

# Family and Community Support Services Foothills Region 2024 Funding REPORT

**Report deadline:**  
January 31, 2025

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM *will auto fill from budget					
	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Received (actual)					

1. AGENCY INFORMATION	
Program Name	
Organization Name	
Program Contact	
Contact Phone	
Executive Director	
Email	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

2. ORGANIZATION TYPE	
Alberta Societies Act Registration Number	
Charitable Number (if applicable)	
Government Agency (if applicable)	
Other (please specify)	

<b>2.1</b> Provide a brief overview of your agency. Include mission, mandate, history, etc.	<b>[150 words max]</b>

6.2 Actual Outputs					
	Diamond Valley	Foothills County	High River	Okotoks	Total
Actual # preschoolers (0-6 years)					
Actual # children (7-12 years)					
Actual # youth (13-17 years)					
Actual # adults (18-64 years)					
Actual # seniors (65+ years)					
<b>Total individual participants per community</b>					
Actual # community presentations/events					
Actual # of Volunteers					
Actual # of Volunteer Hours					

Actual Outcome 1	
# Completing the Measurement Tool	
# Completing the Measure	
# Experiencing Positive Change	
Percentage of Positive Change (%)	

## 10. ACTUAL PROGRAM BUDGET

- Please provide the actual budget for the program.
- Only the program budget is required, not the entire budget of the organization.

**Revenue** - please indicate the actual sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						
Your Organizations Contribution						
Other Grants:						
Donations						
Fee for Service						
Membership Dues						
Other:						
<b>Total Revenue</b>						

**Expenses** – please indicate the actual costs to run the program.

Salaries and Wages						
Staff Benefits						
Staff Travel and Subsistence						
Volunteer Appreciation						
Volunteer Training						
Rent and Utilities						
Insurance						
Phone						
Advertising and Promotions						
Office and Program Supplies						
Audit and Accounting						
Other:						
Other:						
Other:						
<b>Total Expenses</b>						

<b>Total Revenue</b>	
<b>Total Expenses</b>	
<b>Net (Revenue – Expenses = 0)</b>	

## 11. ANNUAL REPORT

11.1 Was your strategy implemented as planned? Why or why not?

[150 words max]

11.2. Stories - Please provide a success story of your program. You can attach photos if available.

[500 words max]

## 12. CONTINUOUS QUALITY IMPROVEMENT

**12.1** Based on your quality improvement and evaluation processes should this program continue and why/why not? If continuing the program did you identify any improvements that could be made? **[250 words max]**

**12.2** Did your outcome measurements yield the expected results? Please explain. **[150 words max]**

## 13. DOCUMENTATION REQUIREMENTS

**Only complete applications/reports will be accepted.**

You must attach the following documents to your application:

- List of current agency Board of Directors including name and board position. **Do not** include any personal information (i.e. home phone, address, email, etc.).
- Most recent audited financial statement

Reports must be signed. Digital and scanned signatures will be accepted; unsigned reports will be returned.

Submit completed and signed annual report by direct delivery or email to the relevant municipal FCSS. **You must submit a complete annual report to each FCSS that you are requesting funding from by the deadline.**

## 12. DECLARATION

### Report Declaration:

I declare that all of the information in this report and the required supporting documents is accurate and complete, and that the report is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

Print name

Authorized Signature

Date