**

2025 Family & Community Support Services (FCSS) Lloydminster**

**Grant Funding Application**

**Submission deadline: Friday, September 13, 2024, at 11:59 p.m.**

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| **PROGRAM INFORMATION**  |

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| **Program Title** |  |
| **Program Start Date** |  |
| **Program End Date** |  |
| **Funding Request Amount**  |  |

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| **Legal Organization Name** |  |
| **Operating Name** *if different from above* |  |
| **Non-profit Number** |  |
| **Mailing Address** |  |
| **Organization Phone Number** |  |

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| **Program Contact** |  |
| **Title/Position** |  |
| **Phone Number** |  |
| **Email Address** |  |
| 1. **Program Description**

Provide a description of the program and its intended goal. |
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| 1. **Determine the level of prevention of your program and explain why.**

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| **Primary Prevention** * Prevent the onset of a problem or risk by proactively modifying behaviours and environments.
* Promote protective factors in the physical and social environment (including social relationships)
* Can include awareness programs, enhancing connections among community organizations and promoting community volunteerism.
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| **Secondary Prevention** * Address issues at an early stage for specific groups or at-risk populations.
* Strengthen the capacity of individuals and communities to prevent or reduce risk factors and build resilience.
* Can include connecting those in need with appropriate resources and skill development.
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| **Tertiary Prevention** *(not eligible for FCSS Grant Funding)** Address immediate needs with intent to prevent long-term impacts.
* Support individuals or groups already affected by social issues by providing direct services.
* Direct assistance such as money, food, clothing or shelter.
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According to FCSS legislation, services under an FCSS program must “be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.” *Section 2.1 (1)(a), FCSS Regulation.* |
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| 1. **Program Summary** This summary is used when sharing approved programs with Council and when a brief description is needed internally.
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| 1. **Objective** What overall change or impact do you hope to achieve with the program?

*E.g. Individuals know the components of a healthy relationship.* Note: The Objective should align with your Outcome Measure indicated in question 14b.  |
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| 1. **Need for the Program** Describe the need, issue, or service gap of the population you are serving. Include any relevant statistical or contextual information about this need. Does this program align with a priority from the Social Policy Framework? [www.lloydminster.ca/lloydneeds](http://www.lloydminster.ca/lloydneeds)
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| 1. **Broad Strategy - How will the program address the community need?**
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| 1. **Rationale and References** Describe how you identified the need for this program, and why you designed your program as proposed. Highlight how you are using an evidenced-based approach citing the relevant research, experiences or organization knowledge.
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| 1. **Who is your primary target group? Who is the program for?**
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| Choose an item. |

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| 1. **How many unique participants will your program intend to serve annually?**

*A unique participant is defined as a single individual attending the program whether for a single day or multiple days.*  |
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| 1. **What are the key resources needed to implement the program?** Consider the inputs of this program such as number of staff, location, technology, materials, supplies, etc.
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| 1. **What are the specific activities that will be implemented in this program and how will they be delivered?**

Consider program content on how the program will be delivered including information on frequency, duration and delivery method (in-person, telephone, online, etc.). |
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| 1. **Describe how your program promotes and facilitates the involvement of volunteers.**

Include the approximate number of volunteers involvedand volunteer hours.  |
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**Alignment with FCSS Model**

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| **13. Use the Model tab - The FCSS Outcomes Model: Chart of Outcomes and Indicators of the** [**FCSS Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Measures-Bank.xlsx) **or the** [**FCSS Children & Youth Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Children-and-Youth-Measures-Bank.xlsx) **document for the following questions.** |

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| **13a. What group will your program improve the social well-being of?** Only check one and fill out the following questions in the same column. |
| Children and Youth[ ]  | Individuals[ ]  | Families[ ]  | Community[ ]  |
| **13b. What FCSS model outcome will you achieve? Only check one from the same column as the previous question.** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **13c. What FCSS model indicator or asset will you achieve? Only check one from the same column as the previous questions.** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **13d. What Strategic Direction (SD) will your program support?**  |
| Choose an item. |

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| **14. In the** [**FCSS Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Measures-Bank.xlsx) **or the** [**FCSS Children & Youth Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Children-and-Youth-Measures-Bank.xlsx)**, go the tab associated to the FCSS model indicator or asset that you have identified at 12c.**  |

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| **14a. Outcome/data collection method - When will you survey your participants?**  |
| Choose an item. |

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| **14b. Identify the FCSS Measures Bank number and measure statement (i.e. survey question).** The FCSS Measures Bank statement should align with your Objective in question 4.  |
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| **14c. What scale will be used?** |
| Choose an item. |

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| **15. Additional Outcome (optional) - Only one outcome is required, however, if you have a second, please fill out questions 15 and 16. If you only have one, please go to Question 17.** |
| **Use the Model tab - The FCSS Outcomes Model: Chart of Outcomes and Indicators of the** [**FCSS Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Measures-Bank.xlsx) **or the** [**FCSS Children & Youth Measures Bank**](https://www.lloydminster.ca/en/living-in-lloydminster/resources/FCSS/FCSS-Children-and-Youth-Measures-Bank.xlsx) **document for the following questions.** |

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| **15a. What group will your program improve the social well-being of? Only check one and fill out the following questions in the same column.** |
| Children and Youth[ ]  | Individuals[ ]  | Families[ ]  | Community[ ]  |
| **15b. What FCSS model outcome will you achieve? Only check one from the same column as the previous question.** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **15c. What FCSS model indicator or asset will you achieve? Only check one from the same column as the previous question.** |
| Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| **15d. What Strategic Direction (SD) will your program support?** |
| Choose an item. |

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| **16. In the FCSS Measures Bank or the FCSS Children & Youth Measures Bank, go the tab associated to the FCSS model indicator that you have identified at 14c.** |

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| **16a. Outcome/data collection method. When will you survey your participants?**  |
| Choose an item. |

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| **16b. Identify the FCSS Measure Bank number and measure statement (i.e. survey question)?**  |
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| **16c. What scale will be used?**  |
| Choose an item. |

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| **17. If your program receives partial funding, what changes will you make and what impact will that have on participants?** |
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| **18. Include additional comments the review committee should be aware of when reviewing your application.**  |
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| **19. What feedback can you offer us regarding this application process?**  |
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| **PROGRAM BUDGET** |

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| **Sources of Revenue for Proposed Program** Identify all sources of income, including self-generated revenue, donations, fundraising, registration fees, sponsorships, grants and other funding sources.  | **Dollar Amount** |
| FCSS Lloydminster Grant Funding Request | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Revenue**  | **$** |

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| **Itemized List of Expenditures** Identify all anticipated expenditures for the proposed program. | **Dollar Amount** |
|  | $ |
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| **Total Expenditures** | **$** |

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| **REQUIRED FOR SUBMISSION** |

 Please attach the most recent audited financial statement to the completed and signed grant funding application by the deadline.

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| **DECLARATION OF APPLICANT** |

In making this application, we, the signed Applicant, hereby represent to the City of Lloydminster and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors’ full knowledge and consent. Furthermore, we agree to the following conditions:

* Our FCSS funded program does not involve capital expenditures.
* Our FCSS funded program is not primarily rehabilitative or recreational in nature.
* Our FCSS funded program does not duplicate services that are ordinarily provided by a government or government agency.
* Our organization carries insurance coverage that is $2,000,000.00 or greater.

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Name of Board Member/Executive Director/Designate Signature of Board Member/Executive Director/Designate Date (Month/Day/Year)