

## 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.

*\*Please read before proceeding:*

- We encourage groups and organizations to work together.
- We will not fund expenses that happen before the program/project is approved.
- You must submit a final written report within 30 days of completing the program/pilot.

## APPLICATION INSTRUCTIONS

1. Before filling out your application form please review:
  - FCSS funding priorities and restrictions (page 2)
2. All parts of the form must be completed:
  - If you need more space, you may submit extra pages.
  - You must complete a project budget sheet. A sample project budget sheet is included; you do not need to follow this format.
  - You must attach photocopies of all required documents.
3. The grant application form has three sections:
  - Your organization information
  - Your request for funding
  - Project budget

### QUESTIONS?

**Contact:**

Community Development  
Town of Edson  
Phone: 780 723 4403

### HOW TO SUBMIT AN APPLICATION

**Return completed application to:**

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

Or email: [TanyaB@edson.ca](mailto:TanyaB@edson.ca)

## FCSS FUNDING PRIORITIES

FCSS funding priorities are services that are prevention based and do one or more of the following:

- Promote the social development of children and their families.
- Develop people's skills so that they function better within their own environment and their family's life is enriched and strengthened.
- Enhance the quality of life of the retired and semi-retired.
- Promote, encourage and support volunteer work in the community.
- Inform the public of available services.

As well as align with one of the following social outcome statements:

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

## FUNDING RESTRICTIONS

Programs and services not eligible under the program include those that are:

- Recreational or leisure activities.
- Primarily rehabilitative in nature.
- Intended to sustain an individual or family; money, food, clothing, shelter.
- Duplicating services that are provided by a government or government agency.

Please contact us for further information.

## SECTION A: ORGANIZATION/AGENCY INFORMATION

### CONTACT INFORMATION

Name of Agency/Organization	
Street Address	
Mailing Address	Postal Code
Contact Person	Position
Office Phone Number	Mobile Phone Number
Email Address	
Are you a non-profit organization?  <div style="text-align: center;"> <span style="margin: 0 20px;">YES</span> <span>NO</span> </div>	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:

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

Please provide a brief description:

## SECTION B: REQUEST FOR FUNDING

### PROGRAM/PROJECT INFORMATION

Program/Project Name: \_\_\_\_\_

Program/Project Location: \_\_\_\_\_

Program/Project Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Please select one of the following social outcome statements for your program/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

## STATEMENT OF NEED

What community issue, need or situation are you responding to? Please provide any evidence to support this need.

## PROJECT GOAL

What change or impact do you want to achieve? What are the steps/actions/activities, i.e. workshops, counselling, community forums, etc.

## STRATEGY

How will you address the issue, need or situation?

## RATIONALE

What research or evidence do you have that this strategy will work?

## TARGET GROUP

Please indicate the target group of the program/project (check more than one if applicable):

Children (birth–12)

Youth (12–18)

Families

Adults

Seniors (65+)

Community

## INPUTS

What resources have you invested to achieve your goal? List the specific resources you have available for this program or to complete this project (staff, supplies, location, etc.):

In what ways will your project incorporate volunteers?

## OUTPUTS

Please list the specific activities and processes you will use to work toward your program or project goal(s).

Who will you reach? This can include a list of stakeholders, total numbers of participants throughout the duration of the program/project, any sponsors or partners. Be as specific as possible.

# SECTION C: PROJECT BUDGET

## PROJECT INFORMATION

	Please ensure all calculations are correct and complete before submitting			
Description of Item	Contribution/funds provided by your agency (if any)	Contribution/funds provided by other* (if any)	Funds requested from FCSS Grant	Projected Cost
<b>Salaries &amp; Benefits</b>				
Salaries				
Benefits				
<b>Direct Project Costs</b>				
<b>Administrative</b>				
<b>TOTALS</b>				

**\*Other:** 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).

# SECTION D: APPLICANT AGREEMENT

## APPLICANT AGREEMENT *(Sign and submit this copy)*

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 Town of Edson after execution of the program. Please see the grant approval letter for grant submission deadline.
- I understand that an overdue or outstanding Final Budget Report and/or Evaluation may affect future applications.
- 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 must be approved by the Town of Edson.
- As a condition of accepting FCSS funding, the Town of Edson will have access to all financial statements and records having any connection with funding received.
- Other obligations of this grant include, but are not limited to, provision of adequate insurance, risk management and Occupational Health and Safety systems. All relevant public health and safety practices must be followed.
- Receipts may be requested at any time.
- The contribution from the Town of Edson FCSS will be recognized through any publications, advertising or other suitable means. Please contact the Town of Edson FCSS office to receive a copy of the FCSS logo.

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

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



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