

Policy Title	Family and Community Services Advisory Board – Program Subsidy Policy
Authority	FCSS Director
Approved (Dates/Motion #)	FCSS57/2024
Policy Number	P-FCSS014
Review	To be reviewed annually at AGM
Reviewed by	FCSS Advisory Board

Policy Statement

The FCSS Advisory Board is responsible to develop, maintain, and provide preventative based social programs and support services in Bassano pursuant to the Family and Community Support Services Act, the Family and Community Support Services Regulation, and the Town’s strategic plan.

Purpose Statement

To provide low-income individuals/families with the opportunity to receive program subsidization allowing cost reduction to FCSS facilitated social and educational programs and increasing accessibility through barrier reduction.

Definitions

Chief Administrative Officer (CAO) – means the administrative head of the municipality.

Council – means the elected body of the Town.

Director – means the FCSS Director, an employee of the Town, that is dedicated to the FCSS Advisory Board managing social programs and services.

Bassano FCSS – means Family and Community Support Services.

FCSS Advisory Board – a volunteer advisory board of directors appointed by council with the responsibility of leading and managing social programming in the Town.

Town – means the incorporated municipality of Bassano.

Participant – means the person registering for a program.

Subsidy – money given to aid in cost reduction.

Low Income Cut Off (LICO) – represents the poverty line as set by Statistics Canada, updated yearly based on the inflation rate.

Responsibility

It is the responsibility of the Director to ensure this policy is implemented.

Process

The FCSS Advisory Board shall allocate funds to the Program Subsidy, to be determined annually as part of the budgetary process. Access the Program Subsidy is based on a first come first served basis until annual allotment has been dispersed.

1. Individuals wishing to participate in the program, must submit an application (Schedule A) to the Town.
2. The form will be reviewed by the FCSS Director for eligibility.
3. Upon approval participants shall be required to remit remaining program fee before participation.

Guidelines

1. These guidelines set out the minimum requirements for a resident to be accepted into the Program Subsidy. To be eligible for subsidy, applicant's income must fall below the Government of Canada's Low-Income Cut-Off or Alberta Seniors Benefits eligibility income threshold.

Size of Household	Total Income of All Adults (Line 150)
1	\$28,217
2	\$35,128
3	\$43,187
4	\$52,434
5	\$59,470
6	\$67,073
7 or more	\$74,675
Size of Household	Total Income of All Seniors (Line 150)
Senior (65 years or older) - Single	\$31,080
Senior (65 years or older) - Couple	\$50,720

2. Applicants must provide the following information:
 - a. Confirm that they are a resident of the Town or the Brooks Newell Region.

- b. Current proof of their Canada Revenue Agency Notice of Assessment or Reassessment for each household member over the age of 18 – Total income is shown on line 150.
3. If accepted into the program applicants will receive a non-cash subsidy applied to a program registration fee. The applicant is responsible to pay the remainder of the registration fee before participation in the program.
4. Program Subsidy shall be applied solely to the requested program and does not carry forward to future FCSS programming.

Policy Reference

1. P-FCSS006 Financial Planning Policy
2. P-FCSS007 Programming Policy

Attachments

1. Schedule A - Bassano FCSS Program Subsidy Application

END OF POLICY

Bassano FCSS Program Subsidy Application

The FCSS Program Subsidy was developed to help low-income individuals and families access Bassano FCSS programs requiring registration fees. This program is first come, first serve as funding is limited. To participate in the program, complete the form below.

CONTACT INFORMATION

Applicant Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)		Date of Birth* (YYYY-MM-DD)
Alternate Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)		Date of Birth* (YYYY-MM-DD)
Residential Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Mailing Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Email Address		Phone Number	Alternate Phone Number
Program Requested for Subsidy			

PROGRAM INFORMATION:

Adults – List all adults living in the family household. Attach a copy of the Canada Revenue Agency Notice of Assessment or Reassessment for each adult family member.

Last Name	First Name	Relationship	Birth Date YYYY-MM-DD	Total Annual Income before Tax (Line 150 from Revenue Canada's Notice of Assessment)	Request Subsidy	
					Yes	No
					Yes	No
		Grand Total Annual Income				

The personal information requested on this form is being collected for the purpose of course/seminar registration under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions about the collection of this information, please contact our FOIPP Coordinator at the Town Office (403) 641-3788

FEE ASSISTANCE PROGRAM REQUIREMENTS AND PROGRAM TERMS:

1. The FCSS Program Subsidy is first come first serve and will be closed when available funds have been allocated.
2. Participants must be a resident of the Town of Bassano or County of Newell.
3. The total annual household income falls below the Government of Canada’s Low Income Cut Off and Alberta Seniors Benefit eligibility. See income thresholds below.

Size of Household	Total Income of All Adults (Line 150)
1	\$28,217
2	\$35,128
3	\$43,187
4	\$52,434
5	\$59,470
6	\$67,073
7 or more	\$74,675
Size of Household	Total Income of All Seniors (Line 150)
Senior (65 years or older) – Single	\$31,080
Senior (65 years or older) - Couple	\$50,720

The applicant must provide their Canada Revenue Agency Notice of Assessment or Reassessment for each household member over the age of 18 – Total income is shown on line 150.

OR

Alberta Works/Income Support or Assured Income for the Severely Handicapped (AISH)
Health Benefits Card Number

4. The subsidy does not carry forward to future FCSS programs. Applicants must reapply on a program-to-program basis.

I, _____ acknowledge that I have read and understand the program subsidy requirements and program terms above.

Signature of applicant

Date

FOR OFFICE USE ONLY

Confirm Total Annual Income (Income falls below the Government of Canada's Low Income Cut-Off income threshold)

Yes No

OR

Alberta Works/Income Support or Assured Income for the Severely Handicapped (AISH) Health Benefits Card Number

Name	Age	Subsidy Amount
Total Subsidy Amount		

Approval for the total subsidy amount: Yes No

Program Name _____

Director Authorization

Date