



# PARKLAND COUNTY FAMILY AND COMMUNITY SUPPORT SERVICES 2025 GRANTS TO GROUPS – FUNDING APPLICATION

Initial Deadline: 4:30pm, Friday, November 22, 2024

## IMPORTANT

Before applying for this grant, your program or project must:

1. Be eligible for FCSS funding.  
Please refer to the eligibility chart before proceeding with this grant application.
2. Be a member of an incorporated not-for-profit organization or charity.  
Applications will not be accepted from private individuals or from for profit entities.

If you are unsure about any portion of this application, please contact us at 780-968-8342.

## I. CONDITIONS OF FUNDING

Funding received from the Parkland County Family and Community Support Services program must provide preventive social programs that directly benefit Parkland County residents\*.

- ✓ All funds must be spent by December 31<sup>st</sup> of the funding year.
- ✓ Activities and programs that are offered in Parkland County will receive priority. *Parkland County DOES NOT include Spruce Grove, Stony Plain, Village of Spring Lake, the Village of Seba Beach, or Reserves 133A or 135 and Summer Villages.*
- ✓ Public acknowledgement of Parkland County FCSS financial assistance is a condition of receiving a grant.
- ✓ Outcomes must be measured, and data must be included in your **End of Year Summary Report**. *Reports that do not include data from their measures may not be considered for future funding through Parkland County.*
- ✓ **End of Year Summary Report** must be submitted within 30 days of program completion or January 30, 2026 whichever is sooner, and must include **Measures** (survey questions) results. **Measures must** be selected from the **Family and Community Support Services Measures Bank**.
  - The **Measures Bank** will be emailed to you if your project is accepted for Grants to Groups Funding.
  - Support on how to choose **Measures Bank** questions and how to include this information in your **End of Year Summary Report** will be available to you by contacting Parkland County FCSS.

\* Parkland County residents DOES NOT include those living in Spruce Grove, Stony Plain, Village of Spring Lake, the Village of Seba Beach, or Reserves 133A or 135 and Summer Villages.

## II. INFORMATION

Family and Community Support Services (FCSS) is a partnership between the Province of Alberta and a Municipality or Metis Settlement 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 fit within Parkland County Family and Community Support Services priorities and meet the requirements of the Family and Community Support Services Outcomes Model: How We are Making a Difference (March 2012) and Family & Community Support Services Act and Regulations.

These programs must

- a) Enhance the social well-being of individuals, families and community through prevention and contribute to at least one of the outcomes

### INDIVIDUALS - OUTCOME 1

Individuals experience social well-being

### FAMILIES - OUTCOME 1

Healthy functioning within families.

### COMMUNITY - OUTCOME 1

The community is connected and engaged.

### INDIVIDUALS - OUTCOME 2

Individuals are connected with others.

### FAMILIES - OUTCOME 2

Families have social supports.

### COMMUNITY - OUTCOME 2

Community social issues are identified and addressed.

### INDIVIDUALS - OUTCOME 3

Children and youth develop positively.

- b) Enhance the social well-being of individuals, families and community through prevention.
- c) Do one or more of the following:
  - i. help people to develop independence, strengthen coping skills and become more resistant to crisis;
  - ii. help people to develop an awareness of social needs;
  - iii. help people to develop interpersonal and group skills;
  - iv. help people and communities to assume responsibility for decisions and actions which affect them;
  - v. provide supports that help sustain people as active participants in the community.
- d) Programs and Services not eligible under the program include those that:
  - i. provide primarily for the recreational needs or leisure time pursuits of individuals;
  - ii. are intended to sustain an individual or family, i.e., providing food, clothing or shelter;



- iii. are primarily rehabilitative in nature; or
- iv. duplicate services that are ordinarily provided by a government or government agency.

The above guidelines must be kept in mind when completing your application. If you are unsure if your program qualifies for FCSS funding, please call Parkland County FCSS before you apply.

All sections of the application must be complete in full, feel free to use additional sheets if any of the spaces provided on the application form are inadequate.

### III. APPLICANT INFORMATION

REGISTERED ASSOCIATION INFORMATION			
Registered Name			
Act Incorporated Under		Date of Incorporation	
Mailing Address			
City/Town		Postal Code	

DECLARATION OF OFFICERS			
In making this application, we, the undersigned Officers of the applicant, hereby represent to Parkland County and declare that, to the best of our knowledge and belief that the information provided is truthful and accurate; and the application is made on behalf of the organization with the Board's full knowledge and consent.			
Signature of President		Print Name	
		Date	

PRIMARY GRANT APPLICATION CONTACT			
Primary Contact		Email	
Mailing Address		Phone	
City/Town		Postal Code	

## TYPE OF SUPPORT

Please indicate which type of funding support you are applying for:

- Special Project
  - (Short term and not part of the regular operational costs of the organization)
- Support of Current Programming
- New Programming

Please indicate the length of term of which you are applying for funding:

- 1 year
- 2 year
- 3 year

*Organizations may apply for 1-, 2-, or 3-year funding. If applying for 2- or 3-year funding, an application will not need to be resubmitted unless there are changes to the program. The amount requested will be per year. Reporting will still be required at the end of each year. Failure to submit reporting at the end of the year will result in termination of grant.*

## IV. EXECUTIVE SUMMARY

PROJECT/PROGRAM NAME AND DESCRIPTION
<p>Project/Program Name:</p> <hr/> <p>Please provide a short description of the proposed project/program:</p>

## TARGET GROUP

What age group(s) will your project/service serve?  
(Check all that apply.)

- Children 0-5 years of age
- Youth 6-11 years of age
- Teens 12-18 years of age
- Adults 19 - 25 years of age
- Adults 25 - 65 years of age
- Senior 65 +

Which of the Provincially identified Vulnerable Populations will your program/project support?

- N/A
- Refugees
- Working Poor
- Immigrants
- Seniors
- LGBTQ2+
- Indigenous Peoples
- Adults
- Lone Parent Households
- Children/Youth
- PDD (Persons with Developmental Disabilities)

Please provide an estimated number of participants: \_\_\_\_\_

NOTE: Actual participant numbers will be required in your Summary Report. Please keep track of your participant numbers for reporting later on.

## STATEMENT OF NEED

What is the overall issue your project/service is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For Example: Phone requests for service, client requests, and current gap in services in relation to this service/need.)

#### V. PROGRAM OUTCOME STATEMENT AND INDICATOR

##### PROGRAM OUTCOME STATEMENT

Please provide us with one **Outcome Statement** that best fits your FCSS funded program/project or service: An Outcome Statement includes the target audience and the desired change that your program sought to influence in your participants. *Examples: Seniors are able to live independently. Parents have access to resources. Families are connected with supports. Volunteers are provided with training resources.*

## ALIGNMENT WITH THE FCSS OUTCOMES MODEL CHART OF OUTCOMES AND INDICATORS

Please check the **one** indicator (from the entire chart) that contributes most to your **Program Outcome Statement**

*Please note that each indicator is a separate Excel Tab in the Measures Banks Documents and the colored categories match the Tab colors as well.*

<p><b><u>Individual Outcome 1</u></b> Individuals experience personal well-being</p>	<p>Indicator:</p> <p><input type="checkbox"/> Resilience      <input type="checkbox"/> Autonomy      <input type="checkbox"/> Personal Engagement</p> <p><input type="checkbox"/> Self-esteem      <input type="checkbox"/> Competence      <input type="checkbox"/> Meaning and Purpose</p> <p><input type="checkbox"/> Optimism      <input type="checkbox"/> Capacity to meet needs</p>
<p><b><u>Individual Outcome 2</u></b> Individuals are connected with others</p>	<p>Indicator:</p> <p><input type="checkbox"/> Quality of social relationships      <input type="checkbox"/> Trust and belonging</p> <p><input type="checkbox"/> Social supports available</p>
<p><b><u>Individual Outcome 3</u></b> Children and youth develop positively</p>	<p>Indicator: Pick one asset from the "40 Developmental Assets" list below that best suits your Program Outcome Statement</p> <p><input type="checkbox"/> Developmental Asset # _____ Asset Title _____</p>
<p><b><u>Family Outcome 1</u></b> Healthy functioning within families</p>	<p>Indicator:</p> <p><input type="checkbox"/> Positive family relationships      <input type="checkbox"/> Positive family communication</p> <p><input type="checkbox"/> Positive parenting</p>
<p><b><u>Family Outcome 2</u></b> Families have social supports</p>	<p>Indicator:</p> <p><input type="checkbox"/> Extent and quality of social networks</p> <p><input type="checkbox"/> Family accesses resources as needed</p>
<p><b><u>Community Outcome 1</u></b> The community is connected and engaged</p>	<p>Indicator:</p> <p><input type="checkbox"/> Social engagement      <input type="checkbox"/> Awareness of the community</p> <p><input type="checkbox"/> Social support      <input type="checkbox"/> Positive attitudes toward others and the community</p>
<p><b><u>Community Outcome 2</u></b> Community social issues are identified and addressed.</p>	<p>Indicator:</p> <p><input type="checkbox"/> Awareness of community social issues</p> <p><input type="checkbox"/> Agencies and/or community members work in partnership to address social issues in the community</p> <p><input type="checkbox"/> Understanding of community social issues</p>



## 40 Developmental Assets® for Middle Childhood (ages 8-12)

Search Institute® has identified the following building blocks of healthy development—known as **Developmental Assets®**—that help young people grow up healthy, caring, and responsible.



<b>External Assets</b>	<b>Support</b>	1. <b>Family support</b> —Family life provides high levels of love and support.
		2. <b>Positive family communication</b> —Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s).
		3. <b>Other adult relationships</b> —Child receives support from adults other than her or his parent(s).
		4. <b>Caring neighborhood</b> —Child experiences caring neighbors.
		5. <b>Caring school climate</b> —Relationships with teachers and peers provide a caring, encouraging environment.
		6. <b>Parent involvement in schooling</b> —Parent(s) are actively involved in helping the child succeed in school.
	<b>Empowerment</b>	7. <b>Community values youth</b> —Child feels valued and appreciated by adults in the community.
		8. <b>Children as resources</b> —Child is included in decisions at home and in the community.
		9. <b>Service to others</b> —Child has opportunities to help others in the community.
		10. <b>Safety</b> —Child feels safe at home, at school, and in his or her neighborhood.
	<b>Boundaries &amp; Expectations</b>	11. <b>Family boundaries</b> —Family has clear and consistent rules and consequences and monitors the child's whereabouts.
		12. <b>School Boundaries</b> —School provides clear rules and consequences.
		13. <b>Neighborhood boundaries</b> —Neighbors take responsibility for monitoring the child's behavior.
		14. <b>Adult role models</b> —Parent(s) and other adults in the child's family, as well as nonfamily adults, model positive, responsible behavior.
		15. <b>Positive peer influence</b> —Child's closest friends model positive, responsible behavior.
		16. <b>High expectations</b> —Parent(s) and teachers expect the child to do her or his best at school and in other activities.
<b>Constructive Use of Time</b>	17. <b>Creative activities</b> —Child participates in music, art, drama, or creative writing two or more times per week.	
	18. <b>Child programs</b> —Child participates two or more times per week in cocurricular school activities or structured community programs for children..	
	19. <b>Religious community</b> —Child attends religious programs or services one or more times per week.	
	20. <b>Time at home</b> —Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.	

<b>Internal Assets</b>	<b>Commitment to Learning</b>	21. <b>Achievement Motivation</b> —Child is motivated and strives to do well in school.
		22. <b>Learning Engagement</b> —Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school.
		23. <b>Homework</b> —Child usually hands in homework on time.
		24. <b>Bonding to school</b> —Child cares about teachers and other adults at school.
		25. <b>Reading for Pleasure</b> —Child enjoys and engages in reading for fun most days of the week.
	<b>Positive Values</b>	26. <b>Caring</b> —Parent(s) tell the child it is important to help other people.
		27. <b>Equality and social justice</b> —Parent(s) tell the child it is important to speak up for equal rights for all people.
		28. <b>Integrity</b> —Parent(s) tell the child it is important to stand up for one's beliefs.
		29. <b>Honesty</b> —Parent(s) tell the child it is important to tell the truth.
		30. <b>Responsibility</b> —Parent(s) tell the child it is important to accept personal responsibility for behavior.
		31. <b>Healthy Lifestyle</b> —Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.
	<b>Social Competencies</b>	32. <b>Planning and decision making</b> —Child thinks about decisions and is usually happy with results of her or his decisions.
		33. <b>Interpersonal Competence</b> —Child cares about and is affected by other people's feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself.
		34. <b>Cultural Competence</b> —Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity.
		35. <b>Resistance skills</b> —Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things.
		36. <b>Peaceful conflict resolution</b> —Child seeks to resolve conflict nonviolently.
	<b>Positive Identity</b>	37. <b>Personal power</b> —Child feels he or she has some influence over things that happen in her or his life.
		38. <b>Self-esteem</b> —Child likes and is proud to be the person that he or she is.
		39. <b>Sense of purpose</b> —Child sometimes thinks about what life means and whether there is a purpose for her or his life.
		40. <b>Positive view of personal future</b> —Child is optimistic about her or his personal future.



## VI. ADDITIONAL PROGRAM DETAILS

**STRATEGY**

What strategies will your project/service use to address this issue? I.e. What your program will do and how?

**LOCATION**

Which geographical region in Parkland County will this program be located and what is your catchment zone? How will you reach the residents in your identified catchment zone?

**RATIONALE**

Explain why you believe this strategy or approach will work. The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we teach people different parenting tools and strategies, then parents will increase their parenting skills." **Include evidence** based research if possible. Make sure your Rationale complements and supports your Program Outcome Statement above.

## INPUTS

What resources are you and/or your group dedicating to this project/service? (Staff, money, materials, partners, volunteers, in-kind services?)

<input type="checkbox"/> Staff	How many? _____	Estimated number of total hours? _____
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<input type="checkbox"/> Volunteers	How many? _____	Estimated number of total hours? _____
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<input type="checkbox"/> Financial	How much?	Source?
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____

<input type="checkbox"/> In-kind services	Please list: _____ _____
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<input type="checkbox"/> Partners	Who?	Contribution?
	_____	_____
	_____	_____
	_____	_____
	_____	_____

If you have other inputs that you will be providing to the program, please list them here:

## PROPOSED BUDGET

Applicants must use this form only; alternate budget spreadsheets will **not** be accepted. Please provide as much detail as possible on this spreadsheet.

If applying for multi year funding, is this budget:

- Per year?
- Total program or project?

Proposed Expenditures	Proposed Amount
Please provide all budget details below:	Provide proposed expenditure amount
Personnel	
Travel/Training	
Materials & Supplies	
Facility Costs	
Other	
<b>Total Proposed Expenditures</b>	

Proposed Revenue	Proposed Amount
Provide all sources of revenue below, including in-kind	Provide proposed revenue amount
Total Proposed Revenue	
FCSS Funding Request:	

Should you receive partial funding for your project, what would partial funding **realistically** mean for your overall project/service? What portions of your services would it affect and how?  
*Please note: The funding amount is dependent on the number of groups applying during the current funding cycle.*

Would your program/project be able to be offered with partial funding?  Yes  No

Have you sought out additional funding from other sources for this project/program?  Yes  No

If yes, from what sources? (Please remember to list these sources on the budget sheet attached)

If yes, have any of these funding sources been confirmed?  Yes  No

If you have not sought out additional funding sources, why not?

If you do not receive full funding, how will you prioritize your programming? What parts might not get done?

**OUTPUTS**

What services will your organization/group be providing (workshops, presentations, meetings, other services)?

	How many will be offered?	How long will they be?	How often will they be offered (once per week, monthly, etc.)?
<input type="checkbox"/> Meeting time			
<input type="checkbox"/> Workshops			
<input type="checkbox"/> Program			
<input type="checkbox"/> Presentations			

Please add any additional outputs you may be providing to this program/project:

## VII. ASSESSING PROGRAM IMPACT USING MEASURES AND DATA COLLECTION

### DATA COLLECTION/MEASUREMENT TOOLS

What tools will you use to measure your success?

- Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)
- Post (End of Program) Survey only (programs that are less than 2-3 sessions)
- Pre and Post Interviews with clients/participants (for programs that last more than 3 sessions)
- Post Interview with clients/participants, only (for programs that only last 2-3 sessions)
- Observations
- Checklist (where participants are monitored through the program and as they achieve milestones, these milestones are checked off as being learned or achieved.)
- Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)
- Other, please explain what **other** form of measurement you will be using to measure positive difference:

**IMPORTANT NOTE:**

At the end of the funding period, you will be asked to include your measurement question and the data you collected from your participants. We will not require you to submit copies of the original participant surveys, unless specifically requested to do so, please keep these surveys according to your organization's retention policies just in case this request is made.

## VIII. PROGRAM/PROJECT COMMUNITY PARTNERSHIPS AND COMMUNICATION:

### SIMILAR SERVICES

Please identify other organizations in the Tri Municipal Region that provide similar services/programming.

Are there any other groups or organizations in Parkland County that offer similar services to your program/project?

- No    Yes - List the names of these organizations and the program that may be similar to yours?

Will your organization be partnering (networking, sharing information, sharing funding, sharing clients/participants) with the above organization(s)?

- Yes    No - If No, why not?

**IMPORTANT NOTE:**

It is to your benefit to partner with agencies that provide similar services to both increase communication and decreasing any duplication of services. Partnership means that resources are being utilized effectively and specific aspects to a project are being shared.

### ADDITIONAL INFORMATION

Please provide any additional information you feel may help your application. Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

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Note:

- ✓ Please ensure that you fill in the budget summary included in this application. You MUST use the budget that is part of this application. Additional financial information may be requested by Family and Community Support Services should further clarification be required.
- ✓ Please ensure that your contact information on this application includes the best way to contact you and that the information is accurate and printed clearly.

Thank you for your submission.