



EXTERNAL GRANT PROGRAM APPLICATION PACKAGE

Return Completed Applications To:

Village of Wabamun FCSS
Box 240,
Wabamun, Alberta
TOE 2K0

For further information, please call:

Wabamun and Area FCSS Board Members or FCSS Program Coordinator
780-892-2699

FCSS GRANT APPLICATION PROCESS

- 1. Application Deadline:** Applications will be reviewed as they are received.
- 2. Complete FCSS Grant Application Form:** Include a projected budget and a detailed project description that is authorized by the legal and/or financial signing authority for your organization. Incomplete application forms will be returned to the organization. Completed application forms may be submitted to:

Village of Wabamun FCSS
Box 240
Wabamun, AB
T0E 2K0

3. Review Process

Step 1: FCSS Board Members will review the application to ensure the form is complete and includes all required information. The project will be reviewed to ensure that it meets the FCSS mandate and criteria.

Step 2: The applicant may be asked to do a presentation to the Board regarding the project funding request to answer questions or provide further information regarding the application.

Step 3: The FCSS Board will make a decision (approval or denial) regarding the application.

Step 4: Your organization will be notified in writing of the funding decision regarding your application.

Step 5: Approved application requests will receive a funding cheque, and a FCSS Grant Funding Outcome Evaluation Reporting Form that must be completed and returned to Wabamun and Area FCSS (Special Project – 30 days after project completion; Operational Project – 60 days after project completion)

FCSS can provide funding to not-for-profit agencies, community groups, associations and committees. FCSS will not provide funding to individuals or commercial enterprises.

FCSS GRANT EVALUATION PROCESS

- 1. Evaluation Form:** Successful organizations will receive a FCSS Grant Funding Outcome Evaluation Reporting Form with your approval letter and funding cheque. Your organization must complete this form within 30 days of your Special Project completion date, or within 60 days of your Operational Project completion date provided on the application form. Overdue and outstanding reports can affect future application requests.
- 2. Receipts/Invoices:** Your organization may be required to submit copies of all receipts/invoices and/or additional proof of expenses pertaining to your project.
- 3. Declaration:** Your Evaluation Form and Final Accounting Documentation must be signed by one person with legal and/or financial signing authority for your organization. This signature indicates the organization's understanding of, and commitment to the funding terms and conditions.
- 4. Change of Project/Project Extension:** A change of project or project extensions must be requested in writing and is subject to FCSS Board for approval. All funding must be expended prior to December 31st of the year in which you receive funding.



EXTERNAL GRANT PROGRAM APPLICATION

Date of Application: _____

Type of Grant Requested: Special Project Operational Project

Organization Name: _____

Society/Registration # _____ Act Incorporated Under: _____

Mailing Address: _____

Contact Name and Title: _____

Contact Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Fax: _____ E-Mail Address: _____

Project Title: _____

Project Start Date: _____ Project Completion Date: _____

Funding Amount requested: _____

Please indicate the categories that apply to your prevention initiative:

1. Services to assist communities to identify their social needs and develop responses to meet those needs, including:
 - raising public awareness around community issues,
 - developing strategies for community advocacy,
 - developing comprehensive social community plans and initiatives,
 - environmental scans, service reviews, strategic planning, program/project planning

2. Services to promote, encourage and support volunteer work in the community including:
 - recruitment, training and placement services
 - resources to support volunteers
 - volunteer recognition, or
 - coordination of volunteer services

3. Services to inform the public of available services, including:
 - information and referral services
 - community information directories
 - newcomer services, or
 - interagency coordination

4. Services that promote the social development of children and their families, including:
 - parent-child development activities
 - early childhood development services for children aged 0-6 (excluding childcare), or
 - support services for young children aged 6-12

5. Services that enrich and strengthen family life by developing skills so people can function more effectively within their own environment, including:
 - marriage enrichment
 - retirement planning
 - mentoring program/projects
 - parenting and family life education and development of program/projects
 - program/projects for single adults and single parents
 - courses designed to enhance self-awareness and personal growth
 - individual, family and group counseling services that are educational and not treatment oriented, or
 - youth development and leadership services

6. Services that enhance the quality of life of the retired and semi-retired, including:
 - home support services
 - education and information services
 - coordination of seniors services and program/projects, or
 - self-help socialization activities

MISSION/MANDATE: What is your organization's mission/mandate and philosophy or guiding principles? What are the overall goals of your organization? What are the services you provide?

PROJECT DESCRIPTION: What is the purpose of the program/project? What target age group is it intended to serve (0-5 yrs, 6-11 yrs, 12-17 yrs, Adult, Senior +55)? What is to be done and how will it assist the targeted population?

PROJECT RATIONALE: Why is there a need for this program/project in the community and how have you determined this need?

ADVERTISING: How does your organization intend to market or promote the program/project?

RESOURCES: What resources, strengths or assets already exist that you can build on in the community? What partnerships have been created to provide this program/project and what are their roles? How will volunteers be involved? Is there an opportunity for the target group to participate in the planning, delivery and evaluation of this program/project? How will your organization contribute to the program/project (cash, volunteer labor, donated equipment, supplies, materials, etc.)?

RELEVANCE: How does this program/project fit your overall organizational mission/mandate and how does it relate to your overall goals? How does this program/project relate to the overall goal of FCSS “*Building a Resilient Community Through Prevention*”?

PROGRAM/PROJECT PLAN: Outline the program/project implementation plan and/or schedule, and project location.

GOALS AND OUTCOMES: What are the identified goals and outcomes of this program/project? What will be the success measurements? How will you collect information needed for evaluation of your program/project? How will you use your evaluation findings for continuous learning?

OTHER FUNDING SOURCES: What other sources of funding/in-kind services are being received or applied for from other sources for this program/project? Please list the funder(s):

ATTACHMENTS (please check if included in application):

- Estimated budget form indicating the projected program/project expenses and revenues (including FCSS grant, grants/donations from other organizations and in-kind contributions)
- Financial statements from the last fiscal year end signed by the organization's President and Treasurer if they are not externally audited
- Proof of insurance
- Letters of support
- List of current Executive/Board of Directors
- Copy of Evaluation to be used

EXPENSES

	REQUEST FROM FCSS	CONTRIBUTION FROM OTHER SOURCES				
		ORGANIZATION NAME	ASSURED FUNDING	POTENTIAL FUNDING	IN-KIND YES/NO	TOTAL
PERSONNEL Salaries/wage/contract						
PROF. FEES Acctg, Instructor Fees						
SUPPLIES Materials, equipment						
ADVERTISING & PROMOTION						
FACILITY COSTS Rental, Utilities						
EQUIPMENT RENTAL						
TRAVEL						
ACCOMODATIONS						
TRAINING						
VOLUNTEER DEVELOPMENT Training, Travel						
INSURANCE						
OTHER EXPENSES						
TOTAL						

Only include the costs directly related to the program/project that you are applying funding for.

REVENUE

ORGANIZATION CONTRIBUTIONS ➤ Cash on hand ➤ Volunteer Hours ➤ Gift In kind (please list) 1. 2. 3. 4. 5.	
PRIVATE CASH DONATIONS	
FUNDING GRANTS (not including FCSS) 1. 2. 3.	
COMMUNITY CONTRIBUTIONS	
PARTICIPANT REGISTRATIONS (# @ \$)	
MEMBERSHIP FEES (# @ \$)	
OTHER	
TOTAL REVENUE	

*** GIFT IN KIND** – Examples: donation of equipment, materials, photocopying, office space, volunteer time, professional /administrative support)

Donated Rental Cost: Room @ 2 hrs. @ \$15/hr. = \$30
 Volunteer Hours: 10 volunteers @ 1 hr. @ \$10/hr = \$100
 Donated Supplies: 10 notebooks @ \$1 ea. = \$10
 Administration Time: 4 hrs @ \$10/hr. = \$40
 Donated Photocopying: 100 sheets @ .10/sheet = \$10

Organization Name: _____

Program/Project Title: _____

_____ - _____ = _____
Net Project Expenditure Total Revenue Grant Request

APPLICANT AGREEMENT

We declare that:

- We are the duly authorized representatives, and have legal and/or financial signing authority for the named Organization that is applying for funding.
- The information contained in this application and supporting documents are true and accurate and endorsed by the named Organization.
- The project will benefit the general public and not specific individuals or families.
- An accounting of spending showing compliance with the conditions of the grant shall be provided at completion of the project or no later than 30 days from the stated completion of the Special Project, or 60 days from the stated completion of the Operational Project.
- Any grant awarded shall be used solely for the purposes stated within this application and according to the FCSS mandate.
- As a condition of accepting financial assistance, access to all financial statements and/or records having any connection with monies received is hereby granted to Wabamun and Area FCSS if requested.
- The contribution from the Wabamun and Area FCSS for this project/program will be recognized in all promotional and advertising information.

President/Chairperson Name (Please Print): _____

President/Chairperson Signature: _____

Treasurer/Other Signing Officer Name & Title (please Print): _____

Treasurer/Other Signing Officer Signature: _____

Date: _____

FOR OFFICE USE ONLY

Directors Comments: _____

Approved: _____ **Date Approved:** _____ **Not Approved:** _____

Funding Amount: _____

Date agency notified: _____

Date Funding Agreement Signed: _____ **Date Funding Advanced:** _____



FUNDING AGREEMENT

This funding agreement is made between _____ and Wabamun and Area FCSS on _____, 20_____.

1. Wabamun and Area FCSS will provide a grant in the amount of \$_____ to _____ for the following program: _____. The grant will be paid in one installment for Registered Societies or per invoice if the group has no legal status.
2. The grant recipient agrees that any funds not expended by December 31st of this year will be returned to FCSS.
3. The grant recipient agrees to provide an accurate and detailed financial accounting of this project to Wabamun and Area FCSS upon completion of this program. (No later than 30 days after the Special Project program completion, or no later than 60 days after the Operational Project program completion).
4. The grant recipient agrees to provide FCSS with further documentation required to fulfill the reporting requirements of the Wabamun and Area FCSS Program to the Provincial FCSS office.
5. The grant recipient will provide a completed evaluation form upon completion of the project. (No later than 30 days after the Special Project program completion, or no later than 60 days after the Operational Project program completion).
6. The grant recipient agrees to recognize the grant contribution from Wabamun and Area FCSS in any promotional information or advertising about the project.

Wabamun and Area FCSS Chairperson _____

Organization Representative _____ **Position** _____