



TOWN OF REDCLIFF
Community Services Department

P.O. Box 40
Redcliff, Alberta T0J 2P0
Phone 403-548-7415
Fax 403-548-6623
Email cindym@town.redcliff.ab.ca

**Family and Community Support Services
Project Application**
September 30

Use this application if you wish to apply for funding through Family and Community Support Services. Each project must be of a preventive nature that enhances the social well-being of individuals and families through promotions or intervention strategies at the earliest opportunity. Submit application to:

Redcliff FCSS Board
C/O Community Services Director
P.O. Box 40
Redcliff, AB T0J 2P0
Phone: 548-7415 Fax: 548-6623
Email: cindym@town.redcliff.ab.ca

REDCLIFF FCSS GRANT APPLICATION

PART 1 ABOUT YOUR ORGANIZATION/GROUP

Contact Information	
Organization Name	
Mailing Address	
Phone Number	
Fax Number	
Website	
Primary Contact	
Name	
Position	
Phone number	
Email Address	

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** - Offsets ongoing operational cost deficits incurred when 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**
Help people to develop independence, strengthen coping skills and become more resistant to crisis.
- **Outcome #2 – Local Autonomy**
Help people to develop an awareness of social needs.
- **Outcome #3 - Community Development**
Help people develop interpersonal and group skills, which enhance constructive relationships among people.
- **Outcome #4 – Accountability**
Help people and communities to assume responsibility for decisions and actions, which affect them.
- **Outcome #5 – Volunteerism**
Provide support that help sustain people as active participants in the community.

PART 2
EXECUTIVE SUMMARY

Please provide any attachments that you feel supplement the questions below.

Agency Purpose/Mandate

Project Summary

Statement of Need <i>(problem statement; description of the situation you wish to change)</i>

Goals <i>(S.M.A.R.T. specific, measureable, achievable, realistic, timeline)</i>

Strategy *(approach(es) you will use to address this need or change this problem)*

Explain why you believe this strategy will work, include research is possible?

What resources are you dedicating to this project/service?

How will you know you succeeded? What will be the impact of your program?
(Review your S.M.A.R.T. goals)

Measurement tools (*interviews, surveys, questionnaires*)

--

VOLUNTEERISM

How will your project promote, encourage and facilitate volunteerism?

--

COORDINATION AND COMMUNICATION

Identify other organizations that provide similar services

--

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

--

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

--

**PART 3
PROGRAM BUDGET**

Please provide a budget specific to the program for which you are requesting funding, and indicate very clearly how much funding you are requesting and how that funding will be applied. Please include any in-kind support.

Total Redcliff FCSS Funding Requested: _____

PART 4

Please provide a "Summary Evaluation" within 30 days of completion of the project. The summary will include a review of the goals and a final budget.

**PART 5
AUTHORIZED SIGNATURES**

This is to certify to the best of my knowledge, the information included in this grant application is accurate and a proper representation of our organization.

Signature

Date

Name

Position

ALL APPLICATIONS SHALL REMAIN CONFIDENTIAL

For office use only:

Application received: _____

Approval: _____

Cheque: _____

Evaluation received: _____