# Family and Community Supports Services
## Rocky View County
## 2026 Funding Application and Report

☐ Funding Application          ☐ Annual Report

| | General Funding Large ($10,000 and over) | General Funding Small (under $10,000) | Special Project ($7,500 and under) | Total |
|---|---|---|---|---|
| FCSS Funding Request | | | | |
| FCSS Funding Received (actual) | | | | |

## 1. AGENCY INFORMATION

| | |
|---|---|
| Agency Name | |
| Program/Project Name | |
| Program Contact | |
| Contact Phone | |
| Executive Director | |
| Email | |
| Website | |
| Mailing Address | |
| Fiscal Agent (if required) | |

## 2. ORGANIZATION TYPE

| | |
|---|---|
| Alberta Societies Act Registration Number | |
| Charitable Number (if applicable) | |
| Government Agency (if applicable) | |
| Other (please specify) | |

2.1 Please provide a brief overview of your agency, include mission, mandate, short history. **[1/4 page max]**

| AGENCY NAME | PROGRAM/PROJECT NAME | GRANT AMOUNT REQUESTED | % OF TOTAL PROGRAM BUDGET | GRANT AMOUNT AWARDED |
|---|---|---|---|---|
|  |  |  |  |  |

Please check which of the FCSS Rocky View Priorities your program/project will address:

☐ Mental Health Supports
☐ Senior Supports
☐ Child, Youth, and Family Supports
☐ Other [                                        ]

## 3. PROGRAM/PROJECT LOGIC MODEL

**3.1    Program/Project Description [1/2 page max]**
Provide a brief description of the program you are applying for funding for.

**3.2   Statement of Need: [1/2 page max]**
*What* community issue, need or situation are you responding to?
*What* evidence do you have to support that this is an issue, i.e. local data, trends, reports?

**3.3 Rationale: [1/2 page max]**
Given the evidence above, *how* will your strategy help you achieve your outcomes, i.e. best practices, research?
*Why* will your strategy help you achieve your outcomes?

**3.4    Program/Project Design: [1 page max]**
*Briefly* describe your program/project.
*How* are you going to address the issue, need or situation?
*What* are the actions/steps/activities? How often will these activities take place and for how long?

**3.5 Community Connections: [1/2 page max]**
*What* existing or new connections will you use to support your program/project?
*How* will County residents know about your program/project, i.e. marketing, engagement events etc.?

**3.6 Collaborative Partnerships: [1/2 page max]**
*What* existing or new partnerships will you leverage to advance your program/project?

**3.7 Volunteerism: [1/2 page max]**
*How* will County residents engage in volunteer activities in your program/project?

**3.8 Was your program/project implemented as planned above?   If yes, proceed to the next sections of the annual reporting. If not, why?  What changed? How did it go?   [1/2 page max]**
*Please note if you are not able to implement your program/project as stated above, you must get permission from Rocky View County before proceeding*

## 4.PREVENTION STRATEGIES

### 4.1 Identify the Strategies [1/2 page max]

*What* provincial Prevention Strategies apply to your program? Select one or more of the strategies listed below.

*Promote & encourage active engagement in the community*

*Foster a sense of belonging*

*Promote social inclusion*

*Develop and maintain healthy relationships*

*Enhance access to social supports*

*Develop and strengthen skills that build resilience*

### 4.2 Target Group [1/2 page max]
*Who* will be served in your program/project, i.e. youth, families, seniors, volunteers?

## 4.3 Program/Project Location
*Where* is program/project to be offered in the County?
*\*Please check all divisions that apply.*

☐ DIVISION 1

☐ DIVISION 2

☐ DIVISION 3

☐ DIVISION 4

☐ DIVISION 5

☐ DIVISION 6

☐ DIVISION 7
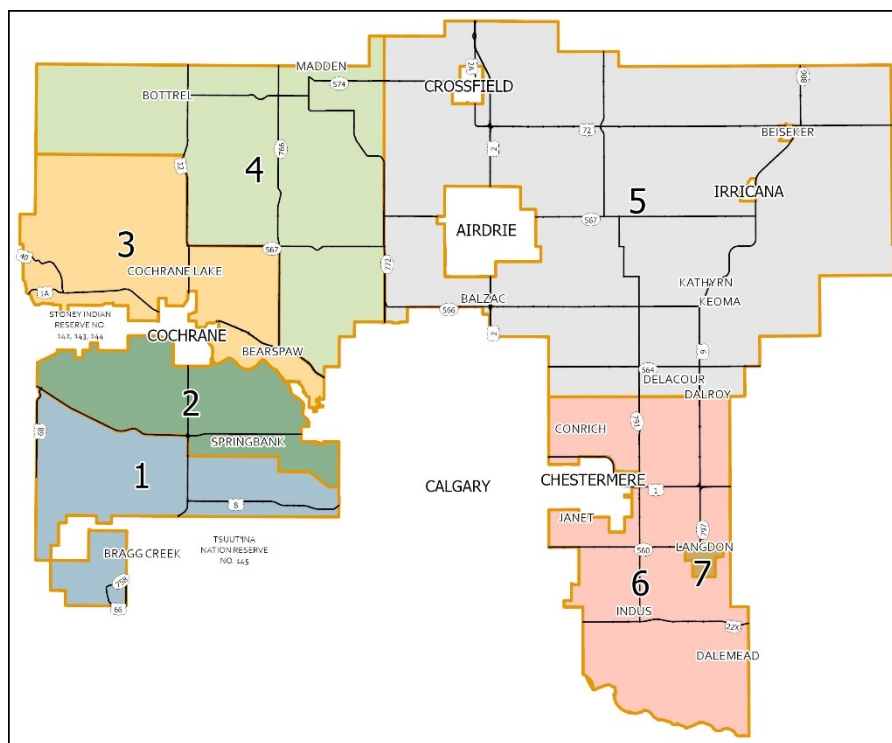


## 4.4 Anticipated and Actual Number of Individual Participants Served for this program/project

|  | All Individuals Anticipated | All Individuals Actual | County Residents Anticipated | County Residents Actual |
|---|---|---|---|---|
| # of Volunteers |  |  |  |  |
| # of Volunteer Hours |  |  |  |  |
|  |  |  |  |  |
| # children and youth (under 18) |  |  |  |  |
| # adults (18 +) |  |  |  |  |
| # seniors (65 +) |  |  |  |  |
| **Total individuals served** |  |  |  |  |

| 5. PROPOSED AND ACTUAL PROGRAM/PROJECT BUDGET |
|---|

- **Download the 2026 Fillable PDF Template**: Open the attachment and save the budget form to your computer.
- **Fill in the Required Information**:
  - Complete all relevant sections of the form.
  - Ensure that all figures are accurate and up to date.
  - If any field is not applicable, please mark it as "N/A".
- **Review Your Entries**: Double-check the information you have entered for accuracy and completeness.
- **Save Your Completed Budget Form**: Save the form with your changes.
- **Submit the Form**: Make sure the completed PDF budget form is submitted with your application and/or report.

## 6. ADDITIONAL OUTCOME REPORT

**6.1 Additional Outcomes Data [1 page max]**

Provide any additional outcomes data you have collected from your program/project, i.e. full data sets, copy of aggregated survey data, referral tracking etc.

**6.2 Additional Information [1 page max]**
Provide any additional information that will highlight the success of your program/project, i.e. demographics, comments on surveys, program statistics, framework, approaches, etc.

**6.3 Impact Stories [1 page max]**
Provide any success stories of your program/project that describes significant impact for the participants.  Include a photo or links (if possible).

**6.4 Continuous Quality Improvement [1/2 page max]**
Based on your quality improvement and evaluation processes, was the program/project successful? Should the program/project continue?

What changes or improvements will you make (if any)? **[1/2 page max]**

Did your outcome measures yield the expected results? What improvements can be made to the outcome measurements process? Please explain. **[1/2 page max]**

## 7. DOCUMENTATION REQUIREMENTS

Please ensure the following documents are attached to your application/annual report:

- ☐ List of current agency Board of Directors including name and board position. Please do not include any personal information (i.e. home phone, address, email, etc.).
- ☐ Organizational Chart of Agency
- ☐ Constitutions and Bylaws (first time applicants and only if changes have been made)
- ☐ Most recent audited financial statement (needed for both application and report).
- ☐ Digital and scanned signatures will be accepted; unsigned applications/reports will be returned.

Submit completed and signed application or annual report by email or direct mail to:

Jodi McKay, FCSS Coordinator
fcss@rockyview.ca
Rocky View County
262075 Rocky View Point
Rocky View County, AB T4A 0X2

For further assistance, please call 403.520.3957 or email fcss@rockyview.ca

## 8. DECLARATIONS

**Application Declaration:**

I declare that all 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, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

(https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx)

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

| Print Name | Authorized Signature | Date |
|---|---|---|
|  |  |  |

**Report Declaration:**

I declare that the information in this report is accurate and complete, and that the report is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

(https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx)

| Print Name | Authorized Signature | Date |
|---|---|---|
|  |  |  |