



Proud to be

**TOWN OF MILLET
FAMILY & COMMUNITY SUPPORT SERVICES GRANT
POLICY**

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Supersedes: NEW

Signature of Approval: _____
Rob Lorenson, Mayor

POLICY STATEMENT:

The purpose of this policy is to establish terms of reference for the Family and Community Support Services (FCSS) Grant Program.

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GUIDELINES:

1. The Family and Community Support Services (FCSS) Grant Program provides funds to enhance and enrich preventative programs and services throughout the Town of Millet. FCSS is a partnership between the Town of Millet and the Province of Alberta. Funding decisions will be in accordance with provincial FCSS guidelines.
2. Eligible applicants must meet the criteria as set out in the Provincial Conditional Agreement Regulations which provides direction for program funding.
3. To be eligible for funding, the program must:
 - a. Promote, encourage and facilitate the involvement of volunteers
 - b. Promote efficient and effective use of resources,
 - c. Encourage and facilitate cooperation and coordination with allied service agencies operating within the Town of Millet,
 - d. Promote, encourage and facilitate the development of a stronger community, and
 - e. Promote citizen participation in planning, delivery and the governance of the program and of services provided under the program.
4. In addition, services under the program must:
 - a. Be of preventative nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and
 - b. 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 which enhance constructive relationships among people;
 - iv. Help people and our community to assume responsibility for decisions and actions which affect them;
 - v. Provide supports that help sustain people as active participants in the community.
5. FCSS Funding may not be used for services under a program that:
 - a. Provide primarily for the recreation needs or leisure time pursuits of individuals.
 - b. Offer direct financial assistance to sustain an individual or family.
 - c. Be primarily rehabilitative in nature, or
 - d. Duplicate services that are ordinarily provided by a government or government agency.
6. FCSS funding may cost-share volunteer training, public education, and advertising expenses.

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7. The amount of funding available will be determined on an annual basis during the budget process.
8. FCSS Grant funding cannot be used to support “for profit” commercial ventures or private organizations.
9. Applications to the FCSS Grant Program will be considered on a case-by-case basis.
10. The FCSS Director will review all applications to the FCSS Grant Program and recommend allocations to Council for approval.
11. All submissions must be completed in writing and include all required supplementary documentation. The FCSS Director may request additional information in support of the project.
12. All grants are at the discretion of Town Council, and may be refused for any reason. The FCSS Director and Council may also impose conditions it thinks appropriate with the granting of funds.
13. FCSS grant recipients must expend all funding on the approved projects by the end of the year in which the grant was approved.
14. FCSS can provide two types of grants:
 - a. Special Project – one time only project not requiring ongoing funding (See Appendix A)
 - b. Operating – funding for operational costs of a program on an ongoing basis, to be reviewed on an annual basis. (See Appendix B)
15. Grant recipients must complete a Final Grant Report (Appendix C) that must be filed with FCSS by the end of the year in which the grant was approved. This report must reflect the application information previously submitted.

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**Appendix A – Town of Millet Family & Community Support Services
Special Project Grant Application**

Application Deadline: None

Organization Name:		
Mailing Address:		
Contact Name and Title:		
Telephone:	Fax:	email:
Project Title:		
Amount Requested: \$		Duration of Project:

Please indicate the category which applies to your prevention initiative:

Youth

- Addictions
- Conflict resolution and alternatives to violence programs
- Peer relations and community participation
- Personal development

Family Support

- Learning opportunities for parents and families
- Conflict resolution, family violence prevention
- Addictions
- Early childhood development

Seniors

- In-home support services
- Social support and community participation
- Abuse prevention and awareness

Volunteer Development

- Recruitment
- Training and support
- Volunteer appreciation activities

Project Description

Project Rationale – Explain the needs, problems or desired areas of improvement in the community that the project will address?

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Please list any partnering organizations involved in this project and their role:

How will your organization evaluate the project? What will be the success measurements?

BUDGET

REVENUE:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REVENUE \$ _____

EXPENDITURES:

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

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NET PROFIT (LOSS): \$ _____

DECLARATION:

I declare that

- All of the information in this application is accurate and complete
- The application is made on behalf of the organization name on page one with its full knowledge and consents.

Signature _____ **Name (print)**

Telephone _____ **email** _____

Date _____

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**Appendix B – Town of Millet Family & Community Support Services
Operational Grant Application**

Application Deadline: None

Organization Name:		
Mailing Address:		
Contact Name and Title:		
Telephone:	Fax:	email:
Project Title:		
Amount Requested: \$		

Provide a description of your overall organization including history, philosophy, and all programs and services.

Program Description

Project Rationale – Explain the needs, problems or desired areas of improvement in the community that the project will address?

Describe how the FCSS Grant funds requested will be used in your programs?

Please list any partnering organizations involved in this project and their role:

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How will your organization evaluate the project? What will be the success measurements?

Complete the following and ensure you identify all sources of income.

REVENUES	Organization Budget
Government Grants:	
Federal	
Provincial	
Education	
Health	
Municipal Grants:	
County of Wetaskiwin	
City of Wetaskiwin	
Fundraising	
Local Business Donations	
Service Club Donations	
Membership Income	
Other Sources:	
In Kind donations	
(specify from where and approximate value)	
TOTAL REVENUE	

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EXPENSES	Organization Budget	FCSS Grant Breakdown Request
Salaries : List all positions & indicate full or part time And include total wages & benefits		Shaded blocks do not qualify for FCSS Grant Funds
Total Salary Expense:		
Staff Training (includes tuition fees & travel)		
Rent		
Utilities (Phone, gas, power & water)		
Maintenance (minor repairs & janitorial)		
Insurance Costs		
Volunteer Training		
Volunteer Appreciation (events and / or gifts)		
Reimbursement of volunteer expenses		
Office supplies		
Bank Charges		
Audit Fees		
Advertising / Promotion		
All other program Expenses (please specify)		
TOTAL EXPENSES		

DECLARATION:

I declare that

- All of the information in this application is accurate and complete
- The application is made on behalf of the organization name on page one with its full knowledge and consents.

Signature _____ **Name (print)**

Telephone _____ **email** _____

Date _____

APPENDIX C: FCSS GRANT REPORTING FORM

Outcome Reporting

Your organization identified outcomes that you hoped to achieve with assistance from FCSS funding. A requirement from the Town of Millet FCSS program is that all funded programs report on the outcomes. Please describe the projects funded by the FCSS grant moneys you have received:

Financial Reporting

To be accountable to the FCSS program, the Town of Millet must ensure that all grant funds are expended as approved. Please fill in the financial accounting below or submit your annual financial statement showing FCSS funds in Revenues and the project for which you have received grants in expenditures.

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

REVENUE:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL REVENUE \$ _____

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EXPENDITURES:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

NET PROFIT (LOSS): \$ _____

Dated at _____, Alberta, this _____ day of _____,
20____.

Signature of Chairperson

Signature of Chief Administrative Officer, Town of Millet