



# MD of Rocky View Family & Community Support Services (FCSS)

## 2010 FCSS COMMUNITY LEADERSHIP DEVELOPMENT FUNDING APPLICATION

*Please type or print legibly. Applicants must be a non-profit organization/agency or five individual residents of the MD of Rocky View. All applications must meet the FCSS funding criteria and serve MD of Rocky View residents. All information provided is public. Please note that a project evaluation is required by February 28, 2011 if your application is successful. All proposals must be received in the MD of Rocky View main administration building by 4:00 p.m. September 30, 2009. Please note that faxed or e-mailed copies of the application will not be accepted.*

### **BACKGROUND:**

In 2007, the FCSS Board identified the importance of community leadership in supporting residents of the MD of Rocky View to enhance their social well-being. To support leadership and volunteer development, a new fund was developed to encourage organizational and community leadership along with volunteer training and development.

### **COMMUNITY LEADERSHIP FUND ASSESSMENT:**

Please provide a one-page description of the type of leadership and/or volunteer development that your organization wishes to undertake to support your community. Suggestions for leadership development opportunities include: internal workshops, hiring a consultant to identify your organization's business planning, Board Governance issues, establishing mission/vision/values, as well as volunteer celebration, recognition or recruitment events. This list is by no means exhaustive and we encourage you to find the right opportunity to help your organization build upon its leadership in your community. We recommend you access additional financial supports and resources in support of this application.

### **1. AGENCY INFORMATION**

Organization's Name: \_\_\_\_\_

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

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

Street Address: \_\_\_\_\_

Contact Name/Phone Number/E-Mail:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## 2. PREVENTION

<p><b>In what way(s) is your project preventive in nature? According to the Provincial FCSS Act, your FCSS funded project must have one or more of the following Outcomes. Check the appropriate items from the following list. <u>You will be required to report on each of the Outcomes that you have selected.</u></b></p>	
<p><b>MANDATORY</b> (Your program <i>MUST</i> do the following or it is not eligible for FCSS funding) 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</p>	<input type="checkbox"/>
<p><b>Outcome #1 PREVENTION</b> help people develop independence, strengthen coping skills and become more resistant to crisis</p>	<input type="checkbox"/>
<p><b>Outcome #2 LOCAL AUTONOMY</b> help people to develop an awareness of social needs</p>	<input type="checkbox"/>
<p><b>Outcome #3 COMMUNITY DEVELOPMENT</b> help people develop interpersonal and group skills which enhance constructive relationships among people</p>	<input type="checkbox"/>
<p><b>Outcome #4 ACCOUNTABILITY</b> help people and communities to assume responsibility for decisions and actions which affect them</p>	<input type="checkbox"/>
<p><b>Outcome #5 VOLUNTEERISM</b> provide supports that help sustain people as active participants in the community including promoting, encouraging and facilitating the involvement of volunteers</p>	<input type="checkbox"/>

## 3. PROJECT DESCRIPTION

As part of your application, please specify for what purpose the funding would be used for and explain the intended outcomes and results by completing the following items.

- a) Describe briefly how this is a community leadership development project and how it will specifically support MD of Rocky View Residents. MD of Rocky View residents do not include people who reside in Airdrie, Beiseker, Chestermere, Cochrane, Crossfield, Irricana or Redwood Meadows. It does include those who live outside of these municipalities and within the hamlets located within the MD's borders.
- b) Define your region of operation;
- c) Include the statement of need;
- d) State the activities that will be used to address the need; and
- e) Tell us about the expected outcomes.

## 4. PROJECT FIGURES

- a) Amount of requested 2010 funds (Up to a maximum \$2,500 only): \_\_\_\_\_
- b) Estimated Number of Program Participants: \_\_\_\_\_
- c) Estimated Percentage of MD Resident Participants: \_\_\_\_\_
- d) Estimated Number of Volunteer Hours Related to Project: \_\_\_\_\_

## 5. SUPPORTING DOCUMENTS

The following documents **must** be attached:

- a) Organization’s Annual Financial Statement (unless newly formed);
- b) Organization’s Proposed Operating Budget – include contributions from other sources and detailed expenditures;
- c) List of Organization’s Officers and Directors (unless newly formed).

Other documents may also be attached to the application form that provide further clarification.

**6. CERTIFICATION OF COMPLIANCE:**

**This is to certify that to the best of my knowledge and belief, the information included in this report complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**

\_\_\_\_\_  
(Signature of Applicant)      (Print Name & Title)      (Date)

**If you are not a registered non-profit society or agency, then four additional signatures of MD of Rocky View Residents are required below.**

\_\_\_\_\_  
(Signature of Applicant)      (Print Name & Title)      (Date)

\_\_\_\_\_  
(Signature of Applicant)      (Print Name & Title)      (Date)

\_\_\_\_\_  
(Signature of Applicant)      (Print Name & Title)      (Date)

\_\_\_\_\_  
(Signature of Applicant)      (Print Name & Title)      (Date)

Submit Completed Documents to or for further assistance contact:  
Randy Ell, FCSS Coordinator, MD of Rocky View No. 44, 911 32 Ave NE, Calgary, AB  
T2E 6X6 Phone: 403.520.1289

***The FCSS Program Is Not***

- Recreational.
- A Public Health Transportation Grant.
- Direct assistance, including money, food, clothing or shelter to sustain an individual or family.
- Rehabilitative.
- A duplication of services from other Government Agencies.