

# Millet

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

**Policy Number: 30**

**Date of Issue: May,25 2022**

**Motion Number:**

**Number of Pages: 11**

**Supersedes: Policy #30 Revision**

**Signature of Approval:** \_\_\_\_\_

  
**Doug Peel, 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.
7. The amount of funding available will be determined on an annual basis during the budget process.

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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.
16. If grant recipients fail to file outcome report with FCSS by the end of the year, they may be subject to:
  - a. Ineligibility for future grant.
  - b. Returning all grant money acquired.
  - c. Other consequences based off severity and/or repetition of failure to report.

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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

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**Please indicate category(s) your program applies too:**

- Individuals experience personal wellbeing.
- Improved social wellbeing of Families
- Improved social wellbeing of Community

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**Project Description**

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

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**Please indicate specific expected outcomes.**

- Change/ Benefit of **Knowledge**: to understand more about a topic
- Change/Benefit **Attitude**: a feeling or emotion toward a fact or state
- Change/Benefit **Skills**: developed aptitudes or abilities EX: Youth have better communication skills.

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

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**Which outcome survey question will your organization use? Please See Appendix D for a list of questions. If none of the questions provided fit your program, please reach out to FCSS (780)-387-4554 for a question that fits. You are only required to ask participants one question. Please try and get as many surveys filled out as possible within reason. You are required to report the outcome of your surveys. These questions are provided by the province of Alberta and cannot be changed.**

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**BUDGET**

REVENUE:

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

TOTAL REVENUE \$ \_\_\_\_\_

EXPENDITURES:

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

NET PROFIT (LOSS): \$ \_\_\_\_\_

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**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 short description of your overall organization EX. history, philosophy, programs, and services.**

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**Program Description**

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**Please indicate category(s) your program applies too:**

- Individuals experience personal wellbeing.
- Improved social wellbeing of Families
- Improved social wellbeing of Community



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

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**Please indicate specific expected outcomes.**

- Change/ Increase of **Knowledge**: to understand more about a topic
  - Change/Benefit **Attitude**: a feeling or emotion toward a fact or state
  - Change/Benefit **Skills**: developed aptitudes or abilities EX: Youth have better communication skills.
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**Which outcome survey question will your organization use? Please See Appendix D for a list of questions. If none of the questions provided fit your program, please reach out to FCSS (780)-387-4554 for a question that fits. You are only required to ask participants one question. Please try and get as many surveys filled out as possible within reason. You are required to report the outcome of your surveys. These questions are provided by the province of Alberta and cannot be changed.**

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

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

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

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

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

**DECLARATION:**

I declare that.

- All 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**

A requirement from the Town of Millet FCSS program is that all funded programs report on the outcomes. If outcomes are not reported Awardee could be subject to ineligibility in the future, having to return all awarded money and/or other consequences

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**How many people attended your program?**

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**How many volunteers did your program use? How many volunteer hours?**

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**Please provide the results to your provincial survey question provided in Appendix D required to be filled out by participants.**

**Enter in the number of answers you received under each heading.**

<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Disagree</b>	<b>Disagree</b>

**Based off your survey results are there any changes you would, make in the future to better your program and the outcome?**

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**Briefly describe the program FCSS awarded funding too.**

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**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 \$ \_\_\_\_\_

EXPENDITURES:

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

NET PROFIT (LOSS): \$ \_\_\_\_\_

Dated at \_\_\_\_\_, Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Signature of Chief Administrative Officer, Town of Millet

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**APPENDIX D: FCSS OUTCOME SURVERY QUESTIONS**

<b>Integrity</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I am better at standing up for what I believe.						

<b>Integrity</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I am better at doing what I believe is right even when it is hard.						

<b>Social Event Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . . . I feel more connected to a group of people who share my beliefs and values.						

<b>Social Event Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . My relationship with (my family/my partner/my ex-partner/my friends/my co-workers/my neighbors) is more enjoyable.						

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<b>Social Event Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... I am more connected with others in my neighborhood/community.						

<b>Social Event Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
I have (met/reconnected with/formed new relationships with) people from my community.						

<b>Social Issues</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... I am more aware that [insert community issue] is an issue in my community.						

<b>Social Issues</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... I am more aware of the impact of [insert community social issue] in my neighborhood/community.						



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<b>Safety Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . there are safe parks, playgrounds and play spaces in this neighborhood/community.						

<b>Safety Survey</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I feel safe in my neighborhood.						

<b>School belonging</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I feel more like I belong at school.						

<b>School belonging</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I like going to school						

<b>Quality Connection</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . I am more aware of adults in my neighborhood/community that children can look up to.						

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<b>Quality Connection</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
... I realize my neighborhood/community is a good place to bring up children.						

<b>Parent involvement</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
... I participate more in activities at my child's (daycare/playschool/kindergarten/school).						

<b>Parent involvement</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
... I talk with my child more often about (daycare/ playschool/ kindergarten/school).						

<b>FAMILY CONNECTION</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... my family has gotten better at turning to each other for support.						

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<b>FAMILY CONNECTION</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... my family takes the time to listen to each other more often.						

<b>Community Awareness</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... I know more about how to access the community resources I need.						

<b>Community Awareness</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
..... I am more aware of what is happening in my community.						

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<b>Volunteer event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
[Insert name] has helped me to feel that I can make a difference.						

<b>Volunteer event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . . . being involved in [insert name], I make my community a better place.						

<b>Volunteer event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
[Insert name] has helped me to feel what I do in my life is valuable and worthwhile.						

<b>Volunteer event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
[Insert name] has helped me to feel a sense of belonging to my neighborhood/community.						

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<b>Volunteer Appreciation Event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
[Insert name] has helped me to feel recognized for what I do. .						

<b>Volunteer Appreciation Event</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
[Insert name] has helped me to feel important to my community.						

<b>Volunteer Appreciation– for non-volunteers</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . . . I have a greater appreciation for the volunteers in my neighborhood/community.						

<b>Volunteer Appreciation– for non-volunteers</b>						
	Strongly Disagree	Disagree	Somewhat disagree	Somewhat Agree	Agree	Strongly Agree
. . . . . I have a better understanding of the value of volunteerism in the community.						