



LAC LA BICHE COUNTY POLICY

TITLE: COMMUNITY SOCIAL SERVICES GRANT	POLICY NO: CM-72-002
RESOLUTION: 10.007	EFFECTIVE DATE: JANUARY 12, 2010
LEAD ROLE: MANAGER, RECREATION/CULTURE AND FACILITIES	NEXT REVIEW DATE: JANUARY 27, 2012
SPECIAL NOTES/CROSS REFERENCE:	AMENDMENT DATE:

POLICY STATEMENT:

Lac La Biche County strongly believes in funding programs and activities that will contribute to improving the quality of life for County residents. This grant is specific to community development projects or programs of a social service nature. Social service is defined as services that improve the lives of our citizens and are aimed at supporting development of the full potential of people.

PROCEDURE:

1. Annually, before the thirtieth (30th) of September, a society and/or organization will submit a completed grant application to the County, including program goals, objectives and outcome measures, a detailed budget and supporting documents as detailed in the grant application form (Schedule A). Grants will be limited to non-profit organizations, societies, or associations. Funds will not be granted to individual persons. Grant applications may be considered at other times of the year if money is still available in the budget.
2. Queries about the program and applications will be managed through the FCSS program.
3. The FCSS Advisory Board will review and make recommendations on grant applications.
4. The beneficiaries of the project must be predominantly citizens of Lac La Biche County.
5. Project funding must first be sought through other grant programs. Applications must go through the FCSS grant process and other existing county grants.
6. An organization may not apply to this grant program for any other funds from the County for the project or program.
7. Projects and programs must be supported by volunteers, in-kind support or other funding methods. Volunteer labour of a general nature may be assigned a value of \$15/hour; professional labour may be assigned a value of \$30/hour.
8. Funding will not be provided for capital costs.
9. Funding will not be provided for staff.

10. Funding agreements may be approved to a maximum of three years.
11. This grant program is intended as a support for services valued within the community. It is the responsibility of the program to be vigilant for, and access, alternative means of sustaining funds for programs.
12. Project activities shall not duplicate the activities of other services in the community.
13. Funding application guidelines will request the following information, where applicable:
 - i. Financial statements for the previous two years (an explanation must accompany the application where this is not available).
 - ii. Proposed budget for the current year; if a three agreement is being sought, a projected three year budget must be provided.
 - iii. Level of sponsorship and support received from other partners must be clearly identified in the budget.
 - iv. The target group the service/project will address.
 - v. Unique or innovative techniques being utilized in the activities.
 - vi. Options available if the county funding is not obtained.
 - vii. All sources of income must be identified, including other grants, self-generated revenue, contributions, volunteer labour, etc.
14. The Community Social Services Grant budget will be determined through the County budgeting process.
15. Organizations receiving funding approval in any given year must use the funds within the funding year. All or portions of unexpended funds must be returned to the County.
16. The maximum total annual grant funding available to an organization is \$15,000.00.
17. When a grant is being issued, the applicant agency must sign a letter of agreement before funds will be released. The letter of agreement will detail what the funding is for, the amount of the approved grant, and conditions of the grant. Upon receipt of the signed letter of agreement the full grant amount will be released to the applicant.
18. Annual or final reports will use the report form prescribed by Lac La Biche County (Schedule B).
19. Annual or final reports must be accepted by the FCSS Advisory Board before new applications will be considered or, in the case of multiple-year funding, the next instalment of money is released.

Grant Recipient Obligations

1. Provide a report on the project no later than 90 days following completion of the project, or at stipulated intervals as identified in funding letters or agreements. In the case of multiple year grants, annual reports must be submitted. The report must certify that funds were spent on activities described in the grant application and must also include:
 - i. A complete and accurate financial accounting of the project, authorized by a representative with legal or financial signing authority; and
 - ii. An evaluation of the success of the project and outcome measurement, and
 - iii. Copies of any printed materials and/or publicity generated by the project.
2. Acknowledge the County’s contribution to the project/program in all related public information, printed material and media coverage. The municipality’s logo is available through the County office.
3. If a grant recipient defaults in the provision of a satisfactory report on the project or fails to meet grant conditions, the recipient will be responsible for returning the funds and may be ineligible for future grant funding.

“Original Signed”
Chief Administrative Officer

January 22, 2010
Date

“Original Signed”
Mayor

January 22, 2010
Date



LAC LA BICHE COUNTY COMMUNITY SOCIAL SERVICES GRANT APPLICATION FORM

Lac La Biche County Community Social Services Grant funding is available to non-profit organizations/ agencies serving people in Lac La Biche County

PROJECT TITLE: _____

PLEASE READ BEFORE PROCEEDING:

- The Lac La Biche County Community Services Grant Program generally works on a basis of funding partnerships. For further information about how your proposal fits this criterion, please contact the Lac La Biche County FCSS office.
- Project funding must first be sought through other grant programs, such as FCSS and other existing county grants.
- The maximum grant amount available is \$15,000.00 per year. Funding agreements may be approved for up to three years after which a new application may be submitted.
- This grant cannot be used for capital or staffing costs.
- Please read the complete Community Social Service Grant policy to ensure your application is eligible for funding.
- A final written report **MUST** be submitted within 30 days of completion of the project or as specified in the funding agreement letter.

Directions for completing Grant Application Form:

- Answer all questions either on the form, or on separate paper. When completing the form electronically, text boxes will expand to accommodate material being typed.
- Project budget sheet must be filled out and submitted.
- Attach photocopies of all required documents as indicated in this package.
- Return completed applications to:

**Lac La Biche County Family & Community Support Services
P.O. Box 1679
Lac La Biche, AB T0A 2C0**

- For questions, contact Anita Polturak, Coordinator at

PH: (780) 623-4323 FAX: (780) 623.3510 E-MAIL: fcss@laclabichecounty.com

Please Note that you are encouraged to keep a copy of this application for your records.

AGENCY/ORGANIZATION INFORMATION		
Name of Agency/ Organization:		
Street Address:		
Mailing Address:		
Contact Person:		
Position:		
Phone number(s):		
e-mail address (es):		
Fax number(s):		
Alberta Societies Act Registration <i>(If this is the first time your agency is making application to FCSS, please supply a copy of your registration certificate)</i>	Registration Number:	
	Date of Registration:	
Canada Customs and Revenue Charitable Number (if applicable)	Please highlight one: <input type="checkbox"/> YES <input type="checkbox"/> NO	#

A **Certificate of Compliance** must be submitted with the project proposal. Either using this form or on a separate piece of paper state:

I certify that the information contained in this Grant Application is accurate to the best of my knowledge.

_____	_____
Date	Date
_____	_____
Signature of Agency President/Chairperson	Project Coordinator
_____	_____
Print Name of Agency President/Chairperson	Print Name of Project Coordinator

PROJECT INFORMATION		
Name of Project:		
Project Location/Geography:		
Project Dates:	Start:	Completion:
Target Group (check all that apply):	<input type="checkbox"/> children/youth	<input type="checkbox"/> families
	<input type="checkbox"/> adults	<input type="checkbox"/> seniors
	<input type="checkbox"/> community development	<input type="checkbox"/> other (please specify)
Total Funds Being Requested: PLEASE NOTE that a project budget is required		
Percentage this value is of the total budget		

FUTURE PLANS/RESOURCES (only if funds are requested for programs, services and human resources)
<p>After funding for the project is spent, explain how you will obtain funds in the future to carry on the program and service activities you have identified in the project description. You can demonstrate this sustainability by including a fund development plan that should include:</p> <ol style="list-style-type: none"> Methods planned to sustain the program/operation and expected revenues from these methods. A budget for the year after the grant ends, identifying anticipated revenues and their sources and projected expenses. Confirmation that another community organization will take on all or a portion of the work in the future. Other plans such as self-supported approaches to sustain the work.

ATTACHMENTS With your application please include: (use the check boxes to ensure all attachments are included with your application)
<input type="checkbox"/> A copy of your Board's motion approving an application to the Community Service Grant for this project.
<input type="checkbox"/> A copy of your most current financial audit
<input type="checkbox"/> List up to three goals, their objectives and how those objectives will be measured.
<input type="checkbox"/> How often and in what ways specifically will you evaluate your project?
<input type="checkbox"/> A copy of your Board members, positions and contact numbers for each.
<input type="checkbox"/> A completed Project Budget (see attached).

PREVIOUS FUNDING			
Has your agency received funding from FCSS before?		<input type="checkbox"/> YES <i>If Yes continue below:</i>	<input type="checkbox"/> NO
Project Name	Year Grant Was Given	Amount of Grant	Short Description of the Project

COMMUNITY NEEDS
a) What community needs are being addressed by this project? Please include supporting data (i.e. Statistical information, surveys, service records, waiting lists, etc.) that will support your application.
b) How was the need for this project determined?
c) Are there other services available in the community for dealing with this need?
d) If so, how does your project differ from such existing services?

COMMUNICATION
a) To whom do you intend to promote your project?
b) How do you intend to promote your project?

VOLUNTEERISM
What specific roles will volunteers play in this project?

PARTNERSHIPS
Identify all partners involved in this project and the specific contributions (i.e., materials, equipment, financial, personnel, etc.) made by each of these partners.

PROGRAM LOGIC MODEL

Program/Agency Vision: the desired social condition you are wanting to achieve

Program/Agency Mission: your unique role in working towards the desired social condition

Statement of Need: description of the situation you wish to change

Strategy: the approach (es) you will use to meet this need

Rationale: an explanation of why you feel this approach will work

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<p>Program/Agency Goals: a general statement of what you are attempting to achieve. List up to three goals</p>
<p>GOAL # 1</p>
<p>Inputs: resources dedicated to this program</p>
<p>Activities: specific ways/actions you will use to work towards your goals. (Note and look for the verbs to: encourage, promote, deliver, give, attend)</p>
<p>Outputs: the direct product of your activities (Usually measured by volume or work accomplished, deliverables, counts)</p>
<p>Short Term Outcomes: is the immediate client change visible right at the end of an intervention, demonstrating new knowledge and commitment to change</p>
<p>Mid-Term Outcomes: is often the change one would observe after the end of the service demonstrating increased skills and changed attitudes or beliefs.</p>
<p>Long-Term Outcomes: sometimes referred to as client impact, demonstrating improved condition, altered status. (Is very often measured at follow-up periods or with longitudinal studies)</p>
<p>Indicators of Success: concrete things you can see or hear, which provide evidence that you are achieving your outcomes, show increase, decrease, improvement as compared to a baseline status)</p>
<p>Measurement Tools: means by which you collect information to measure your success</p>

Goal # 2
Inputs: resources dedicated to this program
Activities: specific ways/actions you will use to work towards your goals. (Note and look for the verbs to: encourage, promote, deliver, give, attend)
Outputs: the direct product of your activities (Usually measured by volume or work accomplished, deliverables, counts)
Short Term Outcomes: is the immediate client change visible right at the end of an intervention, demonstrating new knowledge and commitment to change
Mid-Term Outcomes: is often the change one would observe after the end of the service demonstrating increased skills and changed attitudes or beliefs.
Long-Term Outcomes: sometimes referred to as client impact, demonstrating improved condition, altered status. (Is very often measured at follow-up periods or with longitudinal studies)
Indicators of Success: concrete things you can see or hear, which provide evidence that you are achieving your outcomes, show increase, decrease, improvement as compared to a baseline status)
Measurement Tools: means by which you collect information to measure your success

Goal # 3
Inputs: resources dedicated to this program
Activities: specific ways/actions you will use to work towards your goals. (Note and look for the verbs to: encourage, promote, deliver, give, attend)
Outputs: the direct product of your activities (Usually measured by volume or work accomplished, deliverables, counts)
Short Term Outcomes: is the immediate client change visible right at the end of an intervention, demonstrating new knowledge and commitment to change
Mid-Term Outcomes: is often the change one would observe after the end of the service demonstrating increased skills and changed attitudes or beliefs.
Long-Term Outcomes: sometimes referred to as client impact, demonstrating improved condition, altered status. (Is very often measured at follow-up periods or with longitudinal studies)
Indicators of Success: concrete things you can see or hear, which provide evidence that you are achieving your outcomes, show increase, decrease, improvement as compared to a baseline status)
Measurement Tools: means by which you collect information to measure your success

Double click on the budget form below before attempting to fill it in.

Project Title: <i>Sunshine Family Bonding Program</i>							
Project Time Frame: <i>January 1 - December 31, 2150</i>							
Fill in the Agency, Other and FCSS columns. Calculations will automatically be performed from these figures.							
Description of Item	Projected Cost	Contribution/ Funds Provided by Agency (if any)	Contribution/ Funds Provided by Other* (if any)	Funds from Community Social Services Grant			
*Other: In the 'Description of Item' column please identify who provided the contribution and/or what the contribution is (i.e. in-kind contributions, volunteer labour, or money)							
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Percentage of Budget	100.00%						

Overall opinion of the proposed project: _____

If you have any questions about the application process, or require assistance with completing it, please call the Lac La Biche County FCSS office at 623-7979, or contact by e-mail at fcss@lclabichedcounty.com .

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Lac La Biche County
welcoming by nature.

Lac La Biche County Community Social Services Grant Report

Annual/ Final

(please circle one of the above)

PROGRAM NAME: _____

A final written report MUST be submitted within 30 days of completion of the project or as specified in the funding agreement letter.

Annual/final reports must be accepted by the FCSS Advisory Board before further funds can be provided to any programs or projects.

Directions for completing an *Annual/Final Report Form*:

- Answer all questions either on the form, or on separate paper. When completing the form electronically, text boxes will expand to accommodate typing.
- The *Expenditure Form* or similar financial accounting statement must be submitted.
- Attach photocopies of all required documents as indicated in this package.
- Return completed reports to:
Lac La Biche County Family and Community Support Services
PO Box 1679
Lac La Biche, AB T0A 2C0
- For questions, contact *Anita Polturak, Coordinator* at
PHONE: (780) 623-7979 FAX: (780) 623.3510 e-mail: fcss@lACLAbichecounty.com

Please Note that you are encouraged to keep a copy of this report for your records.

AGENCY/ORGANIZATION INFORMATION	
Name of Agency/ Organization:	
Mailing Address:	
Contact Person:	
Position:	
Phone number(s):	
e-mail address (es):	
Fax number(s):	

PROJECT INFORMATION		
Name of Project:		
Project Location/Geography:		
Reporting Period:	Start:	Completion:
Target Group (check all that apply):	<input type="checkbox"/> children/youth	<input type="checkbox"/> families
	<input type="checkbox"/> adults	<input type="checkbox"/> seniors
	<input type="checkbox"/> community development	<input type="checkbox"/> other (please specify)
Statistical Information: Please include overall statistical information. Include the number of clients served; the number or percentage of males/females, town/county residents, etc.		

COMMUNICATION

How was the program promoted/advertised?

VOLUNTEERISM

How many volunteers participated in the delivery of this program/project?

What role(s) did they take in delivery of this program/project?

PARTNERSHIPS

Identify all partners that have participated in this project and the specific contributions (i.e., materials, equipment, financial, personnel, etc.) made by each of these partners.

ACTIVITIES

List program/project activities (i.e., office hours, workshops/training provided, appointments or meetings, etc.)

Indicate the participation from the target population (i.e., number of clients attending during regular program hours, workshops, etc.)

Please report only on the goals that were outlined in funding the application.

Goal #1

Goal #3

Short Term Outcomes: have short term outcomes been achieved?

Indicators of Success: How is the success of short term outcomes demonstrated? If short term outcomes have not been achieved, why not? What kinds of changes to the programming or project are indicated from the information gathered?

Measurement Tools: What measurement tools were used to evaluate the program/project?

Goal #2

Short Term Outcomes: have short term outcomes been achieved?

Indicators of Success: How is the success of short term outcomes demonstrated? If short term outcomes have not been achieved, why not? What kinds of changes to the programming or project are indicated from the information gathered?

Measurement Tools: What measurement tools were used to evaluate the program/project?

Short Term Outcomes: have short term outcomes been achieved?

Indicators of Success: How is the success of short term outcomes demonstrated? If short term outcomes have not been achieved, why not? What kinds of changes to the programming or project are indicated from the information gathered?

Measurement Tools: What measurement tools were used to evaluate the program/project?

ADDITIONAL DOCUMENTS

- Copies of any advertisements, newspaper articles, brochures, etc. that highlight or advertise the program
- Copies of surveys or survey questions used for evaluation purposes
- Copies of any other evaluation tools used (i.e., pre- and post- tests)
- Other documents or commentaries to provide further information on the program may be included with this report.

Double click on the budget form below before filling in the information.

Project Title: <i>Sunshine Family Bonding Program</i>										
Project Time Frame: <i>January 1 - December 31, 2150</i>										
Fill in the Agency, Other and Community Service Grant columns. Calculations will automatically be performed from these figures.										
Description of Item	Projected Cost	Actual Cost	Contribution/ Funds Provided by Agency (if any)	Contribution/ Funds Provided by Other* (if any)	Community Social Service Grant Funds					
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TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -					
Percentage of Budget	100.00%									

For Lac La Biche County Office purposes only

Information still required: _____

If you have any questions or require assistance with completing this report form, please call the Lac La Biche County FCSS office at 623-7979, or contact by e-mail at fcss@laclabichecounty.com