

# SMOKY LAKE COUNTY



<b>Title: Family and Community Support Services (FCSS) Grants</b>	<b>Policy No.: 17-01</b>
<b>Section: 08</b>	<b>Page No.: 1 of 5</b>

<b>Legislation Reference:</b>	<i>Family and Community Support Services Act</i>
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<b>Purpose:</b>	To provide a consistent method for Smoky Lake County to award Family and Community Support Services (FCSS) Grant funding to various non-profit volunteer service organizations that support preventive social initiatives within the community.
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<b>Policy Statement and Guidelines:</b>	
<b>1. STATEMENT:</b>	
1.1	Smoky Lake County will manage its FCSS program in compliance with statutory requirements and operate in accordance with the Act and regulations thereto.
1.2	The County recognizes investments made in organizations that provide preventive social initiatives under the <i>Family and Community Social Services</i> program will benefit the entire community.
1.3	The County will establish an annual budget to assist non-profit organizations to operate their program or services providing these are within the FCSS Act and regulations.
1.4	The County has the authority to set funding deadlines.
<b>2. DEFINITIONS:</b>	
2.1	“Act”: means the <i>Family and Community Support Services Act</i> (RSA 2000).
2.2	“County”: means Smoky Lake County Council or the Family and Community Services (FCSS) Committee.
<b>3. GUIDELINES:</b>	
3.1	Organizations must be non-profit and must operate within the Smoky Lake County region.
3.2	Services and programs provided by the organization must fall within the mandate of preventive social services as outlined in the Provincial FCSS Act and Regulations.

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<b>Policy Statement and Guidelines:</b>	
3.3	The applicant must demonstrate that the funds will be used to: <ul style="list-style-type: none"><li>3.3.1 help individuals develop independence and strengthen coping skills.</li><li>3.3.2 develop awareness with regards to social needs.</li><li>3.3.3 develop interpersonal and group skills.</li><li>3.3.4 help communities assume responsibilities and actions which affect them.</li><li>3.3.5 provide supports that help sustain people as active participants in the community.</li></ul>
3.4	Granted funds <b><u>must be used</u></b> prior to December 31 of the granting year or returned to Smoky Lake County.
3.5	Unexpended or returned FCSS program funds shall be made available to other programs or projects.
<b>4.</b>	<b>PROCEDURES:</b>
4.1	Each non-profit organization must apply for funding by submitting <b><i>Schedule "A": Smoky Lake County - FCSS Grant Application.</i></b>
4.2	The Finance Manager shall review the application to ensure that it meets the criteria established by the FCSS Act and FCSS Regulations. <ul style="list-style-type: none"><li>4.2.1 Incomplete applications will be returned to the applicants and shall be reconsidered by County administration if funds are available and time allows before the deadline.</li></ul>
4.3	All completed application(s) shall be presented to a County Meeting.
4.4	County Council shall review the application(s) to determine an amount, if any to be granted.

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<b>Policy Statement and Guidelines:</b>	
4.5	The successful grant recipient shall submit a final accounting as per <i>Schedule "B": Smoky Lake County - FCSS Final Grant Report</i> upon completion of the program or prior to December 31 of current year. Failure to provide a final accounting may result in future grant rejection.
4.6	FCSS Funding applicants shall have the right to appeal funding decisions to Council.
4.7	At any time, the County may request non-profit organizations, who have received funding to make a presentation to Council.

	<b>Date</b>	<b>Resolution Number</b>
<b>Approved</b>	<b>August 22, 2012</b>	<b># 718-12 - Page 10122</b>
<b>Amended</b>		
<b>Amended</b>		

SCHEDULE "A"

SMOKY LAKE COUNTY – FCSS GRANT APPLICATION

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Box City or Town Postal Code

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

▶ COMPLETE THIS APPLICATION IN ITS ENTIRETY

- 1. Is your organization registered as a not-for-profit entity? [ ] Yes [ ] No
2. Does your organization operate within Smoky Lake County region? [ ] Yes [ ] No
3. Project Description (Include amount requested) \_\_\_\_\_

- 4. Does your project meet at least one of the following three (3) criteria? Provide a brief explanation.
[ ] Is it preventative? \_\_\_\_\_
[ ] Enhance the social well-being of families or individuals? \_\_\_\_\_
[ ] Have preventive social support outcomes? \_\_\_\_\_

- 5. Which of the following does your project provide?
[ ] Help people develop independence.
[ ] Strengthen coping skills.
[ ] Help people develop an awareness of social needs.
[ ] Help people develop interpersonal and group skills.
[ ] Help people and communities assume responsibility.
[ ] Provide support that helps sustain people as active members of the community.

- 5. Do the services provide any of the following?
[ ] Provide primarily recreational or leisure activities.
[ ] Offer direct financial assistance to sustain an individual or family.
[ ] Provide primarily rehabilitation.
[ ] Provide services that are provided through a provincial agency.

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

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

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

Date: \_\_\_\_\_



SCHEDULE "B"

SMOKY LAKE COUNTY – FCSS FINAL GRANT REPORT

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Box City or Town Postal Code

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

▶ COMPLETE THIS APPLICATION IN ITS ENTIRETY

1. What were the outcomes of the project? (Include number of people who benefited and how)

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

2. Were all funds spent this calendar year?  Yes  No

3. Financial Report:

REVENUES (please detail all actual revenues related to the project).	
FCSS Grant	
<b>Total Revenue</b>	\$
EXPENSES (please detail all actual revenues related to the project).	
<b>Total Expenses</b>	\$

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

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

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

Date: \_\_\_\_\_