

FCSS GRANT APPLICATION

SYLVAN LAKE & SUMMER VILLAGES

2010



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2010
January - December 31st
Operating and Special Projects FCSS Community Grant Application

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 2010 FCSS GRANT FUNDING

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 FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) BOARD
- REVIEW, EVALUATION OF APPLICATION AND DECISION BY THE FCSS 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 A ABOUT YOUR ORGANIZATION/GROUP

PLEASE COMPLETE THE FOLLOWING. YOUR ORGANIZATION/GROUP MAY NOT HAVE SOME OF THE INFORMATION, SO IF IT IS NOT AVAILABLE, PLEASE INDICATE "N/A". PLEASE KEEP THIS INFORMATION BRIEF IN ORDER TO FACILITATE REVIEW.

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| ORGANIZATION NAME (FOR THE GROUP RESPONSIBLE FOR ACCOUNTING FUNDS): | | | | | | | | | | | | | | | | |
| ORGANIZATION ADDRESS: | | | | | | | | | | | | | | | | |
| CONTACT NAME: | | | | | | CONTACT PHONE: | | | | | | | | | | |
| CONTACT FAX: | | | | | | E-MAIL ADDRESS: | | | | | | | | | | |
| INCORPORATION NUMBER: | | | | | | INCORPORATION DATE: | | | M | D | Y | | | | | |
| | | | | | | | | | | | | | | | | |
| CHARITABLE DONATION NUMBER: | | | | | | | | | | | R | R | | | | |
| CHARITABLE ORGANIZATION NAME: | | | | | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR (IF APPLICABLE): | | | | | | | | | | | | | | | | |
| NUMBER OF STAFF: | | | FULL TIME: | | | | | PART TIME: | | | | | | | | |
| AMOUNT REQUESTED: | | \$ | | | | | | | | | | | | | | |

| | | |
|---------------------------------------|-----------|------------|
| AUTHORIZATION FOR APPLICATION: | | |
| Name: | Position: | Signature: |
| | | |
| Name: | Position: | Signature: |
| | | |

- A1. GUIDING PRINCIPLES: (THESE MAY BE THOUGHT OF AS BELIEFS/VALUES/PHILOSOPHY)

- A2. MISSION/MANDATE: (WHAT YOUR ORGANIZATION/GROUP DOES. IDENTIFY ANY LEGISLATION THAT GOVERNS YOUR MANDATE)

- A3. GOALS OF YOUR ORGANIZATION: (THIS WILL ENCOMPASS THE BROAD VIEW OF YOUR TOTAL ORGANIZATION/GROUP)

- A4. PROGRAMS AND SERVICES: (LIST THE PROGRAMS AND SERVICES THAT ARE PROVIDED, AND DESCRIBE EACH IN ONE SENTENCE. THIS WILL GIVE THE FUNDER AN OVERVIEW OF YOUR ORGANIZATION/GROUP)

- A5. BOARD OF DIRECTORS: (INCLUDE THE NAMES, ADDRESSES AND PHONE NUMBER OF YOUR CURRENT BOARD OF DIRECTORS IF APPLICABLE.)

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 F.C.S.S. 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:

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

Signature:

Date:

- SCHEDULE B -

January 1st thru December 31st 2010

AGENCY NAME:

NAME OF PROGRAM/PROJECT:

PROGRAM REVENUE AND SOURCES:

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

RENT

UTILITIES

INSURANCE

EQUIPMENT MAINTENANCE/REPAIRS

TELEPHONE/COMMUNICATIONS

OTHER:

TOTAL EXPENSES

SURPLUS (DEFICIT)
