



**County of Wetaskiwin No. 10  
FCSS Grant Application Form**

Date of Application:

\_\_\_\_\_

Box 6960 Wetaskiwin, AB, T9A 2G5 (780) 352-3321 fcss@county10.ca

**ORGANIZATION/CONTACT INFORMATION**

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
(cheque and correspondence will be mailed to this address)

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**APPLICATION INFORMATION**

Are you a non-profit Organization?  YES  NO

If yes, registration number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Grant Amount Requested: \$ \_\_\_\_\_

Organizations Contribution (Must be a minimum 50% cost share): \$ \_\_\_\_\_

Is this your first FCSS application?  YES  NO

How did you hear about this grant?

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**OFFICE USE ONLY**

Application #: fcss	Date Received:
Strategic Direction: SD	Rec. Zone:
Target Group (Please circle): Children/Teens    Adult/Family    Seniors    Community	
Declined or Approved \$	

## PROJECT OVERVIEW

### 1. Brief Program/Project Description:

### 2. Please select one of the **social outcome statements** for your program/project.

- Individuals experience personal well being
- Individuals are connected with others
- Children and youth develop positively
- Healthy functioning within families
- Families have social supports
- The community is connected and engaged
- Community social issues are identified and addressed

### 3. Select which **strategic direction** from the 5 regulatory statements of the FCSS best links to your outcome statement, your project may have more than one strategic direction.

- Help people to develop independence, strengthen coping skills, and become more resistant to crisis (SD1)
- Help people to develop an awareness of social needs (SD2)
- Help people to develop interpersonal and group skills which enhance constructive relationships among people (SD3)
- Help people and communities to assume responsibility for decisions and actions which affect them (SD4)
- Provides supports that help sustain people as active participants in the community (SD5)

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

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

**6. Broad Strategy:** In general terms, how will program or project address this community need?

**7. Rational:** What evidence do you have that would support this program/project? (e.g., research, best practices, input from community, etc.)

**8.** What is the **target group or population** you wish to reach with this program/project? Please indicate the percentage of participants that are expected to be County residents:

Children (birth-12)

Seniors (65 +)

Teens (13-18)

Community

Families

Percentage of County participants: \_\_\_\_\_%

Adults

**9. Inputs:** List the specific resource's you have available for this program or to complete this project. (Staff, volunteers, supplies, location, etc.) If volunteers are used please estimate the number and hours for the project/program.

**10. Outputs:** List the specific **activities and processes** you will use to work toward your program or project goal(s).

**11. Indicators of success:** How will you know that the program/project outcomes (benefits or changes for individuals, families, communities during or after participating in program/project) have been achieved?

**Example: Outcome: Individuals experience personal well-being.**

**Indicators: The participants have experience increased self-esteem, optimism, meaning and purpose.**

**12. Data Collection:** What measurement tool will your program/project use to measure the indicators of success? (Examples: Surveys, Evaluation forms, Interviews)

\*\*\*All projects/programs must collect data at the completion of the project/program.

**PROPOSED/ACTUAL BUDGET FOR ENTIRE PROJECT**

<b>EXPENSES</b>	<b>PROPOSED</b>	<b>ACTUAL (not be filled out until funding is approved and project is completed)</b>
Administration/Staff/Instructor <ul style="list-style-type: none"> <li>• time</li> <li>• development</li> <li>• other</li> </ul>		
Volunteer <ul style="list-style-type: none"> <li>• development</li> <li>• appreciation</li> <li>• recruitment</li> <li>• other</li> </ul>		
Materials & Supplies (list)		
Advertising & Promotion		
Facility		
Other		
<b>TOTAL EXPENSES</b>		

REVENUE	PROPOSED	ACTUAL (not be filled out until funding is approved and project is completed)
Organizational Contribution <ul style="list-style-type: none"> <li>• cash on hand</li> <li>• volunteer hours</li> <li>• gift in kind</li> </ul>		
Donations (list)		
Grants- not including County of Wetaskiwin FCSS		
Participant Registrations		
Other		
TOTAL REVENUE		

**APPLICANT AGREEMENT (Sign and submit with your application)**

**I declare that:**

- I am a duly authorized representative having legal, financial and/or executive signing authority for the above noted organization.
- I represent a not-for-profit entity.
- The information provided within this application form and supporting documentation is true, accurate and endorsed by the above organization.
- I am aware that the information provided in this application may be available to the public.
- The project will benefit the general community and not specific individuals/families.
- A Final Budget Report indicating the project's expenses and revenue and an Evaluation Form will be provided to the County no later than **45 days** from the stated completion date of the project.
- I understand that an overdue or outstanding Final Budget Report and/or Evaluation may affect future applications.
- Any unused funding will be returned to the County of Wetaskiwin.
- Any FCSS funding awarded shall be used solely for the purposes stated within this application and according to the FCSS mandate.
- Any changes to the project and/or project extensions will not be enacted upon without the prior approval of the County.
- As a condition of accepting FCSS funding, the County of Wetaskiwin will have access to all financial statements and records having any connection with funding received.
- The contribution from the County of Wetaskiwin FCSS will be recognized.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_



**APPLICANT AGREEMENT (Sign and keep for your records)**

**I declare that:**

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Print Name: \_\_\_\_\_ Position: \_\_\_\_\_