

Rocky View County Family & Community Support Services (FCSS)

2021 FCSS GENERAL FUNDING APPLICATION

(FUNDING PERIOD: January 1 – December 31, 2021)
ALL INFORMATION PROVIDED IS PUBLIC

APPLICATION DEADLINE IS 4:00 P.M. SEPTEMBER 30, 2020 NO EXCEPTIONS

Organization Name	Langdon Theatre Association
Program Name	Langdon Theatre Association
FCSS Funding Request (over \$7,500) (from Section 9.6 C Proposed Budget)	51,000
E-Mail Address and Website	ssmadole@gmail.com
Mailing Address (include postal code)	PO Box 230 Langdon, AB T0J 1X3
Street Address (for courier purposes)	
Agency Telephone Number	403-850-0208
Agency Fax Number	NA
Executive Director Name	Sheena Madole
Program Contact Name	Sheena Madole
Phone Number (If different from above)	

2. 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)

Signature (Agency Signing Authority)

Co-Chairperson
Title

Sheena Madole9/30/2020Print NameDate

Submit Completed Documents to, or for further assistance contact:

Randy Ell, FCSS Coordinator 403.520.1289 Rocky View County, 262075 Rocky View Point Rocky View County, AB T4A 0X2

Please note that faxed or e-mailed copies of the application will <u>not</u> be accepted. All proposals (printed single sided pages only) must be received in the Rocky View County main administration building by 4:00 p.m. SEPTEMBER 30, 2020. <u>It is strongly recommended that you courier or hand deliver your proposal and request confirmation of receipt. APPLICATIONS NOT RECEIVED BY THIS DEADLINE WILL NOT BE ACCEPTED.</u>

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

							Page	e 2
ease indicate how yo	u heard of the	Rocky View	County FCSS Pr	ogram;				
newspaper ad		social 1	nedia	V	vebsite visit/sea	arch		
word of mouth	•	other (specify)					
3. SOCIETY ME	MBERSHI	P (current)						
Number of Member	S	50						
Membership Fee Pe	r Member	100.0	0					
4. TYPE OF ORC	GANIZATI	ON						
Alberta Societies Ac	t Registration	n Number:	5010052651					
Charitable Number	(if have one):				☐ Government	Agency	,	
5.DAYS AND HO	OURS OF			OGRAM				
OPERATING	MONDAY	TUESDAY	WEDNESDAY	THURSDA	Y FRIDAY	SATU	JRDAY	SUNDAY
HOURS	3.5				n			
Dates not Open:	Christmas	Break for 2 W	eeks					
Statutory Holiday:				Other				
6. DOCUMENTA Do not provide other							ATI	TACHED
List of current agenc				eition (Doord	information is	-	57	
requested to ensure s required.) Do not in numbers).	sufficient gov	ernance and n	nake members ac	cessible to ac	lministration, i			
Fee Policy and Scheo	dule (if applic	able)					×	
Organizational Chart	of Agency							
Certificate of Incorpo				ant. (Not ap	plicable to othe	r	Inclu	uded
municipal governme	nts and assoc	iated departm	ents)				□ Not	Applicable
Constitution and Byl funded groups)								
ob description(s) for changes were made b	by previously	funded group		first time app	licants only un	less		
Most recent Audited	Financial Sta	tement					V	

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 and Community Services at 403.520.6307.

7.1 PROGRAM DESCRIPTION

Provide a brief program description in a few sentences (to be used for publication by FCSS)

In what way(s) is your program prev required to report on each of the Out	entive in nature? Check the appropriate items from the following list. You we comes that you have selected.	ill be
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.	X
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.	\boxtimes
	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. 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.	

7.3 PRIMARY TARGET

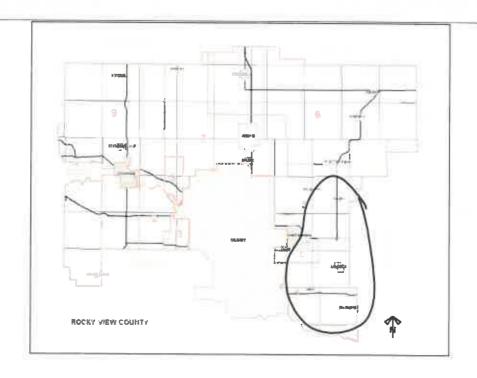
Indicate the Primary target at whom the program is aimed by estimating the percentage of the program's FCSS allocation that is directed to services in the following categories.

Children	50	%
Youth	50	%
Families		0,0
Adults		%
Seniors		0/6
Volunteerism		%
Community Development		0/0
Total	100	%

7.4 SOCIAL SERVICE CONTINUUM Please indicate the percentage of each section below that your program provides.		
Promotion: Programs and services that promote public education and awareness of social needs.	10	9,6
• Prevention: Programs and services focused at the earliest opportunity on individuals and families whose social well-being in community life is at risk.	75	0,
• Early Intervention: Programs and services focused on individuals and families with identified early signs of unmet needs, who require support to enhance their social well-being.	10	0,
 Specialized Services: Programs and services for individuals and families focused on emerging social needs not yet sufficiently addressed by community support. 	5	0,
 Remediation Services: Programs and services for individuals and families with clearly defined unmet needs, who require assessment, intervention, and treatment to enhance their social well-being. 		0,4
Total	100	0,

8. COORDINATION AND COMMUNICATION

A. Identify organizations within the program's catchment area (define your region of operation; include towns and border of service area and also clearly mark it on the map with thick black lines) that provide similar services.



B. What cooperative and coordinative steps has the program taken with these agencies?

N/A

C. Describe the similarities and differences between the proposed program and those identified as being delivered by other organizations.

N/A

OUTCOMES MODEL

(For further information on the outcomes model contact the County FCSS program for a copy of a toolkit.)

9.1 AGENCY/PROGRAM VISION

Desired social condition. May be your agency's existing vision statement.

We are striving to equip our youth with the social and life skills, social interaction (albeit online), character development and team building through theatrical instruction.

Our Mandate: To deliver fun, affordable programs to the children and youth of Langdon and surrounding areas, while providing them with life skills such as self-esteem, team building skills, and self-worth. Through our program children are developing into the leaders of tomorrow.

9.2 AGENCY/PROGRAM MISSION

Unique role in working towards the desired social condition. 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)?

Through a theatre setting and with the assistance of volunteers and instructors, we create and maintain a setting for success for our youth. We offer our youth the opportunity to explore personal development through expression and improvisation. Through teamwork, we teach our participants how to develop self-worth, and socialize in an enjoyable environment.

9 STATEMENT OF NEED

Problem statement; description of the situation you wish to change.

Given the current pandemic, we have re-created our program to adapt to the online environment. Our ideal situation would be to meet in person and preform with others on-stage. With this change, we are in need of recording equipment and software to provide to our participants in order to make the best quality performances we can.

9.4 STRATEGY/ACTIVITIES

How will the program address the specified need? What goal or long-term change or impact do you want to achieve? What are you going to do in the program to achieve your goal(s)?

This season we are welcoming as many families as we can into the program. As we have a set number of instructors this season, we are closing registrations to the community at 50 participants. We are also reducing the registration fees to help families find affordable, safe extra curricular activities for their children. We hope to post our performances and projects on social media as well as our website to encourage the whole community to participate in some capacity.

9.5 RATIONALE

An explanation of why you believe this strategy or approach will work; include research if possible.

Throughout the Spring and Summer, we have researched what we can do to make our program work in the current climate we live in where socializing in person is not completely possible. We have found that online options have been successful and when combined with an end goal for the participants, it will encourage them to stay engaged and give them an opportunity to learn a new aspect of theatre that they may not have known prior to this new program.

9.6 INPUTS *Please see end of application for budget shell. Budget sheet(s) MUST follow the templa	te as provided.
A. Have you researched or sourced other methods of funding? How do you propose to sustai	
In addition to FCSS funding, we have received funding from the Alberta Foundation for the A	1 0
\$6301.74 (to relocate and rental fees of our new storage facility).	
B. Has this budget been authorized by your Board of Directors? Yes No I If no, please	explain;
-	
9.7 PROJECTED OUTPUTS (Count of products and services delivered to the target group	. For definitions, see the
end of the report)	
Please report the <u>projected</u> direct product of your activities, usually measured by volume of	work accomplished. Must
include projected number of individual participants, volunteers and volunteer hours. Other out	outs may include projected
number of training sessions, workshops, and community development programs. Include proresidents utilizing services. Rocky View County residents do not include people who re	ojected number of County
Chestermere, Cochrane, Crossfield, Irricana or Redwood Meadows. It does include those	side in Airdrie, Beiseker,
municipalities and within the hamlets located within the County's borders.	who has ourside of mess
The state of the s	
A. PROJECTED NUMBER OF INDIVIDUAL PARTICIPANTS SERVED:	
People served should only be counted once unless they are part of a family being served (see d	efinitions). DO NOT
include group participants, contacts, or community development initiatives if counted below.	
Provide general summary of outputs here:	
37 1 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Number of Children/Youth (0 to 18 years) 50 Number of County Residents: 45	
Number of Adults (19 to 64 years) Number of County Residents: Number of County Residents:	
Number of Seniors (65+ years) Number of County Residents: Number of Families Number of County Families:	
Number of Families Number of County Families:	
B. PROJECTED NUMBER OF GROUPS SERVED:	
(e.g. workshops, training and/or education groups)	
Provide general summary of outputs here:	
Y 1 40 4 5 11 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Number of Groups: 4 Total Number of Participants: 50 Number of County Residents: 45	
C. PROJECTED NUMBER OF CONTACTS PROVIDED:	
(e.g. providing assistance with forms/referral; telephone, mail outs, email, and social media)	
Provide general summary of outputs here:	
Number of Clients: Number of County Residents:	
P. DOG WOMEN MINISTER OF COLORS WITH STATE OF COLORS	
D. PROJECTED NUMBER OF COMMUNITY DEVELOPMENT INITIATIVES:	
(E.g. community assessment, mobilization, and/or advocacy committees. Do not include service Provide general summary of outputs here:	e to individuals)
From the general summary of outputs here.	
Number of Initiatives: Number of Clients: Number of County Residents:	
E. VOLUNTEERISM	
a) What are the roles of volunteers in the program?	
Volunteers are made up of the parents of participants. We ask that 10 of them sit on the board,	and all parents help with
he creation of props, costumes, make-up, arrange facility/equipment rentals/purchases; provide	
communication for the groups.	
b) How does the program promote, encourage, and facilitate the use of volunteers?	
Bond Cheques	
c) Total number of volunteers in agency/program:	30

d) Total number of volunteer hours in 2019:	2500
e) Estimated number of volunteer hours until the end of 2020:	2000

9.8 EXPECTED OUTCOMES

Statements, which describe the difference the agency/program intervention will make with clients in the short term, midterm, and long term. These must logically connect to the Provincial and Rocky View County Outcomes in Section 7.2.

Short Term Outcomes

Children and youth:

are more aware of their personal strengths.

are supported in doing the right thing.

show respect for others.

can make better decisions.

Mid Term Outcomes

Children and youth:

develop positive relationships with their peers.

have more supportive relationships with adults.

Long Term Outcomes

Children and youth:

develop better coping skills

develop life-long friendships

9.9 OUTCOME INDICATORS

List the specific items of information that you will track to measure your program's success on outcomes. These are generally in the form of a cluster of questions or surveys and relate directly to the Rocky View County Outcome Indicators listed in Section 7.2. Copies of the Provincial FCSS Measures Bank are available upon request.

As a i of being a member of Langdon Theatre Association:

I am included more when my family makes decisions about how to solve problems

I have more friends that I can trust.

I show respect for adults more often.

I am better at doing what I believe is right, even when it is hard.

I am better at taking responsibility for my actions.

I am better at saying 'no' to things I know are wrong.

10: ADDITIONAL INFORMATION

Please provide a brief agency/program history.

We are going into our 19th year and hope to be as successful if not more with our new format. With almost half of our previous seasons participants pre-registering, this season is looking to be headed in that direction.

II STORIES

Please provide 1 or 2 short anecdotal stories about some of your County rural clients who have received services from your organization, and how their situation has improved as a result of their involvement in this program. This story may be used for publication by FCSS. Please do not include any client identifying information.

"My daughter and I really like the set up, teaching and support from Langdon Theatre group. It is a wonderful program and activity for the daughter that provides learning and growth. Thank you very much for all you do."

"My daughter really enjoys the program. She is very quiet and shy. The program helps with that."

"Absolutely excellent program that teaches life long skills."

*Responses are from our end of year survey in May of 2020

Please ensure that section 9.6 C starts on a page(s) with no other sections on the page(s). For consistency purposes, it is <u>IMPERATIVE</u> that you use the following template as provided and <u>NOT</u> modify it, other than adding additional lines.

\$66 1. 1919 18 (Resources dedicated to the program. Include staff and budget for one year.)

2021 PROPOSED BUDGET (Ensure all cale	ulations are correct. Use the s	econd column to itemi	ze the program
expenses to which you plan to direct the Count	FCSS funds. Column 1 + C	Column 2 - Column 3)	
ITEM	Column 1	Column 2	Column 3
	2021 Costs to be paid or	2021 Costs to be	2021 Projected Yes
	contributed by the	Constact by County	Nest Total Business

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 Request)	Column 3 2021 Projected Year End Total Program Budget (Total Cost)
EXPENSES	A.NIII or for		
PERSONNEL (specify positions and hour;	s per week)		
Teaching Staff (4 classes/wk)		28,000.00	28,000.00
Technical Assistance	500,00	1,500	2000.00
a. SUBTOTAL PERSONNEL	500.00	29,500,00	30,000.00
TRAVEL & TRAINING (specify)			
Instructor training of software		500.00	500.00
Leadership training	250.00		250,00

b. SUBTOTAL TRAVEL & TRAINING	250.00	500.00	750.00
MATERIALS AND SUPPLIES (specify)			
Final Production	4000.00	10,000,00	14000.00
Technical Equipment		4,500.00	4500.00
Props Trailer Rental	2000.00	2200.00	42000.00
c. SUBTOTAL MATERIALS AND SUPPLIES	6000.00	16,700.00	22,700.00
OTHER (specify)			
Administration/Accounting		2,000.00	2000.00
Storage Rental fees	4350.00		4.350.00
Actor Volunteer Appreciation Event		2,300.00	2000.00
d Subtotal Other	4.350,00	4,300.00	8.650.00
e. TOTAL EXPENDITURES	11,100.00	51,00.00	62,100.00
(e=s+b+e+d)			
REVENUE (specify other sources of funding		for service, other gra	ints, etc.)
Alberta Fine Arts Langdon Recreation	8500.00	WE DE LIKE	
Languen Recreation	2,600.00		
f. TOTAL REVENUE	11,100.00		
g. FCSS REQUEST (DEFICIT = Total of Column 3. Expenditures - Total Revenue)		51,000.00	

COMPLETE THIS SECTION ONLY IF YOU RECEIVED 2020 COUNTY FCSS FUNDING AND ARE APPLYING FOR AN INCREASE.

A. 2020 County FCSS Grant	27,483.00
B. 2021 County FCSS Request	51,750.00
C. Does this request result from a decrease in	other funding support? Specify.
	ere are only three funders we are currently requesting grants from.
D. Identify requested funding increase. List and Supplies).	each category and the amount of increase (e.g. Personnel, Materials
We have a new program that we are creating wlinstructor fees.	nich requires us to purchase production equipment, and additional
E. Provide a rationale together with support	ng data, using demographics as necessary.
Instructor education in the field of production or	
outside of Langdon in order to facilitate our nev	nd mixing is limited in our county and so we need to find instructors v curriculum.
outside of Langdon in order to facilitate our nev	
outside of Langdon in order to facilitate our new F. How will this increase impact clients and s granted, what effect will it have?	v curriculum. ervices? How will the change be measured? If the increase is not it easy and fun for our participants to learn, create, and have fun with the
outside of Langdon in order to facilitate our new F. How will this increase impact clients and s granted, what effect will it have? By having professional instructors, it will make new software and techniques they will learn this	v curriculum. ervices? How will the change be measured? If the increase is not it easy and fun for our participants to learn, create, and have fun with the s season.
outside of Langdon in order to facilitate our new F. How will this increase impact clients and s granted, what effect will it have? By having professional instructors, it will make new software and techniques they will learn this G. Outline the efforts already taken to accommo	v curriculum. ervices? How will the change be measured? If the increase is not it easy and fun for our participants to learn, create, and have fun with the s season.
outside of Langdon in order to facilitate our new F. How will this increase impact clients and s granted, what effect will it have? By having professional instructors, it will make	v curriculum. ervices? How will the change be measured? If the increase is not it easy and fun for our participants to learn, create, and have fun with the season. modate the proposed program adjustment.

THE FOLLOWING PAGES ARE FOR REFERENCE PURPOSES ONLY. PLEASE DETACH THEM FROM YOUR APPLICATION