



## 2025 Village of Big Valley Family and Community Support Services Funding Application

---

### INTRODUCTION

Family and Community Support Services (FCSS) is a partnership between the Province of Alberta and a Municipality that develops locally driven initiatives to enhance the social well-being of individuals, families and community through prevention.

To obtain FCSS conditional funding, programs of service providers must meet the requirements of the Family and Community Support Services Outcomes Model and the Family and Community Support Services Act and Regulations.

#### **Questions can be directed to:**

CAO at 403-876-2269 or [cao@villageofbigvalley.com](mailto:cao@villageofbigvalley.com)

To qualify for this program, applications must include the following:

1. How your application will enhance the social well-being of individuals, families and community through prevention and contribute to at least one of the FCSS Outcomes
2. Enhance the social well-being if individuals, families, and community though prevention.
3. Achieve one or more of the following:
  - a. Help people to develop independence, strengthen coping skills and become more resistant to crisis;
  - b. Help people to develop an awareness of social needs;
  - c. Help people to develop interpersonal and group skills;
  - d. Help people and communities to assume responsibility for decisions and actions which affect them; and
  - e. Provide support that helps sustain people as active participants in the community

4. Programs and Services **NOT ELIGIBLE** include those activities which:
  - a. Primarily provide for the recreational needs or leisure time pursuits of individuals;
  - b. Are intended to sustain as individual or family, i.e., providing food, clothing or shelter;
  - c. Are primarily rehabilitative in nature; or
  - d. Duplicate services that are ordinarily provided by a government or government agency.
  
5. Priority will be given to programs that support one (or more) from a prevention lens of the following priorities:
  - a. Affordability
  - b. Belonging and Social Participation
  - c. Health & Well-Being
  - d. Housing
  - e. Transportation

### **Application Instructions**

1. Please ensure that application is complete and follows FCSS Guidelines; the application will be accepted only if it is filled out in full.
2. Please note all shaded grey areas are reserved for your year-end final report.
3. Ensure measures from the FCSS Measures Bank are used in this application. The complete Measures Bank can be accessed at: [FCSS Measures Bank](#) .
4. Ensure the budget template provided is completed in full.
5. Completed applications will go the Village CAO to present to Village Council. You will be contacted once recommendations have been finalized.
6. Successful applicants will be required to sign a Funding Agreement with the Village of Big Valley, on behalf of FCSS. This agreement will include details of payment, financial and program reporting, and other funding conditions. Failure to complete this Agreement in full may result in a request for refund of funds provided.

## Conditions of Funding

1. Funding received from the Village of Big Valley FCSS program must provide preventative social programs that directly benefit Big Valley residents. Residents of surrounding areas are qualified to receive similar benefits from the municipality they reside in.
2. As funding is limited, we encourage early applications. Please note, all funding requests may not be granted.
3. All funds **MUST** be spent by December 31, 2025.
4. Outcomes must be measured, and data included in a Year End Final Report, on this application by January 31, 2026, along with applicable expense receipts.
5. Actions must be selected from the Family and Community Support Services Measures Bank.
6. Applicants must work collaboratively with applicable collective impact tables (e.g., Interagency, Family Fun, Asset, BCAVA, Poverty Reduction Alliance.)
7. Unspent funding must be returned to the Village of Big Valley.
8. Incomplete applications WILL NOT be considered.

Website: [www@villageofbigvalley.ca](http://www@villageofbigvalley.ca)

Mail in or drop off at: Village of Big Valley Administration Office

Email: [cao@villageofbigvalley.ca](mailto:cao@villageofbigvalley.ca)

*NOTE: Personal information on the form is collected under the authority of the Freedom of Information & Protection of Privacy Act (the Act) for administrative purposes of the Village of Big Valley. Personal information is protected from unauthorized use and disclosure in accordance with the Act and may only be used and disclosed as provided by the Act. Questions regarding the collection of personal information can be directed to the Colleen Mayne CAO/FOIP Coordinator, Village of Big Valley, Box 236, Big Valley, Alberta, T0J 0G0 or by calling 403-876-2269.*

<b>Program / Project Name</b>	<b>Grant Amount Requested</b>	<b>Grant Amount Awarded</b>
<b>Project Start Date</b>	<b>Completion Date</b>	<b>Organizations Contribution</b> (must be at least 50% cost share)

### ORGANIZATION INFORMATION

Agency Name	
Executive Director Name	
Email address and website	
Mailing Address	
Postal Code	
Project Telephone number	
Project Contact Name	
Fiscal Agent Name & Address (if required)	
Please provide a BRIEF overview of your agency: (mission, mandate, values)	
AB Societies Act Registration Number:	
Charitable Number:	
Government Agency:	
Other: Non-Profit	

## **Project / Program Overview**

**Please explain briefly what the project/ program is and why it is important to our community? (300 words or less)**

**Please select one which represents the best social outcome statement for your program/project:**

- Individuals experience personal well being
- Individuals are connected to others
- Children and youth develop positively
- Healthy functioning within families
- Families have social supports
- The community is connected and engaged
- Community social issues are identified and addressed

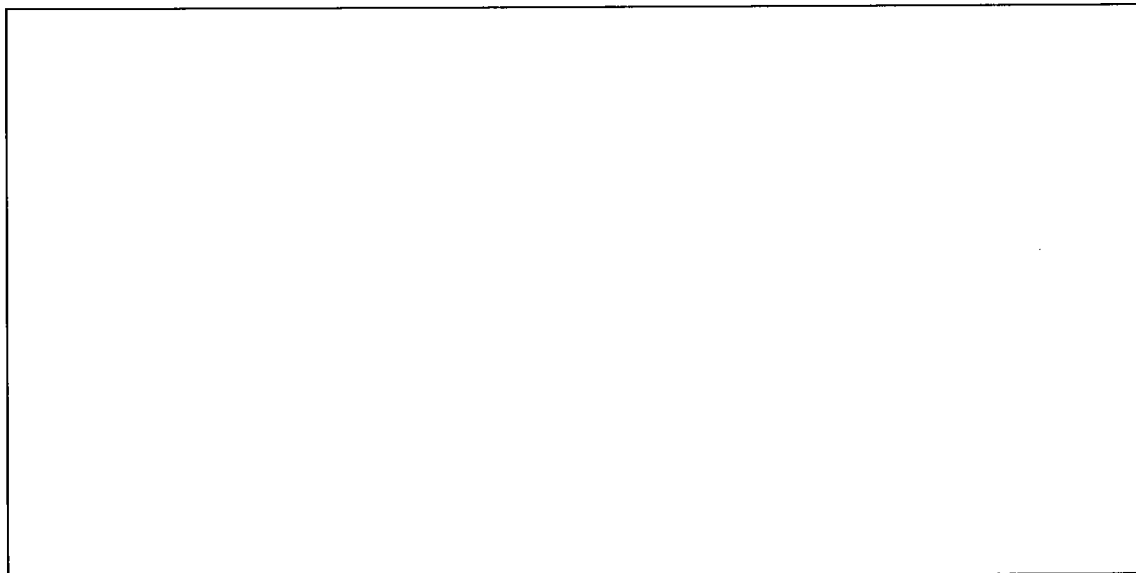
Select which **strategic direction** from the 5 Regulatory Statements of the FCSS best links to your outcome statement, your project may have more than one strategic direction:

- Help people to develop independence, strengthen coping skills, and become more resistant to crisis (SD1)
- Help people to develop an awareness to social needs (SD2)
- Help people to develop interpersonal and group skills which enhance constructive relationships among people (SD3)
- Help people and communities to assume responsibility for decisions and actions which affect them (SD4)
- Provides supports that help sustain people as active participants in the community (SD5)

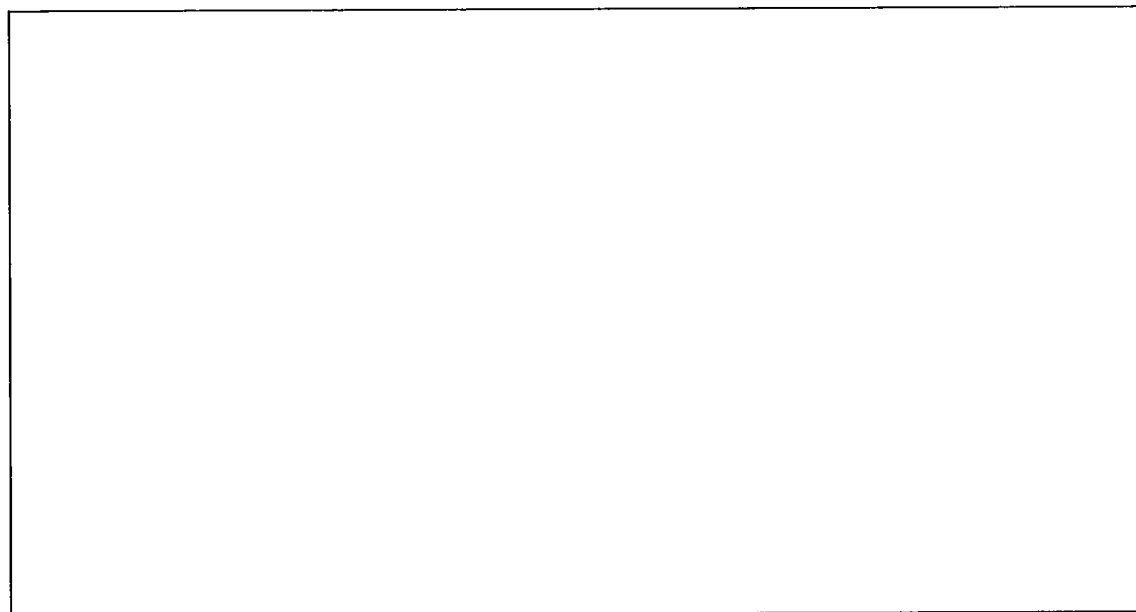
**Program Logic Module**  
**Statement of Need**

What community need or issue does this program/project address?

Overall Goal: What do you hope to achieve with your proposed program or project (overall impact or change)?



Broad Strategy: In general terms, how will your program or project address this community need?



## Final Report

Was your strategy implemented as planned above? If not, why? What changed?  
How did it go?

Outcomes: List the outcome(s) you are measuring here . Use these same ones in the "Outcomes" section following.

Rationale (why): Why will your strategy help you achieve your outcome(s)? What evidence/research do you have that this strategy will work?

<p>Resources Needed (inputs): Such as staff, volunteers, money, materials, equipment, technology, information – please be as specific as possible and include detailed information on the needed financial resources in your budget.</p>	
<p>Partners: List partners you will be working with to achieve this goal.</p>	
<p>FINAL REPORT: What Partners were involved? What did they contribute?</p>	

What is the **target group or population** you wish to reach with this program/project?

Please indicate the percentage of participants that are expected to be County residents:

- Children (birth – 12) \_\_\_\_\_ %
- Teens (13-18) \_\_\_\_\_ %
- Families \_\_\_\_\_ %
- Adults \_\_\_\_\_ %
- Seniors (65+) \_\_\_\_\_ %
- Community \_\_\_\_\_ %

Percentage of County participants: \_\_\_\_\_ %

**Inputs:** List the specific resources you have available for this project or to complete this project. (Staff, volunteers, supplies, location, etc. ) If volunteers are used please estimate the number and hours for the program/project.

Actual # of Volunteers	Actual # of Volunteer Hours

**OUTPUTS:** List the specific **activities and processes** you will use to work toward your program or project goal(s).

**Outcomes – Refer to FCSS Measures Bank (add more if you will measure more)**

<b>Outcome:</b> Identified above in Program Logic Module section	<b>Indicator of Success:</b> From FCSS Measures Bank	<b>Measure:</b> Question on the survey	<b>FCSS Measures Bank Number</b>	<b># completing this measure</b>	<b># experiencing a positive change</b>
1					
2					
3					
4					

**Continuous Quality Improvement. Please answer the following questions.**

After analyzing the information, should this program/project continue? Was the program successful in achieving the goals outlined above?

What improvements can be made to the program/project?

Did your outcome measurements yield the expected results? Please explain.

If all funds were unspent: Why? What plans do you have for the unspent funds? What timeline will be required to expend the funds?

**BUDGET**

<b>Revenue</b>	<b>Proposes</b>	<b>Actual</b>
FCSS Grant Funding Request		
Other Grants (please specify)		
Donations (List)		
Fee for Service/ Participant Fee		
Other sources (please specify)		
Other sources (please specify)		
<b>Total Revenue</b>		

<b>Expenditures</b>		
Accounting/Legal Fees		
Administration:time/development/other		
Advertising		
Building rental/cleaning/utilities		
Food & Beverages Supplies		
Fundraising Expenses		
Insurance		
Program Staffing		
Telephone/postage/copying		
Travel Costs		
Volunteer Recognition, development recruitment		
Other (specify)		
Other (specify)		
<b>Total Expenditures</b>		

**Applicant Agreement (Sign & submit with your application)**

**I declare that:**

- I am a duly authorized representative having legal, financial and/or executive signing authority for the above noted organization.
- I represent a not -for -profit entity.
- The information provided within this application form and supporting documentation is true, accurate and endorsed by the above organization.
- I am aware that the information provide in this application may be available to the public.
- The project will benefit the general community and not specific individuals/families.
- A final budget report indicating the projects expenses and revenue and an Evaluation Form will be provided to the Village no later than 45 days from the stated completion date of the project.
- I understand that an overdue or outstanding Final Budget Report and/or Evaluation may affect future applications.
- Any unused funding will be returned to the Village of Big Valley
- Any FCSS funding awarded shall be used solely for the purposes stated within this application and according to the FCSS mandate.
- Any changes to the project and/or project extensions will not be enacted upon without the prior approval of the Village.
- **As a condition of accepting FCSS funding, the Village of Big Valley will have access to all financial statements and records having any connection with funding received.**
- The contribution from the Village of Big Valley will be recognized.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_