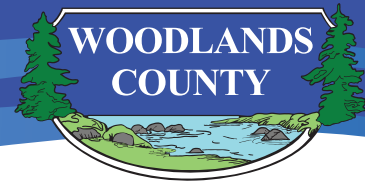


# Woodlands County

## Family & Community Support Services (FCSS) Application for Funding



### REQUIRED DOCUMENTATION

- Completed Application form
- Names of Board Members and Position held   
Do not include personal information such as emails or home addresses
- Most recent Financial Statement of your organization (preferably audited)
- Current Certificate of Incorporation as a Society  Attached  On File
- Year-end Final Reports (To be provided at the end of the current year)

### PART 1: ABOUT YOUR ORGANIZATION/GROUP

Project/Program Name: \_\_\_\_\_

Name of Organization/Society: \_\_\_\_\_

Registered Society Number and/or Registered Charity Number: \_\_\_\_\_  
(attach copy if not provided previously)

Mailing Address with Postal Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Board Chair/President with Signing Authority: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## MISSION STATEMENT

Please provide a brief overview of your group's mission or purpose:

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## EXECUTIVE SUMMARY

Please provide (or attach) a summary describing your program for which FCSS funding is being requested.

This information should provide an overview for the services that you provide through this particular project.

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What is the primary population that your grant funding will serve?

- Individuals     Families     Communities

The program/project must achieve one of the following provincial/local priorities. *Select one priority that best fits your project.* The priority must be from the population that your program/project will serve.

- |                                                                                                      |                                                                                              |                                                                                                                |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Individuals: Outcome 1:</b><br>Individuals experience social well-being. | <input type="checkbox"/> <b>Families: Outcome 1:</b><br>Healthy functioning within families. | <input type="checkbox"/> <b>Community: Outcome 1:</b><br>The community is connected and engaged.               |
| <input type="checkbox"/> <b>Individuals: Outcome 2:</b><br>Individuals are connected with others.    | <input type="checkbox"/> <b>Families: Outcome 2:</b><br>Families have social supports.       | <input type="checkbox"/> <b>Community: Outcome 2:</b><br>Community social issues are identified and addressed. |
| <input type="checkbox"/> <b>Individuals: Outcome 3:</b><br>Children and youth develop positively.    |                                                                                              |                                                                                                                |

**PART 2: PREVENTION**

**In what way(s) is your project preventive in nature?**

**Check the appropriate items from the following list:**

- 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
- help people develop independence, strengthen coping skills and become more resistant to crisis
- help people to develop an awareness of social needs
- help people 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 support that helps sustain people as active participants in the community

**COORDINATION AND COMMUNICATION**

**Please identify other organizations within the project’s catchment area which provide similar services.**

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**What cooperative and coordinative steps has the project taken with these other agencies?**

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**Describe the similarities and differences between the proposed project and those identified as being delivered by other organizations?**

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# Woodlands County FCSS Application for Funding

## PART 3: LOGIC MODEL Please describe your program outcomes:

<p><b>Statement of Need</b> What community need, issue or situation are you responding to? Evidence of need?</p>		
<p><b>Target Group</b> Who is being served through your project/program?</p>		
<p><b>Goals</b> What change are you hoping to achieve?</p>		
<p><b>Strategies</b> How are you going to address the need/issue? Eg. Workshops, counselling, forums etc.</p>		
<p><b>Activities</b> Specific actions you will use to work towards your goal. Eg. Deliver social focused programming for children.</p>		
<p><b>Inputs</b> What resources are needed? Eg. Staff, volunteers, funding, equipment, technology.</p>		
<p><b>Outcomes</b> Describe the difference your program/project will make. Eg. Young children will develop skills that enhance their positive interaction with others.</p>		
<p><b>Measurement Tool</b> How will you measure the success of your program/project? Eg. Pre/post test comparisons, observations, surveys.</p>		
<p><b>Number of individuals served by your project/ program</b> Clients should only be counted once – statistics from previous year if available.</p>	<p><b>Individuals, couples, families</b></p>	
	<p><b>Group participants</b></p>	
	<p><b>Groups or organizations</b></p>	
	<p><b>Total clients served</b></p>	
	<p><b>How many from Woodlands County?</b></p>	





# Woodlands County FCSS Application for Funding

## SUBMIT COMPLETED APPLICATION

Submit by mail to:

**Woodlands County Community Services Committee**

**Woodlands County Office:**

PO Box 60, Whitecourt, AB T7S 1N3

Fax: 780.778.8402 | Tel: 780.778.8400 | Toll Free: 1.888.870.6315

**Woodlands County Regional Office:**

PO Box 33, Fort Assiniboine, AB T0G 1A0

Fax: 780.584.3988 | Tel: 780.584.3866 | Toll free: 1.866.584.3866

Or submit by email to: [communityservices@woodlands.ab.ca](mailto:communityservices@woodlands.ab.ca)

**Deadline for submissions: Last Friday in February**

## DECLARATION

I declare that all of the information in this application is accurate and complete and that the application complies with the requirements for "Eligibility for Support" outlined in Part B of the Information section.

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Name (Agency Signing Authority)

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Title

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Date

For more information contact Woodlands County  
at **1.888.870.6315** or online at **[woodlands.ab.ca](http://woodlands.ab.ca)**

