



Family and Community Support Services (FCSS) Grant Funding Application Year: **2021**

Program/Project Name	GRANT AMOUNT REQUESTED \$	\$ GRANT AMOUNT AWARDED (office use) \$
Organization Information:		
Organization Name:		
Mailing Address:		
Contact person:		Position/title:
Email address:		
Telephone:	Cell:	Fax:
Is your organization registered as a society or a corporation: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charitable Number:	Incorporation Number:	
Please provide a brief overview of your project/program.		

Eligibility for Financial Support

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a **non-profit society** in Alberta; or operating under the administrative jurisdiction of a school division or municipality.

ONLY applications that identify the Specific piece of the project or program that fits the FCSS Act and Regulation and identifies the Outcomes and Indicators will be considered.

DEADLINE DATES	
Applications for FCSS Grant Funding	October 15th (for the upcoming years program)
Program Surveys and Report	30 Days after the completion of the program

Additional Organization Information:	
Brief Description of your agency Mission, Mandate, History	
Funded by	Provincial Gov't Federal Gov't Other (please list all)
Reason why you need additional funding for this project	Additional Funding Dollars are needed for

Program/Project Title:	
Statement of Need: <i>What community need or issue does this program or project address?</i>	
Overall Goal: <i>What do you hope to achieve with the program or project [overall change or impact in the long term]</i>	
Broad Strategy: <i>In general terms, how will the program or project address the community need?</i>	
Rationale: <i>What evidence do you have that would support this approach, eg. if you do these things, then these results will occur? What is your "if/then statement?"</i>	
Who is served? <i>What is the Target Group or population you want to reach with this program or project? (youth, seniors, adults etc.)</i>	
Inputs : <i>Identify the specific resources you have available for this program or to complete the project.</i>	
Outputs: Identify the specific Activities and processes you will use to work toward your program or project goals.	
OTHER INFORMATION TO GATHER (not necessary at application time) <i>REMINDER THAT FOR YOUR YEAR END REPORTING, you will need to collect data as indicated to the right. You should also consider tracking other data throughout the year.</i>	<p>DATA YOU MUST COLLECT FOR YEAR END REPORT</p> <p># of participants # of volunteers # of volunteer hours</p> <p># of partners (if involved)_____</p> <p>Other Data you could track this year:</p> <p># workshops/training sessions for volunteers_____</p> <p># volunteers participated in training sessions_____</p> <p># new volunteers recruited_____</p> <p># volunteer events held_____</p>

BUDGET	Proposed	Actual
REVENUE:		
FCSS Grant Funding:		
	\$	
Other Funding Revenue	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Revenue:	\$	\$
EXPENDITURES:		
Program/Project Materials	\$	
Program Coordinator & Revenue Canada Remittance	\$	
Facility Rentals	\$	
Project Materials	\$	
Accounting	\$	
Other Costs/expenses	\$	
Advertising/Promotions	\$	
Telephone/Postage/copying	\$	
Administration/Coordination	\$	
Total Expenditures	\$	\$
Surplus (Deficit)	\$	

Declaration of Applicant

I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies **with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**
(<http://humanservices.alberta.ca/family-community/14876.html>):

I acknowledge that should this application be approved, I/we will be required to enter into this funding agreement in its entirety.

Print Name

Authorized Signature

Date Signed

Date submitted to Funders

Please keep a copy of this application /final report for your records along with supporting financials.

Forward completed application by October 15th, 2020 to:

Contact: Shelly Walker, Executive Director

Email: shelly.walker@stettlercsc.ca

Phone: 403-742-2337

Fax: 403-742-1391



FOR OFFICE USE ONLY

APPLICATION

Year End Final Report

Date Received:

By Mail:

By Email

\$ Amount Approved:

Date Approved:

Other Notes:

Future
Recommendations

Amount Expended: \$