



# Family and Community Support Services (FCSS) Special Project Grant Application

## GRANT APPLICATION OVERVIEW

The goal of Family and Community Support Services (FCSS) is to help communities increase the social well-being of individuals, families and community through prevention.

Town of Edson FCSS funding is for Town-based non-profit organizations serving people in Edson.

- We encourage groups and organizations to work together.
- We will not fund expenditures made before the program/project is approved by the Town of Edson.

## APPLICATION INSTRUCTIONS

1. Before filling out your application form please review the FCSS funding priorities and funding restrictions found on the following page of this application.
2. All parts of the form must be completed:
  - If you need more space, you may submit extra pages.
  - You must attach photocopies of any required or additional documents.
3. The grant application form has three sections:
  - Your organization information
  - Your request for funding
  - Project budget

Feel free to include any additional information that you feel is relevant and may strengthen project/program application.

### QUESTIONS?

**Contact:**

Ali Broda  
Community Development Coordinator  
Town of Edson  
Phone: 780 723 8616  
Fax: 780 723 7250  
Email: AlicjaB@edson.ca

### HOW TO SUBMIT AN APPLICATION

**Return completed application to:**

Town of Edson  
Family and Community Support Services  
PO Box 6300, 605 – 50th Street  
Edson, AB, T7E 1T7

Or email: AlicjaB@edson.ca

## SECTION A: ORGANIZATION/AGENCY INFORMATION

### CONTACT INFORMATION

Name of Agency/Organization	
Street Address	
Mailing Address	Postal Code
Contact Person	Position
Phone Number	Fax Number
Email Address	
Are you a non-profit organization? <b>YES      NO</b>	If yes, please provide your registration number:

### ORGANIZATION/AGENCY DESCRIPTION

Please provide a brief overview of your agency (mission, mandate, history):

## PAST PARTICIPATION

Have you received funding from FCSS before?    YES    NO

If yes, please provide the following information:

Project/Program Year: \_\_\_\_\_ Amount: \_\_\_\_\_

Please provide a brief description:

## SECTION B: REQUEST FOR FUNDING

### PROJECT INFORMATION

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

Project Location: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Funds Requested: \_\_\_\_\_ Percentage of the budget this represents: \_\_\_\_\_

Please select one or more of the following social outcome statements for your project:

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

Select which strategic direction from the five below (regulatory statements of FCSS) best links to your outcome statement. Your project may have more than one strategic direction.

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

## DESCRIPTION OF PROJECT/PROGRAM

Please describe how you will achieve the social outcome identified with your project/program.

## ORGANIZATION'S CAPACITY

Describe your organization's capacity to execute your project/program and identify community partners, volunteers and their roles.

## IMPACT

What difference will your project/program make in the Edson Community and in the lives of those involved?

## MARKETING & ACKNOWLEDGEMENT

How will you market your project/program to the community? How will the Town of Edson FCSS contribution be acknowledged?

# SECTION C: SPECIAL PROJECT BUDGET

## PROJECT/PROGRAM INFORMATION

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

Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fill in the three columns below. Calculations will automatically be performed for these figures.

Description of Item and Contributing Agency	Contribution/funds provided by your agency (if any)	Contribution/funds provided by other (if any)	Funds requested from FCSS Grant	<b>Projected Cost</b>
<b>Direct Project Costs</b>				
<b>Administrative</b>				
<b>TOTALS</b>				

**In the "Description of Item" column please identify who provided the contribution and/or what the contribution is (i.e. in-kind contributions, volunteer labour, or money).**