

Summer Village of Sandy Beach

**Family and Community Support Services (FCSS) Grant Funding**

Application Year: **January 1 to December 31, 20\_\_\_\_\_**

<b>Program Name:</b> Self Awareness	<b>GRANT AMOUNT REQUESTED</b> \$	<b>\$ GRANT AMOUNT AWARDED</b> \$
<b>Organization Information:</b>		
Organization Name:		
Mailing Address:		
Contact person:		Position/title:
Email address:		
Telephone:	Cell:	Fax:
Is your organization registered as a society or a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable Number:	Incorporation Number:	
Please provide a brief overview of your agency		

**Eligibility for Financial Support**

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a **non-profit society** in Alberta; or operating under the administrative jurisdiction of a school division or municipality.

**ONLY** applications that identify the Specific piece of the project or program that fits the FCSS Act and Regulation and identifies the Outcomes and

Indicators will be considered.

<b>Deadline Dates</b>		
<b>Applications for FCSS Grant Funding</b>	<b>October 15, 20____</b>	<i>(for the upcoming year)</i>
<b>Please note A <i>Year End Summary</i> report must be submitted by:</b>	<b>January 31, 20____</b>	<i>(of the following year)</i>

<b>Additional Organization Information:</b>	
Brief Description of your agency Mission, Mandate, History	
Funded by	Provincial Gov't    Federal Gov't    Other (please list all)
Reason why you need additional funding for this project	

<b>Program/Project Title:</b>	Self Awareness
<b>Statement of Need:</b> <i>What community need or issue does this program or project address?</i>	Some people in our community require support in meeting their social needs. E.g. those experiencing life transitions or struggles such as divorce, relationship issues with spouses/partners or children, adjusting to blended family relationships, grief & loss, parenting issues, etc.
<b>Overall Goal:</b> <i>What do you hope to achieve with the program or project [ overall change or impact in the long term]</i>	People have enhanced capacity to meet their social needs.
<b>Broad Strategy:</b> <i>In general terms, how will the program or project address the community need?</i>	Provide a variety of opportunities for community members to come together to connect and receive support and guidance from others.

<p><b>Rationale:</b>  <i>What <b>evidence</b> do you have that would support this approach, ie.,if you do these things, then these results will occur? What is your “if/then statement?”</i></p>	<p>If people feeling a need for support in addressing specific life issues are provided with support &amp; info, then they will have enhanced ability to deal with these transitions.</p> <p><a href="http://www.counselling-directory.org.uk/solution-focused-brief-therapy.html">http://www.counselling-directory.org.uk/solution-focused-brief-therapy.html</a>  Solution-focused brief therapy - also known as solution-focused therapy - is an approach to psychotherapy based on solution-building rather than problem-solving. Although it acknowledges present problems and past causes, it predominantly explores an individual's current resources and future hopes - helping them to look forward and use their own strengths to achieve their goals.</p>
<p><b>Who is served?</b>  <i>What is the <b>Target Group</b> or population you want to reach with this program or project? (youth, seniors, adults etc.)</i></p>	<p>Community members requesting support or  People requiring support to address their needs</p>
<p><b>Inputs :</b>  <i>Identify the specific <b>resources</b> you have available for this program or to complete the project.</i></p>	<ul style="list-style-type: none"> <li>• Staff</li> <li>• Volunteers</li> <li>• Money</li> <li>• Materials</li> <li>• Partners</li> <li>• Information</li> <li>• Facility</li> <li>• Food</li> </ul>
<p><b>Outputs:</b> Identify the specific <b>Activities and processes</b> you will use to work toward your program or project goals.</p>	<p>Intake &amp; assessment  Support group  Brief one on one sessions)  Bridging/connecting to relevant community resources  [may result in support groups being formed]</p>
<p><b>Outputs:</b>  <i>Who will you reach (students, volunteers, seniors etc.)</i></p>	<p><b>Must report to the province so please collect:</b></p> <ul style="list-style-type: none"> <li># of participants</li> <li># of volunteers</li> <li># of volunteer hours related to this FCSS initiative</li> </ul> <p><b>If partners are involved:</b></p> <ul style="list-style-type: none"> <li># of partners</li> </ul>

	<p>List of Partners</p> <p><b>Consider collecting other information relevant to this program/project:</b></p> <ul style="list-style-type: none"> <li># of new participants</li> <li># of individuals served by age category</li> <li># of workshops/presentations offered</li> <li># of various types of information requested, i.e., food bank, transportation, housing, health, safety-internet/telephone/door to door solicitors</li> <li># of information and referrals</li> </ul>
<p><b>FCSS Overarching Goal</b></p> <p><i>FCSS programs 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.</i></p> <p><b>How</b> does this program or project contribute?</p>	<p>FCSS enhances the social well-being of individuals, families and community through prevention.</p>

Program Name	Outcome Statement:	Measures: Question On the Survey	Measures Bank Numbers:	Alignment with the FCSS Outcomes Model: Chart of Outcomes and Indicators:	Data to be collected and reported on the <u>Year End Summary Report</u> after surveying	Strategic Direction
Self Awareness	People have enhanced capacity to meet their social needs related to life transitions [or specific issues they are facing.]	As a result of this program I feel better about my ability to address conflict positively.	PM3	<p><i>Individual Outcome # 1</i></p> <p><i>Individuals experience Personal Well-being</i></p> <p><i>Indicator: Competence</i></p>	<p><b>Total # of People</b></p> <p># completing the tool:</p> <p># completing measure:</p> <p># experiencing a positive change:</p> <p>% of positive change</p>	SD1 help people develop independence, strengthen coping skills and become more resistant to crisis.
	People have enhanced confidence to deal with their issues.	As a result of this program I am more confident in my ability to deal with life's challenges.	PM8	<p><i>Individual Outcome # 1</i></p> <p><i>Individuals experience Personal Well-being</i></p> <p><i>Indicator: Resilience</i></p>	<p><b>Total # of People:</b></p> <p># completing the tool:</p> <p># completing measure:</p> <p># experiencing a positive change:</p> <p>% of positive change:</p>	SD1 help people develop independence, strengthen coping skills and become more resistant to crisis.
	People know how	As a result of this	PM1	<p><i>Community Outcome # 1</i></p>	<b>Total # of People:</b>	SD1 help people

	to access the community resources they need	program I know how to access the community resources I need.		<b><i>The Community is connected and engaged.</i></b>  <b><i>Indicator: Awareness of Community</i></b>	# completing the tool: # completing measure: # experiencing a positive change: % of positive change	<b>develop independence, strengthen coping skills and become more resistant to crisis.</b>
	People are connected with others in their community.	[Insert name] has helped me to feel more connected to the people in my neighborhood/comm unity.		<b><i>COMMUNITY OUTCOME 1</i></b> <b><i>The community is connected and engaged.</i></b>  <b><i>Indicator: Social Engagement</i></b>	<b>Total # of Community members:</b> <b># completing the tool:</b> <b># completing measure:</b> <b># experiencing a positive change:</b> <b>% of positive change</b>	<b>SD3 help people to develop interpersonal and group skills which enhance constructive relationships among people</b>

<b>PROPOSED BUDGET</b>		
<b>REVENUE:</b>		
FCSS Grant Funding	\$	
Other Funding Sources	\$	
	\$	
	\$	
Total Revenue:		\$
<b>EXPENDITURES:</b>		
Program/Project Materials	\$	
Speaker/Presenter Expenses	\$	
Advertising/Promotions	\$	
Telephone/Postage/copying	\$	
Facility Rentals	\$	
Other Costs: Nutritional expenses	\$	
Administration/Coordination	\$	
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$	
		\$
Total Expenditures		\$
Surplus (Deficit)		

### Declaration of Applicant

I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies **with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**

(<http://humanservices.alberta.ca/family-community/14876.html>):

**I acknowledge that** should this application be approved, I/we will be required to enter into this funding agreement in its entirety.

Print Name	
Authorized Signature	
Date Signed	
Date submitted to Village of Donalda	

Please keep a copy of this application for your records along with supporting financials. This report will coincide with the Year End Summary.

**Forward completed application to:** Summer Village of Sandy Beach

**Contact:** CAO

**Email:**

**Phone:**

### FOR OFFICE USE ONLY

Date Received:	\$ Amount Approved:
By Mail:	Date Approved:
By Email	Notes/Special requests or comments
	Future Recommendations