

Rocky View County Family & Community Support Services (FCSS)

2021 FCSS SPECIAL PROJECTS FUNDING APPLICATION (FUNDING PERIOD: JANUARY 1 – DECEMBER 31, 2021)

Please type or print legibly. Applicants must be a non-profit organization/agency that serves Rocky View County residents. All information provided is public. A project evaluation is required by February 28, 2022 if your application is successful. *Please note that faxed or e-mailed copies of the application will <u>not be accepted. It is strongly recommended that you courier or hand deliver your proposal (printed single sided pages only) and request confirmation of receipt. APPLICATION DEADLINE IS 4:00 P.M. SEPTEMBER 30, 2020 APPLICATIONS NOT RECEIVED BY THIS DEADLINE WILL NOT BE ACCEPTED.*</u>

1. ORGANIZATION INFORMATION		
Organization Name	K.I.K. Seniors Citizens Club	
Project Name	Art Therapy	
FCSS Funding Request (Maximum \$7,500)	\$3,500	
(from Section 9.6 C Proposed Budget)		1
E-Mail Address and Website		¥
Mailing Address (include postal code)	P.O. Box 454, Irricana, AB T0M 1B0	
Street Address (for courier purposes)	519 – 1 st Avenue, Irricana AB	
Agency Telephone Number		
Agency Fax Number		
Executive Director Name		
Program Contact Name	Rita Smith	
Phone Number (If different from above)		

Please email confirmation of receipt of this application to:duncanritasmith@gmail.com

In what way(s) is your program prev to report on each of the Outcomes th	entive in nature? Check the appropriate items from the following list. You wi at you have selected.	ll be require
Provincial Outcome Rocky View County Outcomes		
Improved social well-being of	Outcome 1: Individuals experience personal well-being. Indicators: Resilience; self-esteem; optimism; capacity to meet needs; autonomy; competence; personal engagement; meaning and purpose.	
individuals	Outcome 2: Individuals are connected with others. Indicators: Quality of social relationships; social supports available; trust and belonging.	* 🛛
	Outcome 3: Children and youth develop positively. Indicators: Developmental assets.	

Provincial Outcome	Rocky View County Outcomes	
	Outcome 4: Healthy functioning families.	
	Indicators: Positive family relationships; positive parenting; positive family communications.	
Improved social well-being of families	Outcome 5: Families have social supports.	
	Indicators: Extent and quality of social networks; family accesses resources as needed.	

Provincial Outcome	Rocky View County Outcomes	
	Outcome 6: The community is connected and engaged.	100 D
	Indicators: Social engagement; social support; awareness of the community; positive attitudes toward others and the community.	
Improved social well-being of the community.	Outcome 7: Community social issues are identified and addressed. Indicators: Awareness of community social issues; understanding of community social issues; agencies and/or community members work in partnership to address social issues in the community.	

3. PROJECT DESCRIPTION

Attach a separate page providing a brief overview of your organization and the project.

- a) Describe briefly how this is a special project and how it will specifically support Rocky View County Residents. Rocky View County residents do not include people who reside in Airdrie, Beiseker, Chestermere, Cochrane, Crossfield, Irricana or Redwood Meadows. It does include those who live outside of these municipalities and within the hamlets located within the County's borders.
- b) Define your region of operation;
- c) Include the statement of need;
- d) The activities that will be used to address the need;
- e) The expected outcomes; and
- f) Agency/project mission. What is your mission and what are you currently doing to achieve your mission (e.g. other programs and services that are not a part of this application for funding)?

4. PROJECT FIGURES

- a) Estimated Number of Total Program Participants: 30
- b) Estimated Number of County Resident Program Participants: 15
- c) Estimated Number of Volunteer Hours Related to Program: 350

5. SUPPORTING DOCUMENTS

The following documents must be attached:

- a) Organization's Annual Financial Statement;
- b) Organization's Proposed Operating Budget include contributions from other sources and detailed expenditures, do not include in-kind supports, only actual dollars. A budget shell is attached on the next page if you wish to use it:
- c) List of Organization's Officers and Directors. Do not include personal contact information (home addresses, emails, or phone numbers);
- d) A copy of Alberta Societies Act Registration if new applicant.

Other documents may also be attached to the application form that provides further clarification.

6. CERTIFICATION OF COMPLIANCE:

This is to certify that to the best of my knowledge and belief, the information included in this application complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation. (https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx)

th <u>Rita Smith</u>, Art Coodinator July 27, 2020 (Print Name & Title) (Date)

(Signature of Applicant)

Please indicate how you heard of the Rocky View County FCSS Program:

newspaper ad	social media	website visit/search
word of mouthX	other (specify) Pre-	vious KIK Art Coordinator
Submit Completed Documents to or for further assistance contact: Randy Ell, FCSS Coordinator Rocky View County 262075 Rocky View Point Rocky View County, AB T4A 02 Phone: 403.520.1289		 The FCSS Program Is Not: Recreational. A Public Health Transportation Grant. Direct assistance, including money, food, clothing or shelter to sustain an individual or family. Rehabilitative. A duplication of services from other Government Agencies.

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive FCSS funding; to assist in administering the FCSS funding; and to monitor, assess, and evaluate your program. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to the FCSS program. Questions regarding the collection of this information can be directed to the Manager, Recreation, Parks and Community Support at 403.520.6307.

2021 PROPOSED BUDGET (Ensure all expenses to which you plan to direct the County	calculations are correct. Use the FCSS funds. Column 1 + Column	ne second column to ite mn 2 = Column 3)	mize the program
ITEM	Column 1 2021 Costs to be paid or contributed by the Applicant and other funding partners (Agency Contribution)	Column 2 2021 Costs to be funded by County FCSS (Program Required	Column 3 2021 Projected Year End Total Program Budget (Total Cost)
	EXPENSES	A HIGHLOSING	An An An
PERSONNEL (specify positions and hou	rs per week)		
Instructor Honorarium		\$225.00	\$225.00
a. SUBTOTAL PERSONNEL		\$225.00	\$225.00
TRAVEL & TRAINING (specify)			
b. SUBTOTAL TRAVEL & TRAINING			
MATERIALS AND SUPPLIES (specify)	h		
Art Material and Supplies		\$2,725.00	\$2,725.00
Attendance to an Art Show or Gallery or Event		\$350.00	\$350.00
Construction Materials and Supplies		\$200.00	\$200.00
c. SUBTOTAL MATERIALS AND SUPPLIES		\$3,275.00	\$3,275.00
OTHER (specify)			
d. SUBTOTAL OTHER			
e. TOTAL EXPENDITURES (e=a+b+c+d)		\$3.500.00	\$3,500.00
REVENUE (specify other source	s of funding including fundraisin	fees for service, other	grants, etc.)
f. TOTAL REVENUE			
g. FCSS REQUEST (DEFICIT = Total of Column 3 Expenditures - Total Revenue)		\$3.500.00	



2021 Art Therapy Grant Application K.I.K. Senior Citizens Club

PROJECT DESCRIPTION

- A) This is a project for Seniors in Rocky View Zone 6 and others. It is a great success and participation is growing annually since 2000. Residents of Rocky View County are planning to participate again. Many of them are living isolated on farms and acreages. This project is most important to their wellbeing.
- B) Our Seniors live within Zone 6. Art Therapy will take place at our K.I.K. Senior Hall in Irricana and nearby art gallery/studio locations.
- C) Art Therapy classes enhance Senior's lives. Art Therapy participants develop interpersonal and group interaction skills, gain confidence and competence with new abilities, build friendships and reduce isolation. The program provides a place to learn, connect with others and feel part of the community.
- D) Art Therapy classes, 3 hours per session, will be held once or twice a month January through December. All participants will receive complete instructions and techniques in a classroom setting, along with most of the materials required to complete their projects. We invite local artists to share art knowledge and techniques and plan to visit an art gallery/show to experience local art and art techniques.
- E) The expected outcomes will be that individual participants will: Experience personal wellbeing, Connect with others, Feel connected to and engaged in their community.
- F) "The K.I.K.'s objectives are to provide recreation, fellowship and activities of interest to our members and to support our communities."
 Programs, activities and club operations are 100% run by volunteers.
 Travel Program: Provide regular bus trips to local performances.
 Building Operations Program: Maintain, clean and operate the KIK building and property.
 Monthly/weekly activities include: Potluck dinners, movie nights, games night and afternoon card games.
 Annual events include: 80+ Birthday Party, July BBQ, September Corn Roast and Christmas party/dinner.
 The club also provide space, at no cost, for the Irricana Food Bank.