



## **GRANT INFORMATION AND APPLICATION**

# ST. PAUL REGIONAL FCSS GRANT INFORMATION

## A. What types of services will FCSS consider funding?

Services funded by FCSS 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
- And do one or more of the following:
  - Help people develop independence, strengthen coping skills and become more resistant to crisis.
  - Help people to develop an awareness of social needs.
  - Help people to develop interpersonal group skills which enhance constructive relationships among people.
  - Help people and communities to assume responsibility for decisions and actions which affect them.
  - Provide supports that help sustain people as active participants in the community.

Services that FCSS can support through the grant program are those that:

- Promote, encourage and facilitate the involvement of volunteers
- Encourage and facilitate cooperation and coordination with allied service agencies operating with the municipalities
- Promote, encourage and facilitate the development of stronger communities
- Promote citizen participation in planning, delivery, and governance of the program and the services provided under the program.

## B. What types of services can FCSS not fund?

The FCSS grant funds must not be used to:

- Primarily provide for the recreational needs or leisure time pursuits of individuals
- Offer direct financial assistance to sustain an individual or family
- Be primarily rehabilitative in nature, or
- Duplicate services available from or within the jurisdiction of any government agency or services that may otherwise be reasonably accessible to residents

### **C. What type of organization will FCSS consider funding?**

- FCSS can provide grant funding to not-for-profit agencies, community groups, associations or committees
- FCSS will not provide funding to individuals or commercial enterprises

### **D. What expectations does FCSS have of grant applicants?**

Applicants for FCSS grants will be required to:

- Complete a FCSS Grant Application Form with a projected budget and financial statement
- Comply with the FCSS grant terms and conditions, utilizing funds only for the purposes outlined in the grant application
- Submit a report to FCSS at project completion that includes financial reporting of the project
- Return unused funds to St. Paul Regional FCSS or provide a report on the projected use of those funds for approval of the FCSS Board
- Provide informal reports at the request of the FCSS program
- Acknowledge the contribution of the FCSS grant to the larger community

## 6 KEY PREVENTION STRATEGIES

1. promote and encourage active engagement in the community;
2. foster a sense of belonging;
3. promote social inclusion;
4. develop and maintain healthy relationships;
5. enhance access to social supports; and
6. develop and strengthen skills that build resilience

## PROVINCIAL PREVENTION PRIORITIES

1. Homelessness and Housing Insecurity
2. Mental Health and Addictions
3. Employment
4. Family and Sexual Violence Across the Lifespan
5. Aging Well in Community

## TARGET GROUP

While these social issues have affected many Albertans, it is important to note that certain population groups experience higher levels of vulnerability and/ or discrimination. They often bear the most significant burden and experience the most adverse impacts. These groups may include children and youth, women, seniors, BIPOC individuals, 2SLGBTQQIA+ individuals, Albertans with low- income, persons with disabilities, and people with lived experiences of trauma.

## TYPE OF PREVENTION

<p>Primary prevention focuses on the general population or on subsets of the population who may be at higher risk with the intent of promoting protective factors in the physical or social environment</p> <p><b>FCSS Services</b></p>	<p><b>Primary Prevention</b></p>	<ul style="list-style-type: none"> <li>• Address root causes of social issues with focus on the general population or a specific population</li> <li>• Promote protective factors in the physical and social environment (including social relationships)</li> <li>• Can include awareness programs, enhancing connections among community organizations and promoting community volunteerism</li> </ul>
<p>Secondary prevention focuses on specific groups or at-risk populations to address issues at an early stage</p>	<p><b>Secondary Prevention</b></p>	<ul style="list-style-type: none"> <li>• Address issues at an early stage for specific groups or at-risk populations</li> <li>• Strengthen the capacity of individuals and communities to prevent or reduce risk factors and build resilience</li> <li>• Can include connecting those in need with appropriate resources and skill development</li> </ul>
<p>Additional services permitted only during a public health emergency or extenuating circumstance, as determined by the Minister</p>	<p><b>Tertiary Prevention</b></p>	<ul style="list-style-type: none"> <li>• Address immediate needs with intent to prevent long-term impacts</li> <li>• Support individuals or groups already affected by social issues by providing direct services</li> <li>• Can include direct assistance such as food and shelter</li> </ul>

# ST. PAUL REGIONAL FCSS GRANT APPLICATION

## SECTION A: ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## SECTION B: PURPOSE

1. What services will be provided with the grant fund?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What do you want to achieve by providing these services (e.g., your objectives)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the target group that you wish to serve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How many participants do you expect to service with this project?

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5. What evidence of support is there from local business, industry, service groups, and users? (contributions of money, services and supplies and/or letters of service)

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6. In what ways does your project incorporate volunteerism?

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7. In what way(s) is your project preventative in nature (check all that apply)?

- \_\_\_\_\_ enhances, strengthens and stabilizes family and community life
- \_\_\_\_\_ improves the ability of persons to identify and act on their own needs
- \_\_\_\_\_ helps avert family or community social breakdown
- \_\_\_\_\_ helps prevent small problems from turning into crisis

8. How will you acknowledge the St. Paul Regional FCSS grant contribution?

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## SECTION C: FINANCIAL INFORMATION

### REVENUE:

Current Year FCSS Grant Request \$ \_\_\_\_\_

Fundraising \$ \_\_\_\_\_

Donations \$ \_\_\_\_\_

Grants (identify) \$ \_\_\_\_\_

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Fees \$ \_\_\_\_\_

Applicant Contribution \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL REVENUE:** \$ \_\_\_\_\_

### EXPENDITURE:

• \$ \_\_\_\_\_

• \$ \_\_\_\_\_

• \$ \_\_\_\_\_

• \$ \_\_\_\_\_

**TOTAL EXPENDITURES:** \$ \_\_\_\_\_

**NET:** \$ \_\_\_\_\_

**TOTAL GRANT FUNDING REQUESTED:** \$ \_\_\_\_\_

Is your organization applying for other grants?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose and what amount?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: DECLARATION**

We, the undersigned, do hereby certify this statement contains a full and accurate amount of all matters stated here:

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

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

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

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

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

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

Forward completed application to:

St. Paul Regional Family and  
Community Support Services  
Box 1480  
St. Paul, AB  
T0A 3A0





# ST. PAUL REGIONAL FCSS

## ACCOUNTING OF GRANT FUNDS

Name of Organization: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. What services were provided with the grant funds and did they differ from your original application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Did you achieve the objectives included in your application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many participants were involved?

\_\_\_\_\_

4. What evidence did you receive from local business, industry, service groups, and users? (e.g. funding, donations of services, volunteer work)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How did your program make a difference in the lives of the participants?

\_\_\_\_\_  
\_\_\_\_\_

6. How did you acknowledge the St. Paul Regional FCSS grant contribution?

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7. FINANCIAL ACCOUNTING (to be filled in after project is complete)

REVENUE:

\$ -----

\$ -----

\$ -----

TOTAL REVENUE:

\$ -----

EXPENDITURE:

\$ -----

\$ -----

\$ -----

NET PROFIT (LOSS):

\$ -----

Dated at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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Signature of Chairperson

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Printed Name

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Signature of Treasurer

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Printed Name