile	ed Project Budget (template available)				
∐ Logic M	Model (template available)				
	- Please ensure all the following is included with your grant application:				
How will Sturg	geon County be recognized for its funding support?				
If yes, please s	specify Agencies below:				
Is your organiz	zation receiving funding from any other municipal or government agency? Yes No				
OUTCOMES:	What difference will your preventative program make in the community? What are the short-term outcomes (the immediate difference your program will make)? What are the medium-term outcomes (the difference you hope to see in six months)? What are the long-term outcomes (the difference you hope to see one to five years down the road due to your program)?				
	What activities, services and/or resources will result from your program (i.e.: number of training sessions, numbers of resources distributed, numbers of participants served)?				
OUTPUTS:					

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Program/Project Logic Model

Organization Name:	Date:
Program/Project Title:	
Statement of Need: What community issue, need or situation are you responding to?	
Overall Goal: What change or impact do you want to achieve?	
Broad Strategy: How will you address the issue, need or situation?	
Rationale: What evidence do you have that this strategy will work? Research? if/then statement	
Who is served? Target Group	
Inputs: resources invested to achieve your goal, e.g., staff, volunteers, money, materials, equipment, technology, partners, information	
Outputs: - Activities and processes used, e.g., advertising, workshops	
Outputs: – Who will you reach? e.g., community, partners, number served	

Program/Project Logic Model

Short-term Outcome(s):	Indicator(s): (may have more than one indicator per outcome)	Measure(s): Question(s) used to measure impact (may have more than one measure per indicator)	Provincial Measure Number:	Aligned with Provincial Outcome/ Provincial Indicator(s):
1.	1.	1.		
		2.		
	2.	1.		
		2.		
2.	1.	1.		
		2.		
	2.	1.		
		2.		
Data Collection Tool(s) Us	ed:	Pos	e/post st only ring	

NOTE: You do not need to complete the greyed in boxes. Our office will align your measures to Provincial Measures and Outcomes.



Difference - project funding must equal project cost

Family & Community Support Services Grant Detailed Project Budget

To be accountable to the Provincial FCSS program, Sturgeon County must ensure that all grant funds are expended as approved. Please complete in the anticipated budget amounts below for all funding and costs related to the project.

Organization Name:				
Project Name:				
PROJECT FUNDING DETAILS			AM	IOUNT
Sturgeon County FCSS Grant Requested (maximum \$5,000)			\$	
Other Funding Sources - list all sources of anticipated funding related to the project. Include other government funding, organization contribution, & donated in-kind contributions.	Confirmed Amount	Pending Amount		
			\$	0.00
			\$	0.00
			\$	0.00
			\$	0.00
			\$	0.00
			\$	0.00
Total Anticipated Project Funding			\$	0.00
ANTICIPATED PROJECT COSTS - detailed list all expenses related to the project				
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total Anticipated Project Cost			\$	0.00