

Application Deadline: September 30 Late Applications will not be accepted Application to be submitted to <a href="fcss@bassano.ca">fcss@bassano.ca</a>

# Funding Request - FCSS Bassano

Family and Community Support Services (FCSS) is a partnership between the provincial government and municipality. We work to develop locally driven initiatives focused on enhancing the social well-being of individuals in our community through prevention.

#### **Services Eligible for Funding**

# Ineligible Services

Services eligible for funding will meet one of the following measures:

- Assist individuals in experiencing social well-being
- Assist individuals in connecting with others
- Help children and youth develop positively
- Foster healthy functioning within families
- Provide families with social supports
- Connect and engage the community with one another
- Identify, address, and bring awareness to social issues in the community
- Help individuals develop interpersonal skills
- Help individuals have choice in their community

Services that are not eligible for funding are outlined as services that:

- provide primarily for the recreational needs or leisure time activities
- are intended to sustain an individual or family, i.e., providing food, clothing or shelter
- are primarily rehabilitative in nature
- duplicate services that are ordinarily provided by a government or government agency

#### **Contact Information**

Agency Nam	ne:			
Contact Nan	me:			
Contact Pho	one Number:			
Contact Email:				
Mailing Add	lress:			
	Organization			
	Alberta Society (list registration number):			
	Registered Charity (list registration number):			
	School Division			
	Other (please specify)			

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## **Project Information**

**Total amount of funding requested?** How do you intend to use the funding? Attach a budget break down if applicable.

Provide a summary of the program you will be delivering - What is it intended to do, who is the targeted population, how will it assist the target population?

What other agencies or community partners will be involved with your project? Attach letters of support where applicable

Community need - Why is there a need for this project/program in the community? How have you determined this need? What is the need? How will this project impact the need?

**Your organizations mission/vision** - What is the mission/vision of your organization and how does this project/program align with that 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 being involved

### **FCSS Mandate Alignment**

The FCSS Regulation states that services provided under a program must be of preventative in nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and do one or more of the following:

- help people develop independence, strengthen coping skills and become more resistant to crisis
- help people to develop an awareness of social needs
- help people to develop interpersonal and group skills which enhance constructive relationships among people
- help people and communities to assume responsibility for decisions and actions which affect them
- provide supports that help sustain people as active participants in the community

provide supports that help sustain people as active participants in the community		
From the 5 points above which best aligns with your program?		
How does your program meet the FCSS mandate of providing preventative social services?		

#### **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 named with its full knowledge.

I acknowledge that should this application be approved, I will be required to enter into a funding agreement, on behalf of the aforementioned organization, which will outline the terms and conditions.

Date	
Print Name	Authorized Signature