

Name of Community Organization:	Date of Application:
Act Registered Under:	Registration Number:
Name of Sponsoring Group (if above group is not a Society):	Sponsoring Group Registration Number:
First Contact Person: Mailing Address:	Position: Telephone: Fax:
Second Contact Person: Mailing Address:	Position: Telephone: Fax:
<b>PROJECT TITLE:</b>	
<b>BRIEF PROJECT DESCRIPTION:</b> (Details of the project to be completed on Page 2 of this application.)	
Our Organization will be making a presentation to the Selection Committee:   yes <input type="checkbox"/> no <input type="checkbox"/>	
<b>FUNDING AMOUNT REQUESTED:</b>	\$
<b>Project Budget:</b> Please attach a detailed, itemized two-year budget. See sample.	

We, the undersigned, certify that, to the best of our knowledge, the information outlined in this application is complete and accurate. Furthermore, we agree to the following conditions:

1. That this program does not involve major capital expenditures.
2. That separate accounting will be maintained for this project.
3. That this program is not primarily rehabilitative in nature.
4. That all promotional material on this project will acknowledge the support of the Community Development Department, City of Medicine Hat, & FCSS.
5. That a HOMES outcomes based evaluation and financial statement will be submitted to the Community Development Department yearly.
6. That all questions in this application form are fully answered.

Signature	Print Name:
Date:	Position Title:

<b>PROJECT TITLE:</b>	
<b>PROGRAM DESCRIPTION</b>	
1.	Provide a detailed description outlining how this project/program meets identified local needs. (attach any statistics you may have).
2.	Client or target population?
3.	Components of Program/Service
4.	Outline how this project is preventive in nature.
5.	Indicate if and how this project has a self-help nature component in it.
<b>GOVERNANCE</b>	
1.	Who will lead the project/program and what are his/her qualifications?
2.	What is his/her education and/or experience in this or similar programs? What is his/her experience in organizational leadership?
3.	Is your agency or society governed by a Board of Directors? What consultative services are used to manage the organization?
<b>PARTNERSHIPS &amp; SUPPORT</b>	
1.	Outline volunteer involvement in this project.
2.	If there are partners to this program, please list them.
3.	How will the partners work together on the program?
4.	Who are your other funders for this program? (include itemized line amounts under revenue in budget)
5.	Will you be fundraising for operating expense?
6.	What fundraising activities do you have planned?

7. Describe how your program encourages cooperation among agencies or describe similar services in area.

### EXPECTED RESULTS/OUTCOMES

1. What are the short, mid and long term measurable objectives of this project/program and how will they be measured?

Objective

How will it be measured?

### ADDITIONAL INFORMATION

1. Program Vision, Mission and Mandate

2. History and experience of organization in this program field.

3. FCSS Medicine Hat requires you to send the following documentation. Please indicate which documents you have forwarded by checking applicable boxes.

- copy of Incorporation Certificate and/or
- copy of Certificate of Charitable Status
- verification of Workers' Compensation
- organization chart

4. Please describe the physical layout/design of your building(s) including location, accessibility, visibility and compliance with occupational health and safety.

5. Please describe your current technology to support data collection and communication.

6. Please describe how you will store and handle file documentation according to FOIP. Information regarding FOIP compliance can be found at: <http://foip.alberta.ca/resources/guidelinespractices/>

**Please attach additional pages, as required**

Expenses	Jan 1, 2010 to Dec. 31, 2010	Jan 1, 2011 to Dec. 31, 2011	TOTAL Jan. 1, 2010 to Dec. 31, 2011	%	Comments
<b>Wages &amp; Benefits</b>					
2.5% increase					
<b>Subtotal</b>					
<b>Overhead</b>					
Facility					
Furniture					
Insurance					
Computers & Software					
Database management					
Copier lease & charges					
Telephone & Fax					
Internet & Website					
Office supplies					
Advertising/publications					
Advisory Council meetings					
Municipal taxes					
Security & Maintenance					
Mileage/Travel					
<b>Subtotal</b>					
<b>Admin</b>					
Bookkeeping					
Payroll					
Staff training					
Consultant/Management Fees					
<b>Subtotal</b>					
<b>TOTAL EXPENSES</b>				100%	

Revenue	Jan 1, 2010 to Dec. 31, 2010	Jan 1, 2011 to Dec. 31, 2011	TOTAL Jan. 1, 2010 to Dec. 31, 2011	%	Comments
<b>Granting/Government</b>					
City of Medicine Hat					
United Way					
Child & Youth Services					
Community Foundations					
Other					
<b>Granting/Government subtotal</b>					
<b>Fundraising/Sponsorship</b>					
Donations & Corporate sponsorship					
Events/Campaign Gross revenue					
Facility Rentals					
Casinos					
Other					
<b>Fundraising/Sponsorship subtotal</b>					
<b>In Kind/Non-Cash Services</b>					
Capital donations					
Rent					
Accounting & Legal services					
Other					
<b>In Kind/Non-cash Services subtotal</b>					
<b>Client Contributions</b>					
User fees					
Membership fees					
Sales					
<b>Client contributions subtotal</b>					
<b>TOTAL REVENUES</b>				100%	