



**SCHEDULE A**  
**Town of Whitecourt**  
**Family & Community Support Services**  
**(FCSS)**  
**Grant Program Funding Application**

<p style="text-align: center;"><b>Application Deadline:</b> <b>November 30</b> <b>Final Report Deadline:</b> <b>January 31 of the</b> <b>following year</b></p>
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**Section I - Introduction**

- a. Please read all of the information carefully prior to your submission.
- b. Complete this application on a computer - an electronic copy is required to be submitted, in addition to a paper copy with original signatures. Please use the space provided for each section. **An additional page** may be found at the end of the application if more space is required.
- c. **Complete all BLUE areas.** Areas in **TAN** will be completed in consultation with the Whitecourt FCSS office after the grant application is approved, and **GREEN areas** are reserved for the year-end final report from the organization. Anything in Light Blue is a Mandatory Field required to be completed before submission.
- d. Use the provided budget template. Alternate budget spreadsheets will not be accepted.
- e. Applicants who received funding in a previous calendar year must submit a satisfactory year-end final report prior to funding being issued.
- f. Successful applicants will be contacted once funding recommendations have been approved by Whitecourt Town Council.
- g. For questions or other inquiries, please contact The FCSS Program Coordinator at [css@whitecourt.ca](mailto:css@whitecourt.ca) or call 780-778-3637 extension 417.

**Section II - Information and Service Requirements**

- a. Programs and services **NOT ELIGIBLE** for FCSS grant funding include those that:
  - i. Provide primarily for the recreational needs or leisure time pursuits of individuals.
  - ii. Offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family.
  - iii. Are primarily rehabilitative in nature.
  - iv. Duplicate services that are the responsibility of a government or government agency.
  - v. Have already received funding through the Town of Whitecourt's annual budget, unless the application is unique to funding already received.
  - vi. Do not have a financial need
  - vii. Leverage support to a secondary agency, group or organization.
  - viii. Are for volunteer recognition.
- b. To obtain FCSS grant funding, programs/projects must fit within the **priorities** of Town of Whitecourt FCSS and the Province, and meet the **Service Requirements** of the **FCSS Act and Regulation**. These programs / projects must enhance the social well-being of **INDIVIDUALS, FAMILIES, and COMMUNITIES** and must result in one or more of the following:
  - i. Help people become self-reliant, build resiliency, and become able to function in a positive manner.
  - ii. Promote and help people develop positive social relationships.
  - iii. Help people become socially engaged and contribute to their community.
  - iv. Support people to remain active participants in their community.
  - v. Empower people to address social issues and influence change.

<p><i>The information on this application is being collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP Act) and will be used by the Town of Whitecourt to determine eligibility for FCSS Program Grant and for purposes of administering the FCSS Grant Program. The aggregate data may be used for program planning and evaluation. All information collected by the Town of Whitecourt is protected by the provisions of the FOIP Act. You may direct questions about the collection, use or disclosure of your personal information by this program to the FOIP Coordinator at 780-778-2273.</i></p>
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### Section III - Application

i. What is the primary population your grant funding will serve?  
**Check the ONE population** that best represents your program/project:

**INDIVIDUALS**

**FAMILIES**

**COMMUNITY**

ii. The program/project must achieve one of the following provincial/local priorities. **Select ONE priority that best fits your project**; the priority must be from the population that your program/project will serve:

**INDIVIDUALS: Outcome 1**  
 Individuals experience social well-being.

**FAMILIES: Outcome 1**  
 Healthy functioning within families.

**COMMUNITY: Outcome 1**  
 The community is connected and engaged.

**INDIVIDUALS: Outcome 2**  
 Individuals are connected with others

**FAMILIES: Outcome 2**  
 Families have social supports.

**COMMUNITY: Outcome 2**  
 Community social issues are identified and addressed.

**INDIVIDUALS: Outcome 3**  
 Children and youth develop positively

1. FUNDING REQUEST <i>(Please leave blank-will be automatically calculated)</i>		GRANT AMOUNT AWARDED
Whitecourt FCSS Grant Request		

2. APPLICANT INFORMATION		
Registered Name of Organization / Society: <i>*If application is approved, this is who payment will be issued to</i>		
Mailing Address <i>(include postal code)</i> :		
# of years FCSS grant funding was received prior:		
Project Contact Name:		
E-Mail Address:		
Contact Numbers:	(c)	(h)
Name of Board Chair/President with Signing Authority:		
E-Mail Address:		
Contact Numbers:	(c)	(h)

3. DOCUMENTATION REQUIREMENTS: <b><u>Do not provide other attachments unless requested to do so.</u></b>	ATTACHED
Names of current Board Members and Board position held. <i>Do not include personal information such as home addresses, emails, etc.</i>	<input type="checkbox"/>
Most recent Financial Statements (preferably audited) of your organization - Balance Sheet and Income Statement. <i>All organizations with a budget surplus or a financial reserve are required to outline on the last page of this application what these funds will be used for.</i>	<input type="checkbox"/>
Year End Final Report <i>Financial statements directly related to this project will be required upon completion of project.</i>	<input type="checkbox"/>
Results of Outcome Measuring Tool <i>From Survey Questions provided.</i>	<input type="checkbox"/>

**4. SUBMITTING YOUR COMPLETED APPLICATION:**

- i. Submit **one original signed copy** and required attachments via mail or deliver to: Allan & Jean Millar Centre, 58 Sunset Boulevard, Box 509, Whitecourt, AB, T7S 1N6  
**ATTENTION: FCSS Program Coordinator**

**AND**

- ii. Send by email, an electronic copy of the application without attachments to: [css@whitecourt.ca](mailto:css@whitecourt.ca)

**DECLARATION:**

**I declare that** all of the information in this application is accurate and complete and that the application is made on behalf of the organization with its full knowledge and consent, and complies **with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**

**I acknowledge that** should this application be approved, I will be required to enter into an agreement which will outline the terms and conditions of the funding received.

\_\_\_\_\_  
Name of Board Chair / President  
with Signing Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**5. SUBMITTING YOUR YEAR-END FINAL REPORT - Due January 31 of the following calendar year:**

- i. Submit **one original signed copy** of the year-end final report and required attachment via mail or deliver to: Allan & Jean Millar Centre, 58 Sunset Boulevard, Box 509, Whitecourt, AB, T7S 1N6  
**ATTENTION: FCSS Program Coordinator**

**AND**

- ii. Send by email, an electronic copy of the year end final report without attachment to: [css@whitecourt.ca](mailto:css@whitecourt.ca)

**DECLARATION:**

**I acknowledge that** the information contained within this year end final report accurately depicts the activities and results of this program / project.

\_\_\_\_\_  
Name of Board Chair  
President with Signing  
Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. AGENCY INFORMATION:** Please provide a BRIEF overview of your agency's mission or purpose

**7. PROGRAM / PROJECT OVERVIEW:** Specific to the grant funding you are applying for, briefly describe in your own words, what your program / project is about.

**8. PROGRAM / PROJECT LOGIC MODEL:**

<b>PROGRAM / PROJECT TITLE:</b>	
<b>STATEMENT OF NEED:</b> What community issue, need or situation are you responding to?	
<b>STRATEGY:</b> How are you going to address the issue, need or situation? (What are the actions / steps /activities – ie: workshops, counselling, events, etc.)	
<b>Was your Strategy implemented as planned above? If not, why? What changed? How did it go?</b>	

<b>9. OUTPUTS:</b> Complete all areas that specifically apply to your project / program								<b>*MANDATORY SECTION*</b>	
	Infants Toddlers 0-3 yrs.	Preschool 3- 5 yrs.	Children 5-12 yrs.	Youth 12-18 yrs.	Adults	Seniors 65+ yrs.	Families	# of Volunteers specific to the program / project (count each person once)	# of Volunteer Hours
<b>Anticipated #</b>									
<b>Actual #</b>									

<b>10. BUDGET</b>	Applicants must use this form only; <u>alternate budget spreadsheets will not be accepted.</u>
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Approved projects must be completed by December 31 of the grant year with a final report submitted by January 31 of the next calendar year.

Include all sources of revenue and expenditures and **identify where the Whitecourt FCSS grant funds will be used in your project by using the source column.** If your group is applying for funding from Woodlands County or other grants (projected or confirmed) please include this information in your budget.

IN-KIND CONTRIBUTIONS (if applicable) <i>Calculate a dollar value for contributions related directly to your program / project.</i>	AMOUNT <i>Enter only numbers. (No \$ . .)</i>	SOURCE	CONFIRMED Yes or No	FINAL REPORT - ACTUAL IN-KIND CONTRIBUTIONS
Volunteer Hours – \$15/hour				
Skilled Labour / Services – \$30/hour				
Donated Materials/Equipment				
Other (list)				
<b>TOTAL IN-KIND REVENUE</b>				

A. REVENUE - List Items Below	AMOUNT <i>Enter only numbers.</i>	SOURCE <i>Grant, donation, etc.</i>	CONFIRMED Yes or No	FINAL REPORT - ACTUAL REVENUE
<b>TOTAL REVENUE</b>				

B. EXPENSES - List Items Below	AMOUNT <i>Enter only numbers</i>	SOURCE	CONFIRMED Yes or No	FINAL REPORT - ACTUAL EXPENSES
<b>TOTAL EXPENSES</b>				

<b>WHITECOURT FCSS GRANT REQUEST</b>	
<b>A. Total Revenue – B. Total Expenses=</b>	
	<b>FINAL REPORT – SURPLUS/DEFICIT</b>

**11. FUNDING RECOGNITION:** Should your organization receive funding from the Family & Community Support Services Grant Program, how will the Town of Whitecourt's contribution be recognized (i.e. verbally, in promotional materials)? *Should the organization choose to recognize the Town of Whitecourt in printed materials, the Town will provide an electronic file which includes the Whitecourt logo for use in promotions*

**Describe how the Town of Whitecourt's contribution was recognized during your project / program.**

**This additional section is provided, only if extra space is needed for any of the previous sections. Please indicate which section(s) the entered information applies to.**

**12. OUTCOMES SECTION**

<b>Potential Outcomes</b> What change or impact do you want to achieve? <i>(Youth feel valued in their community; Parents become more knowledgeable about positive parenting.)</i>	<b>Indicator(s) of Success</b> How will you know this outcome has been achieved? <i>(Youth report that their community values them; Parents are using positive parenting strategies.)</i>	<b>Alignment with the FCSS Outcomes Model &amp; Indicators</b>	<b>FCSS Measures Bank Measure Number:</b>	<b>MEASURES</b> <i>Survey Questions for Evaluation</i>
<b>1.</b>	<b>1a.</b>			
	<b>Participant Information</b> Total # of participants: Total # completing measurement tool: _____			
	<b>1b.</b>			
	<b>Participant Information</b> Total # of participants: Total # completing measurement tool: _____			
<b>2.</b>	<b>2a.</b>			
	<b>Participant Information</b> Total # of participants: Total # completing measurement tool: _____			
	<b>2b.</b>			
	<b>Participant Information</b> Total # of participants: Total # completing measurement tool: _____			

**13. FINAL REPORT-ADDITIONAL INFORMATION**

**Continuous Quality Improvement**

Please answer the following questions:

1. Should this program / project continue?  Yes  No

2. Was the program successful?

If yes, in your own words, what led to the success of the program?

If no, please explain why.

3. What improvements can be made to the program / project?

4. Share an anecdotal story that describe the significant impact for the participants / volunteers.

5. Please send any electronic photo from your program to [css@whitecourt.ca](mailto:css@whitecourt.ca).

Label the photo or subject line in the email: [year] FCSS Grant Final Report-Organization Name.

If submitting a photo, a completed Photography Release Form is required. (attached)

*Yes, I am submitting a photo*





## TOWN OF WHITECOURT

5004 52 Avenue  
P.O. Box 509  
Whitecourt AB T7S 1N7  
Telephone: 780-778-2273  
Fax: 780-778-4166

Help promote our community

### PHOTOGRAPHY RELEASE FORM

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I, \_\_\_\_\_ hereby authorize the TOWN OF WHITECOURT the absolute right and permission to use my image, photograph, or other artwork ("Materials") in one or more of its promotions and advertising. I give the TOWN OF WHITECOURT permission to use, copy or modify such Materials for one or more of its promotions and advertising. I acknowledge that I have received consent and permission from any and all individuals that may be depicted in the Materials for this purpose.

I release the TOWN OF WHITECOURT from any claims or actions of liability that may arise from the use or adaptation of the Materials for the Town of Whitecourt promotions and advertising.

I, hereby waive any right that I may have to inspect and/or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I am 18 years of age and have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Executed this day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_