

Lac La Biche County FCSS Grant Application



Grant type:

Amount requested:

Fiscal year:

Intake:

Organization:

Application date:

Contact:

Address:

Phone:

Email:

Are you a non-profit organization? Yes No

If yes, please provide your registration number:

Agency name:

Agency description *(Please provide a brief overview of mission, history, etc.):*

Have you received funding from FCSS before: Yes No

If yes, please provide the following information for the past three years.

Project year:

Amount:

Brief project description *(Please briefly describe the program/project and its importance to our community):*

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

Select which strategic direction from the 5 regulatory statements of FCSS best links to your outcome statement, your project may have more than one strategic direction:

Statement of need: What community issue, need or situation are you responding to?
Please provide evidence of this need.

Project goal: What change or impact do you want to achieve?

Strategy: How will you address the issue, need or situation? What are the steps/ actions you will take?

Rationale: Why will your strategy help you achieve your outcome(s)? Include research, established practices, etc.

Target Audience:

Inputs : *Resources invested to achieve your goal. List the specific resource's you have available for this program or to complete this project. (Staff, supplies, location, etc.)*

In what ways does your project incorporate volunteerism?

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

Outputs: *Who will you reach? (e.g., community members, sponsors/partners, number served)*

If approved, you must report the total number of participants, number of volunteers, and number of volunteer hours.



From the following list, please select 1-2 outcomes that your program/project will achieve:

Individuals

Individuals experience personal wellbeing.

Individuals are connected to others and/or feel more connected to their community.

Individuals know how to access community resources they need.

Individuals feel a sense of belonging to their community.

Individuals have people they can rely on for support and help.

Individuals are comfortable being around people of other cultures, races or backgrounds.

Individuals are better able to address their needs and/or have enhanced confidence to deal with issues.

Individuals are hopeful about their futures.

Families

Healthy functioning within families.

Families have social supports.

Parents provide support to their children.

Children and Youth

Children and youth develop positively.

Children and youth develop positive values.

Children and youth develop positive identities.

Volunteers

Volunteers have increased capacity to fill their volunteer roles effectively.

Volunteers feel good about themselves and their contributions as a result of volunteering.

Volunteers feel valued/important to their community.

Community

The community is knowledgeable about (insert community issue) _____

The community is aware of the impact of (insert social issue) _____

The community is connected and engaged.

Community social issues are identified and addressed.

Data Collection Tool(s) Used:

Survey: 2 potential methods. Pick one:

Survey

Poster with scale (participants use dots to show where they are on the scale) or pails for the scale where participants can drop marbles to show where they stand.

Dates when data collected:

Long-term Outcomes:

BUDGET SHEET OF PROJECTED FINANCIALS

Project Revenue	Budget	Actual
Funds provided by host agency or agencies		
Funds from fund raising		
Funds from other granting sources		
FCSS Grant Funding requested		
Total Revenue:		
Project Costs	Budget	Actual
Wages and other employment-related costs Describe:		
Contracted Services Describe:		
Venue costs		
Materials Describe types of materials and list any individual item in excess of \$500:		
Food		
Advertising		
Travel costs		
Other Describe:		
Total Costs:		

What percentage of the project's total budget are you seeking FCSS funding for?

%

APPLICANT AGREEMENT (Sign and submit with your application)

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 County 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 unused funding will be returned to the Lac La Biche County.
- 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 will not be enacted upon without the prior approval of the County.
- As a condition of accepting FCSS funding, Lac La Biche County will have access to all financial statements and records having any connection with funding received.
- Other obligations of this grant include, but is 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 Lac La Biche FCSS will be recognized through publications, advertising and other suitable means indicating that the projected received funding from Lac La Biche County FCSS. Please contact the FCSS office to receive a copy of the FCSS and Lac La Biche County logos.

Signature:

Date:

Print Name:

Position:

APPLICANT AGREEMENT (Sign and keep for your records)

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