

FCSS GRANT APPLICATION

SYLVAN LAKE & SUMMER VILLAGES

2011



Sylvan Lake

Family & Community Support Services

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<p>2011 January - December 31st Operating and Special Projects FCSS Community Grant Application</p>

DEFINITIONS FOR TYPE OF FCSS COMMUNITY GRANT:

- A. SPECIAL PROJECT OR INITIATIVE** – ONE TIME PROJECT NOT REQUIRING ONGOING FUNDING.
- B. OPERATING** –OPERATING FUNDS FOR A SPECIFIC PROGRAM WITHIN AN ORGANIZATION TO BE REVIEWED ON AN ANNUAL BASIS.

APPLICATIONS FOR 2011 FCSS GRANT FUNDING ARE DUE: OCTOBER 31ST, 2010

APPLICATION PROCESS

- COMPLETE IN FULL THE GRANT APPLICATION FORM.
- MEETING WITH THE FCSS PROGRAM MANAGER TO REVIEW AND DISCUSS THE COMPLETED GRANT APPLICATION
- BRIEF PRESENTATION OR INTERVIEW WITH THE COMMUNITY & SOCIAL DEVELOPMENT BOARD (CSD)
- REVIEW, EVALUATION OF APPLICATION AND DECISION BY THE CSD BOARD.

PLEASE NOTE IT IS ESSENTIAL THAT YOUR APPLICATION BE COMPLETE SO THAT IT CAN BE EVALUATED TO THE FULLEST EXTENT POSSIBLE.

To be considered eligible for FCSS grant funding Programs, services or initiatives must preventive and enhance the well-being of individuals and families at the earliest opportunity;

Programs *cannot* provide *primarily* for the recreation needs or leisure time pursuits of individuals, offer direct financial assistant to sustain an individual or family, be primarily rehabilitative in nature or duplicate services that are ordinarily provided by a government or government agency.

PART B WHAT YOU ARE REQUIRING FUNDING FOR...

NAME OF THE PROGRAM/PROJECT/SERVICE/INITIATIVE:

1. PURPOSE OF THE PROGRAM (what it is intended to do, how will it assist the target population?)
2. OBJECTIVES (what are the specific objectives of this program that relate to the funding that you are requesting this year?).
3. MEASUREMENT TO ENSURE ACCOUNTABILITY (how will you know if you have been successful with your target population? what measures will you use and what will they tell us about outcomes?)
4. COMMUNITY NEED (why is there a need for this program in the community and how have you determined this need? what is the need? what demographic information or statistics support the community need? Are others in the community offering a similar program?)
5. COMMUNITY PARTICIPATION (what resources, strengths or assets already exist that you can build on? what partnerships, linkages or new directions (that you can build on) are in the community? how will volunteers be involved in this program? what opportunity will there be for clients to participate in the planning and delivery of this program?).
6. TARGET POPULATION/GROUP (who will be served? where are they located geographically? [state percentage in Sylvan LAKE AND other respective communities])
7. HOW WILL IT OPERATE (give a description of how the program will operate. how many staff will be involved; ? are there entry requirements to the program? if so, what are they? where will the program operate from?).
8. FITTING YOUR MISSION/MANDATE (how does this program fit your overall organizational/group's mission/mandate and how does it relate to your organizational/group goals?).

FUNDING

9. PROVIDE A BUDGET SPECIFIC TO THE PROGRAM/PROJECT/SERVICE, INITIATIVE YOU ARE REQUESTING FUNDING, **AND INDICATE VERY CLEARLY HOW MUCH FUNDING YOU ARE REQUESTING.**

10. INDICATE ANY OTHER FUNDERS FOR THIS PROGRAM. WILL YOU BE FUNDRAISING FOR PART OF THE OPERATING EXPENSES, AND IF SO, HOW MUCH? (OPERATING EXPENSES INCLUDES BOTH ADMINISTRATION AND PROGRAM COSTS)

11. ATTACH A COPY OF YOUR PREVIOUS YEAR OR MOST RECENT AUDITED FINANCIAL STATEMENT. (IF APPLICABLE)

PERMISSION TO FORWARD INFORMATION:

The Sylvan Lake Community and Social Development Board may not be in a position to fund all applications. To assist applicant organizations, information contained within this application may be of interest to other funders. Please indicate whether your organization would be willing to authorize the Community and Social Development Department to share the contents of your application as follows:

- o with other funding organizations that may have a mandate appropriate to the contents of this application;

Signature:

Date:

FCSS GRANT APPLICATION IS FOR THE 2011 CALENDAR YEAR
January 1st thru December 31st.

AGENCY NAME: _____

NAME OF PROGRAM/PROJECT: _____

FCSS COMMUNITY GRANT AMOUNT REQUESTED: _____

PROGRAM REVENUE AND SOURCES:

2011 BUDGET

FCSS

TOTAL REVENUE

PROGRAM EXPENSES:

SALARY/WAGES/CONTRACT
BENEFITS
PROFESSIONAL DEVELOPMENT
TRAINING
TRAVEL & SUBSISTENCE

PROGRAM DELIVERY EXPENSES

SUPPLIES
PUBLICATIONS
EQUIPMENT PURCHASE, LEASE OR
RENTAL
ADVERTISING
VOLUNTEER TRAINING
HONORARIUMS
OTHER

FACILITY EXPENSES

RENT
UTILITIES
INSURANCE
EQUIPMENT MAINTENANCE/REPAIRS
TELEPHONE/COMMUNICATIONS
OTHER:

TOTAL EXPENSES
SURPLUS (DEFICIT)

