



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

**Application Deadline:**  
**November 30**  
**Final Report Deadline:**  
**January 31 of the**  
**following year**

**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. If required, additional space may be found at the end of the application.
- c. All **BLUE** sections are mandatory fields required to be completed prior to submission, and **GREEN** areas are reserved for the year-end final report from the organization.
- d. Use the provided budget template. Alternate budget spreadsheets will not be accepted.
- e. Applications 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 inquired, please contact the FCSS Program Coordinator at [fayaracand@whitecourt.ca](mailto:fayaracand@whitecourt.ca) or call 780-778-3637 ext. 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.

*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 the 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 Town of Whitecourt’s FOIP Coordinator at 780-778-2273.*

### Section III – Application

1.FUNDING REQUEST <i>(Please leave blank – section will auto-calculate)</i>		GRANT AMOUNT AWARDED
Whitecourt FCSS Grant Request	\$	\$

2.APPLICANT INFORMATION	
Registered Name or Organization/Society: <i>*If application is approved, this is who the payment will be issued to.</i>	
Mailing Address: <i>(Include Postal Code.)</i>	
Project Contact Person Name:	
Email Address:	
Contact Phone Number:	
Name of Board Chair/President with Signing Authority:	
Email Address:	
Contact Phone Number:	
Have you received FCSS Grant Funding before?	
If yes, please provide: <ul style="list-style-type: none"> <li>• Program/Project Year</li> <li>• Amount</li> </ul>	
Please provide a brief description of program/project:	

3.DOCUMENTATION REQUIREMENTS <i>(Do not provide other attachments unless requested.)</i>	
Names of current Board Members and Board Positions held. <i>(Do not include personal information such as home addresses, emails, etc.)</i>	<input type="checkbox"/>
Most recent Financial Statements (preferable 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 the following address:

Allan & Jean Millar Centre  
Attention: FCSS Program Coordinator  
58 Sunset Boulevard, PO Box 509  
Whitecourt, AB T7S 1N6

**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 attachments via mail, or deliver to the following address:

Allan & Jean Millar Centre  
Attention: FCSS Program Coordinator  
58 Sunset Boulevard, PO Box 509  
Whitecourt, AB T7S 1N6

**AND**

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

**ACKNOWLEDGEMENT:**

**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.ALIGNMENT WITH THE FCSS OUTCOME MODEL CHART OF OUTCOMES AND INDICATORS** *(Please check one indicator from the entire chart that contributes most to your program outcome statement.)*

OUTCOME TYPES	INDICATORS
Individual Outcome 1 <i>(Individual experience/personal well-being.)</i>	<input type="checkbox"/> Resilience <input type="checkbox"/> Self-Esteem <input type="checkbox"/> Optimism <input type="checkbox"/> Autonomy <input type="checkbox"/> Competence <input type="checkbox"/> Personal Engagement <input type="checkbox"/> Meaning & Purpose <input type="checkbox"/> Capacity to Meet Needs
Individual Outcome 2 <i>(Individuals are connected with others.)</i>	<input type="checkbox"/> Quality of Social Relationships <input type="checkbox"/> Social Supports Available <input type="checkbox"/> Trust and Belonging
Family Outcome 1 <i>(Healthy functioning within families.)</i>	<input type="checkbox"/> Positive Family Relationships <input type="checkbox"/> Positive Parenting <input type="checkbox"/> Positive Family Communication
Family Outcome 2 <i>(Families have social supports.)</i>	<input type="checkbox"/> Extent and Quality of Social Networks <input type="checkbox"/> Family Accesses Resources as Needed
Community Outcome 1 <i>(The community is connected and engaged.)</i>	<input type="checkbox"/> Social Engagement <input type="checkbox"/> Social Support <input type="checkbox"/> Awareness of the Community <input type="checkbox"/> Positive Attitudes Towards Others and the Community
Community Outcome 2 <i>(Community social issues are identified and addressed.)</i>	<input type="checkbox"/> Awareness of Community Social Issues <input type="checkbox"/> Agencies and/or Community Members Work in Partnership to Address Social Issues within the Community <input type="checkbox"/> Understanding of Community Social Issues

<b>9.PROGRAM/PROJECT LOGIC MODEL</b>	
Program/Project Title	
Statement of Need (What community issue, need or situation are you responding to?)	
Strategy (How are you going to address the issue, need or situation? What are the actions/steps/activities – i.e. workshops, counselling, events, etc.)	
Was your strategy implemented as planned above? If not, why? What changed? How did it go?	

<b>10.OUTPUTS</b> <i>(Complete all areas that specifically apply to your project/program.)</i>								<b>*MANDATORY SECTION*</b>	
	Infants/ Toddlers 0-3 Yrs.	Pre- School 5 Yrs.	Children 5-12 Yrs.	Youth 12-18 Yrs.	Adults	Seniors 65+ Yrs.	Families	# of Volunteers Specific to the program/project <i>(Count each person once.)</i>	# of Volunteer Hours
Anticipated #									
Actual #									



**12.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, etc.? 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.

**13.FINAL REPORT - ADDITIONAL INFORMATION**

Continuous Quality Improvement  
*(Please answer the questions below)*

1. Should this program/project continue? *(Please check one.)*

Yes

No

2. If you selected 'Yes' in question 1, how do you propose to sustain the project?

3. Was the program successful?  
If yes, in your own words, what led to the success of the program?  
If no, please explain why.

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

5. Share an anecdotal story that describes the significant impact for the participants/volunteers.

6. Please send any electronic photos 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 – [Name of Organization/Society]

If submitting a photo, check 'Yes' below and complete the Photography Release Form on Page 9.  
*(Please check one.)*

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: \_\_\_\_\_