Clear Hills County
Family and Community Support Services
Funding Application
Application Deadline: June 15

> *Applicants are reminded to be as concise as possible when providing your information. The success of your application may be affected if they are incomplete or do not provide clear and sufficient information.*

APPLICANT INFORMATION:

Registered name of the organization:

Phone:

Mailing Address:

Fax:

Email:

Postal Code:

Incorporation No:

Contact Name:

Date of Incorporation:

TYPE OF SUPPORT

Please indicate which type of funding support you are applying for:

❑ Special Project
(Short term and not part of the regular operational costs of the organization)

❑ Operation Grant
(On-going operational costs, that tends to be for offsetting the deficits of providing an existing service)

OUTCOMES
Which of the following outcomes under the FCSS Act fits the proposed project?
(Please **check all that apply** – if no outcomes apply – stop filling in the application form and contact the Director of Community Services for consultation)

❑ Outcome #1 – Prevention
Helps people to develop independence, strengthen coping skills and become more resistant to crisis.

❑ Outcome #2 – Local Autonomy
Helps people to develop an awareness of social needs.

❑ Outcome #3 - Community Development
Helps People develop interpersonal and group skills, which enhance constructive relationships among people.

❑ Outcome #4 – Accountability
Helps people and communities to assume responsibility for decisions and actions, which affect them.

❑ Outcome #5 – Volunteerism
Provides support that help sustain people as active participants in the community.

Agency purpose/mandate - What is the overall purpose of your project/service?

Project Goals - What goals have you set out to achieve through your program/service?

Project Description – Provide an overall general description of your project/program or service – include applicable dates/times.

Target Group: What age group(s) will your project/service serve? (Select all that apply.)

0-5 years	——————	Young adult 19 – 25	——————
6-11years	——————	Adult 25-65	——————
12-18 years	——————	Senior 65 +	——————

OUTCOME MEASURES:

Statement of Need - What is the overall issue your project/service is meaning to change or influence? How do you know it is needed?

Strategy - What approaches will your project/service use to address this issue?

Rationale - Explain why you believe this strategy or approach will work, include evidence based research if possible.

Inputs - What resources are you and your group dedicating to this project/service? (Staff, money, materials, partners, volunteers, in-kind services?)

Outputs - What will be the direct result of the project/program activities? What will your group provide (workshops, presentations, meetings, other services)? Who will you reach?

Indicators of success - What impact will you have on your target population? How will you know that your program is making a positive difference?

Measurement tools - What tools will you use to measure your success; interviews, surveys, questionnaires, focus groups, interviews,)

VOLUNTEERISM:

What are the roles of volunteers in the program/project?

COORDINATION AND COMMUNICATION:

Identify other organizations in Clear Hills County, which provide similar services.

What co-operative and coordinative steps has the project taken with these agencies?

Describe the similarities and differences between your proposed project and those identified as already being delivered by these other organizations.

Should you receive partial funding for your project, what would partial funding **realistically** mean for your overall project/service? What portions of your services would it affect?

Thank you for your submission.

PROPOSED BUDGET

NOTE: ALTERNATE BUDGET SPREADSHEETS **MAY** BE ACCEPTED IF ALL REQUESTED INFORMATION IS INCLUDED:

Expenditures	Amount
Please provide all budget details below:	Provide expenditure amount
Personnel	
Travel/Training	
Materials & Supplies	
Facility Costs	
Other	
Total Expenditures	
Revenue - Provide all sources of revenue below, including in-kind services and/or donations	Provide revenue amount
Total Revenue	
FCSS Funding Request:	