

Family and Community Support Services (FCSS)

Funding Application Form

***Application Deadline is September 15 for the following budget year. Check with your nearest FCSS Municipality Program office if applications are accepted at other times during the year.**

Note: Please submit a separate application for each program or project for which you are requesting funding. The same form works for all communities listed.

**1. Which Municipality are you applying to?
(check one or all depending on where your program clients live)**

- | | | | |
|---------------------------|--------------------------|----------------------------|--------------------------|
| County of Vermilion River | <input type="checkbox"/> | Town of Vermilion | <input type="checkbox"/> |
| Village of Dewberry | <input type="checkbox"/> | Village of Kitscoty | <input type="checkbox"/> |
| Village of Marwayne | <input type="checkbox"/> | Village of Paradise Valley | <input type="checkbox"/> |

Organization Information:		
Organization Name: _____		
Mailing Address: _____		
Contact person: _____	Position/title: _____	
Email address: _____		
Phone: _____	Cell: _____	Fax: _____
Alternate Contact person: _____		
Email address: _____		
Phone: _____	Cell: _____	Fax: _____
Is your organization registered as a society or a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable Number: _____	Incorporation Number: _____	

2. Amount of Funding requested: \$ _____

*Please complete a proposed budget (sample form attached) along with a recent Financial Statement

3. If you are requesting funds from any of the following municipalities then please list the amounts separately:

- | | | | |
|---------------------------|----------|----------------------------|----------|
| County of Vermilion River | \$ _____ | Town of Vermilion | \$ _____ |
| Village of Dewberry | \$ _____ | Village of Paradise Valley | \$ _____ |
| Village of Marwayne | \$ _____ | Village of Kitscoty | \$ _____ |

**4. Project/Program Operating Term: (Check one) Full Calendar Year _____
Less than 1 year _____**

5. Check the one that applies best to your program/project:

Re-application: _____ NEW Application: _____

6. FCSS FUNDING CRITERIA

*** Each program/project must be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.**

YOU MUST BE ABLE TO SAY YES TO AT LEAST ONE OF THE FOLLOWING:	
THE PROPOSED PROJECT/PROGRAM WILL:	Yes/No
1. help people to develop independence, strengthen coping skills and become more resistant to crisis	
2. help people to develop an awareness of social needs	
3. help people to develop interpersonal and group skills which enhance constructive relationships among people	
4. help people and communities to assume responsibility for decisions and actions which affect them	
5. provides supports that help sustain people as active participants in the community	

7. Volunteer Capacity/Target: (How are volunteers utilized? How many are needed?)

You are required to report on the outcomes of your program/project on an annual basis (December/January) or at the completion of your project. Sometimes a June/July Progress Report is requested.

8. Name of Program/Project: _____
Beginning Date: _____ Completion Date/End Date: _____

9. Brief Program/Project Description: _____

10. Statement of Need: What community need or issue does this program/
project address:

11. Overall Goal: What do you hope to achieve with the program/project (overall
change or impact)?

12. Broad Strategy: In general terms, how will the program/project address this
community need?

13. Rationale: What evidence or past experience do you have that would support this
approach? (ie. If you do these things, then these results will occur? What is your "if-
then" statement?)

14. Estimate the percentage of clients served: (or use previous year stats)

Children/youth (birth to age 18) _____
 Families _____
 Adults _____
 Seniors (age 65+) _____
 Other Groups:
 Aboriginals _____ Men _____ Women _____
 Newcomers _____ Other: _____

15. Inputs: List the resources you have available - eg. Staff, volunteers, supplies etc.)

16. Outputs: List the program/project activities and processes you will use to work toward your goal(s).

17. Projected Outputs: Identify who you will reach (estimate if necessary)

	County	Town	Villages	Totals
Individuals Served				
Families				
Volunteers				
Volunteers Hours				
Contacts made				
Project/Partnerships				
Community Initiatives				
Number of Community Initiative Participants				
Number of Groups run under Funded Project				
Number of Group(s) Participants				

18. What short term outcomes or changes will occur when you have met your goals?
Categories of outcomes include knowledge, attitude, values, skills, behaviors, conditions, status.

19. Success Indicators: How will you know that the short term outcomes have been achieved?

20. Data Collection: What method will you use to measure short term outcomes?
(eg. Client survey, interview, etc.)

21. Medium Term Outcomes (over 1 year): If all the short term outcomes are met what is expected to occur after 1 year? Please indicate if this is not applicable to your program/project.

22. Medium Term Success Indicators: How will you know that your medium term success indicators have been met?

26. Partnerships: Who did you work with for this program/project?

27. If your application is approved, please give examples of how you will give public recognition of the FCSS funds you receive.

Declaration:

We, the undersigned, hereby certify that this application contains a full and accurate account of all matters stated herein:

Name/Position

Date: _____

Signature

Name/Position

Date: _____

Signature

**PROGRAM/PROJECT
BUDGET FORM**

NAME _____

REVENUES	YEAR _____	YEAR _____
Fees for Service:		
Grants (non- FCSS)		
Donations:		
Fundraising:		
Other:		
TOTAL REVENUE:		
EXPENSES	YEAR _____	YEAR _____
TOTAL EXPENSES:		
FUNDING REQUEST:		