

Family and Community Support Services Funding Application



ALL INFORMATION PROVIDED IS PUBLIC

The City of Calgary is currently accepting funding proposals for the Family and Community Support Services. Funding is available for established non-profit organizations to provide evidence-based preventive social service programs and initiatives that promote and enhance well-being among individuals, families, and communities. The focus of this call for funding proposals is on prevention to provide support to Calgarians at the earliest opportunity. For more information, visit http://www.calgary.ca/fcssfundingcall

A separate application is required for each program.

Due: 11:59 pm on April 10, 2024

Organization Information

Organization Name:	Text, 100 characters maximum, Required
Act Registered Under:	Drop-down list, Required
	The Alberta Societies Act
	The Alberta Companies Act
	The Canada Not-for-Profit Corporations Act
	The Canada Business Corporations Act
	Private Act of the Legislature
	• Other
If you select "Other", identify what Act that your	Text, 100 characters maximum, Optional
organization is registered under:	
Registration Number:	Numerical, Required
Year of Registration:	Numerical, Required
Website:	Text, 100 characters maximum, Optional
Mailing Address:	Text, 100 characters maximum, Required
Street Address (if different from mailing address):	Text, 100 characters maximum, Optional
Primary Contact:	Text, 100 characters maximum, Required
Phone Number:	Text, 100 characters maximum, Optional
Email address:	Text, 100 characters maximum, Optional
Program Lead:	Text, 100 characters maximum, Required
Phone Number:	Text, 100 characters maximum, Optional
Email Address:	Text, 100 characters maximum, Optional

Organization Effectiveness

	1. Does your organization have the following in place?			
	If the items in the list below have not been previously submitted to The City, these documents <u>will be</u>	Yes	No	
<u>required for this application process</u> . These items can be uploaded in FIMS in the 'Documents' section.				
	Applications submitted without the <u>first four documents</u> will be considered incomplete and will not be			
	processed for funding consideration unless an acceptable explanation has been provided.			

*Certificate of Incorporation						
*Organization Bylaws						
*List of Board of Directors						
*Organization's most recent annual return						
Board Governance Policies						
These policies set out the principles, rules, governing style, roles, responsibilities, and functions of the membership, board, board members, and board committees.						
Operational Policies		П				
Policies on nepotism, confidentiality, conflict of interest, human resources, financial, and volunteer		Ш				
management that adhere to standards for not-for-profit organizations.						
While not required at the application stage, successful applicants will need to have these policies in						
place, as per the FCSS funding agreement.						
Explain if your organization does not have all of the items listed above.						
Text, 1000 characters maximum, Optional						
2. Briefly describe your organization, including its mission and vision.						
Text, 3000 characters maximum, Required						
3. How do your organization's goals and operations align with FCSS Calgary's long-term outcome of in social inclusion?	creasir	ng				
Text, 3000 characters maximum, Required						
4. Is your Board of Directors representative of the community it serves? Tout 1000 physical are marking up a Required.						
4. Is your Board of Directors representative of the community it serves? Text, 1000 characters maximum, Required						
Text, 1000 characters maximum, Required						
Text, 1000 characters maximum, Required						
Program Information						
Program Information Program Name:						
Program Information Program Name: Contractual Start Date: Contractual End Date:						
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable".						
Program Information Program Name: Contractual Start Date: Contractual End Date:						
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required						
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s):		elivered				
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required		elivered				
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s): Provide the postal code for each location the program will be delivered and/or indicate if the program will.		elivered				
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s): Provide the postal code for each location the program will be delivered and/or indicate if the program we exclusively online. Text, 500 characters maximum, Required		elivered				
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s): Provide the postal code for each location the program will be delivered and/or indicate if the program we exclusively online. Text, 500 characters maximum, Required 7. Program Description	ill be d					
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s): Provide the postal code for each location the program will be delivered and/or indicate if the program we exclusively online. Text, 500 characters maximum, Required 7. Program Description Provide a brief description of the program and its intended impact. This description is used when sharing	ill be d					
Program Information Program Name: Contractual Start Date: Contractual End Date: 5. If this program is currently FCSS-funded, include the name here. Otherwise, write "Not Applicable". Text, 100 characters maximum, Required 6. Program Delivery Location(s): Provide the postal code for each location the program will be delivered and/or indicate if the program we exclusively online. Text, 500 characters maximum, Required 7. Program Description	ill be d					

Target Population & Need

8. Priority Population Groups:		Children/Youth					
Select the population groups that your program will		Families					
PRIMARILY serve.		Indigenous Peoples					
		Newcomers to Canada					
		Seniors					
If you have additional information do so here (optional).	on yo	u would like to provide about the populations this program will serve, you may					
Text, 500 characters maximum, Op	Text, 500 characters maximum, Optional						
•		cipants will your program serve annually? Descricipants who would have open files for your program.					
Numerical, Required	13 01	ourticipants who would have open files for your program.					
, ,							
Points to consider: Is this progra specific community or populatio program's planning & delivery?	m de n gro	and connection to the communities you are serving through this program. signed by and for members of the community being served? If working with a up, how will members of the community served be engaged throughout the					
Text, 3000 characters maximum, Re	equire	d					
11. Need for the program: Describe the need, issue, or service gap of the population you are serving. Include any relevant statistical or contextual information about this need. Text, 3000 characters maximum, Required Program Delivery							
12. Level of prevention that		Primary Prevention Primary prevention avoids the onset of a social issue and addresses the					
your program will address:		root cause of social issues by promoting protective factors.					
(Select all that apply)							
13. Approaches to achieving increased social inclusion:		Preventive programs and services for individuals and families					
Select the approach your	Community development initiatives						
program will use to achieve		Policy and systems change initiatives					
increased social inclusion.							
For more information, see							
FCSS funding framework							
(Select only one)							
14 What are the key recourses	14. What are the key resources needed to implement the program?						
•		uch as number of staff, location, technology, materials, supplies, etc.					
Text, 3000 characters maximum, Required							

15. What are the specific activities that will be implemented in this program, and how will they be delivered?

Consider program content on how the program will be delivered including information on frequency, duration, and program cycle.

Text, 3000 characters maximum, Required

Program Impact

16. Goal of the program:

A short sentence that clearly states the ultimate goal of the program (not the organization) is expecting to achieve.

Text, 250 characters maximum, Required

17. Describe the program or service as it currently operates and its impact to date (current state).

Consider the results being demonstrated before receiving the proposed funding; the program's history of increasing social inclusion.

Text, 3000 characters maximum, Required

18. What impact will the program have on the population served during the funding timeframe (future state)? *Identify the intended outcomes of this project with the proposed funding.*

Text, 3000 characters maximum, Required

19. FCSS Outcomes that the program will address:						
Select the FCSS mid-term outcome areas that are most aligned to the outcomes your program seeks to achieve.						
f you chose Preventive Increased positive child and youth development						
Programs and Services for		Enhanced economic self-sufficiency				
Individuals and Families approach in question 13,		Growth in social capital/social participation				
select one to three outcomes		Improved family functioning and positive parenting				
that your program will						
address.						
(Select up to three)						
If you chose Community		Increased leadership capacity				
Development Initiatives in						
question 13, select at least		Increased sense of belonging				
one outcome that your		Improved economic participation				
program will address.						
(Select all that apply)						
If you chose Policy and An equity-based social policy agenda		An equity-based social policy agenda				
Systems Change Initiatives in						
question 13, select at least	Ш	Integrated service coordination				
one outcome that your	one outcome that your Evidence-informed policy and systems change					
program will address.						
(Select all that apply)						

20. How will you measure the impact and success of this program?

Describe how the program tracks and measures program outputs and outcomes. If there is a program evaluation plan in place, describe it here.

Text, 3000 characters maximum, Required

21. Rationale and References:

Describe how you identified the need for this program, and why you designed your program as proposed. Highlight how you are using an evidenced-informed best or promising practice by citing the relevant research, experiences, or organizational knowledge. Key research findings are provided in the FCSS Research Briefs.

Text, 4000 characters maximum, Required

22. FCSS Social Inclusion Indicators

If you chose Preventive Programs and Services for Individuals and Families approach in question 13, indicate the FCSSspecific outcome indicator(s) that will be used to measure alignment to the FCSS Funding Framework. The selection(s) should be related to mid-term outcome area in question 13. Select up to three FCSS Social Inclusion Indicators (FSII) surveys, listed by number and name. One survey is recommended. See FSII All Surveys list for reference.

Text, 500 characters maximum, Optional

Additional Considerations					
23. Alignment to FCSS Calgary Guiding Principles: Select all the FCSS Calgary guiding principles that your program aligns with.	Equity – The City will strive to provide equitable services. This includes removing barriers to access and inclusion. Truth and reconciliation – The City will advance the activated and shared process of truth and reconciliation in collaboration with the community. Culture – The City will seek opportunities to grow culture. Prevention – The City will aim to stop problems before they start, using a prevention approach.				
24. What are the implications to this program and organization if you do not receive the full amount requested? Indicate to what extent your program is scalable in the event you receive less than the amount requested. Text, 1000 characters maximum, Required					
25. If your application is successful, will you obtain Commercial General Liability insurance of no less than 2 million dollars with The City of Calgary as an additional insured? Funding will only be awarded to successful applicants upon meeting this requirement in a timely manner. The costs associated with obtaining insurance are an eligible expense and should be included in your budget.					
Yes/No, Required					
26. If your application is successful, will you provide a global audited financial statement for all operations of the organization, including an audited statement of revenue and expenses for the program funds over \$250,000 in the previous calendar year (January 1 to December 31) within three months after your organization's fiscal year-end? The reasonable costs associated with obtaining an audited financial statement are an eligible expense and should be included in your budget.					
Yes/No, Required					
27. Have you uploaded a copy of your organization's most recent annual return into the Organization Documents tab in FIMS? Yes/No, Required					
If you answered 'No' to any of the previous questions (25-27), please explain why.					
Text, 1000 characters maximum, Op	, , , , , , , , , , , , , , , , , , , ,				

Data Collection (OPTIONAL)

The questions in this section are being asked to gather data in support of The City's commitment to continuous improvement, diversity, equity, inclusion, and anti-racism. All questions in this section are optional and therefore do not need to be completed to submit your application. Answers will not have an impact on the success of your application.

28. FCSS Provincial		Homelessness and housing insecurity				
Prevention Priorities. The (FCSS) Accountability		Mental health and addictions				
Framework identifies key		Employment				
provincial prevention		Family and sexual violence across the lifespan				
priorities. Select all that your	П	Aging well in community				
program aligns with.		No alignment to the above				
29. Is your organization led by	a ma	jority (51% or more) of individual(s) from the following groups?				
Indigenous, Black or diverse Rad						
Yes, No, N/A, Optional						
Gender diverse community						
Yes or No, N/A, Optional						
LGBTIQ2S+ sexually diverse con	nmur	nity				
Yes or No, N/A, Optional						
30. Does your organization have a majority (51% or more) of programming specifically for any of the following groups:						
Indigenous, Black or diverse Ra	cializ	ed Peoples community				
Yes, No, N/A, Optional	Yes, No, N/A, Optional					
Gender diverse community						
Yes or No, N/A, Optional						
LGBTIQ2S+ sexually diverse community						
Yes or No, N/A, Optional						
If you wish, you may provide any important information to elaborate on the response(s) selected above (29, 30).						
Text, 500 characters maximum, Optional						

31. In the spirit of continuous improvement, what feedback can you offer us regarding this application process? *Please share any barriers that you faced in applying.*

Text, 1000 characters maximum, Optional

Salary Information

Provide information on each position that you are requesting FCSS funding for, which includes the following:

- New or existing position
- Position title
- Position description
- Required qualifications

- Hours per week
- Hourly or salaried pay
- Pay rate
- Benefits provided (% of salary)

The City of Calgary aims to support organizations in paying employees a wage that enables them to meet their basic needs, and meets or exceeds a Living Wage. In 2023, Vibrant Communities Calgary calculated the Living Wage in Calgary to be \$23.70/hour. More information on the methodology behind this figure is available https://enoughforall.ca/resources/living-wage

Budget

Item Name	Current Approved Budget (Global Budget)	2024 FCSS Allocation	2025 Budget for Program Including All Funding Sources	2025 FCSS Funding Allocation	2026 FCSS Funding Allocation	2027 FCSS Funding Allocation	2028 FCSS Funding Allocation
EXPENDITURES	(Gional Daugol)	7 0 0	· unuming countries	7	7	7	7
Personnel							
· crecime:							
Total Personnel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel & Parking		•	* -	, ,		* - 1	•
Total Travel & Parking	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Materials & Supplies							
Total Materials & Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other							
		,					
	· ·						
Total Other	\$0	\$0	\$0	\$0		\$0	\$0
TOTAL EXPENSES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
REVENUE							
TOTAL REVENUE	\$0	\$0	\$0				
FCSS Funding	\$0	\$0 \$0	\$0 \$0	\$0	\$0	\$0	\$0
% of FCSS funding		0%	0%	φu	\$0	\$0	\$0
76 OF FC33 fullding		U%	U%				