



F.C.S.S. FUNDING APPLICATION

(Organization)

TO

(Check any or all to which you are applying.)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Carstairs | <input type="checkbox"/> Olds |
| <input type="checkbox"/> Cremona | <input type="checkbox"/> Sundre |
| <input type="checkbox"/> Didsbury | <input type="checkbox"/> Mountain View County |

Applications must be **printed and mailed or faxed**,
(they *cannot* be completed online and emailed) and
must be received by Mountain View County on or before:

NOVEMBER 15th, 2011

Mail: Mountain View County
Bag 100
Didsbury AB
T0M 0W0

Fax: (403) 335-9207

Email: michelle.honeyman@mountainviewcounty.com

PART A ABOUT YOUR ORGANIZATION/GROUP

In this section, you tell us about your organization.

Complete the following. Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Keep this information brief in order to facilitate funder review.

ORGANIZATION NAME (or the group responsible for accounting for funds):

ORGANIZATION ADDRESS:

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

CONTACT FAX NUMBER: _____

E-MAIL ADDRESS: _____

.....

INCORPORATION NUMBER: _____

INCORPORATION DATE: _____

CHARITABLE DONATION NUMBER: _____ R R _____

CHARITABLE ORGANIZATION NAME: _____

EXECUTIVE DIRECTOR (if applicable): _____

BOARD CHAIR _____

Authorization for application:

Name: _____ Position: _____

Signature: _____

Name: _____ Position: BOARD CHAIR

Signature: _____

PART A

TOTAL AMOUNT REQUESTED FOR ALL PROGRAMS
(from all F.C.S.S. Offices in Mountain View County on Page 10):

\$ _____

ORGANIZATION INFORMATION

Answers are based on your organization:

- A1 **What are the guiding principles of your organization? (Values, beliefs or philosophy)
What need(s) is your organization addressing in the community?**
- A2 **What is the MISSION/VISION of your organization? (What does your organization/group do?
What, if any legislation governs your mandate and operations?)**
- A3 **What are the overall goals of your organization?**
- A4 **What is your target audience in the community? Who are your members? What people do you serve?**
- A5 **Provide a copy of your organization's most recent audited financial statement. If more than six months have passed since your fiscal year end, we require a copy of an interim financial statement to October 31.**
- A6. **Provide a copy of your most recent annual return to the registrar of companies along with a list of your current board members.**

PART B PROJECT / PROGRAM / INITIATIVE INFORMATION

In this section you will tell us about the project or program for which you are seeking funding.

Answers are based on the specific program for which you are requesting funding:

PROJECT / PROGRAM / INITIATIVE NAME:

B1 Describe the Program – Provide a brief description of the program, its activities, its goals and the outcomes you are seeking.

B2 What community needs are being addressed? (Include research to support this section.)

B3 What are your anticipated volunteer hours? If this is an existing program, how does this compare to last year's hours?

B4 Identify the specific program activities and processes you will use to work toward your program or project goal(s). What do you do? Who will participate in your project?

B5 For projects/programs serving the region, how will these services meet local community needs?

In this section you will identify how meeting the community need will contribute to meeting the broad FCSS Goals.

B2 FCSS MANDATE

FCSS Overarching Goal – All FCSS funded programs must be of a preventative nature that enhances the social well being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.

<p>FCSS Strategic Direction 1 – Prevention – Local FCSS Programs help people develop independence, strengthen coping skills and become more resilient to crisis.</p>
<p>FCSS Strategic Direction 2 – Local Autonomy – Local FCSS Programs help people to develop an awareness of social needs.</p>
<p>FCSS Strategic Direction 3 – Community Development – Local FCSS Programs help people develop interpersonal and group skills which enhance constructive relationships among people.</p>
<p>FCSS Strategic Direction 4 – Accountability – Local FCSS Programs help people and communities to assume responsibility for decisions and actions which affect them.</p>
<p>FCSS Strategic Direction 5 – Volunteerism – Local FCSS Programs provide supports that help sustain people as active participants in the community.</p>

How does your project contribute to the over arching FCSS goal and **at least one of the five strategic directions** in the FCSS mandate? Please indicate N/A if your program does not fit one or more of these Strategic Directions. Do not leave them blank.

In this section you will identify the changes and improvements that will be seen in the community as a result of being able to offer this program/project with FCSS support

B3 OUTCOMES

<p>B3.1 What short-term (1 - 2 year) changes will occur if all activities are carried out as anticipated?</p>
<p>B3.2 Indicators of Success – How will you know that the short-term changes have been achieved?</p>
<p>B3.3 Data Collection – How will you measure the success of your program? (i.e. questionnaires, surveys, testimonials, evaluations, etc.) What are your participation numbers and where are they coming from? (county vs. town)</p>
<p>B3.4 What are your medium (2 - 4 years) and long-term (4 - 10 years) goals for the program? (i.e. – after completion of this year, this program will become financially self-sustainable or a pre-school program may have short term goals of improved social development. A medium goal would be a decrease in bullying behaviour, and a long term goal might be stronger and more resilient communities.)</p>

OR

It may be easier for you to complete a Program Logic model which addresses the questions in Section B-3 about your program or initiative a bit differently:

Goal
A visionary statement of your project's overall, long-term purpose. What is the key challenge your project is working to resolve? Goal statements will use language such as: "To develop ... To reduce ..."
Objectives
Specific, trackable and measurable statements of what you want to accomplish What are the problems that contribute to your overall challenge? What are the key changes that will help you reach your goal? Determine the time lines (2-3 years)
Activities
Specific tasks that you will perform to implement your project. How can you group your activities logically to work towards your objectives? How can you group your activities logically to work towards your objectives? Focus on the key steps that must happen. Filter: Is this activity really necessary? Stay within budget!
Outputs
Short-term results (the direct product of your activities); usually tracked for each year. How many programs? How many people? What did they think of the program delivery?
Outcomes
What success looks like in the short- and long-term. What are the short- (2-3 years) and long-term (4-10 years) changes emerging as a result of your project?

SECTION C

In this section you will tell us about how you plan to finance the program/project.

2011 PROGRAM BUDGET PROPOSAL

(Each **program** you apply for needs to have a separate budget.)

Revenue

Donations	\$ _____
Fundraising	\$ _____
Other Grants	\$ _____
Savings	\$ _____
Fees	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL Revenue (A)	\$ _____

Expenses

Personnel Costs:

Facilitator/Guest Speaker Costs	\$ _____
Staff Salaries and Benefits Connected with the Program	\$ _____
Volunteer Training & Recognition	\$ _____
Rentals or Lease Agreements:	
Office or Venue Rent	\$ _____
Equipment	\$ _____
Program Administration Costs:	\$ _____
Advertising	\$ _____
Office Expenses (phone, postage and stationery)	\$ _____
Program Supplies - Please specify (i.e. crafts, books, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Any Other Program-Related Expenses:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses (B)	\$ _____

Total eligible to request for funding (B-A)	\$ _____
--	-----------------

Note: Financial information must be submitted in the format provided.

Applications not using this format may not be accepted and may be deemed incomplete.

Consider the following when developing your project/program budget:

- What resources do you need to run this program? (Staff, volunteers, partnerships, time, money, materials, equipment, technology, information, etc.)
- What are your other sources of fundraising?
- How will you gain sufficient resources to undertake this project/program?
- What are the specific costs associated with the project/program?
- If this applies to more than one community we would like to see how the resources are being shared, where possible.

Use the space below for additional comments/notes.

F.C.S.S. Grant Request Breakdown by Community

(If you are not applying to a community please put "0" in the space provided)

Carstairs F.C.S.S.	\$ _____
Cremona F.C.S.S.	\$ _____
Didsbury F.C.S.S.	\$ _____
Mountain View County F.C.S.S.	\$ _____
Olds F.C.S.S.	\$ _____
Sundre F.C.S.S.	\$ _____
Total F.C.S.S. Grant Requested	\$ _____

Application Checklist

- Is every section complete? **(If you have questions contact your Local FCSS Office)**
- Is the financial information provided in the format required?
- Is it clear how the program meets the FCSS Mandate?
- Is the application signed by an authorized person?
- Is the Interim Report (to September 30) attached, if not already submitted?
- Is the list of Board members attached?
- Is a copy of the Annual General Return attached?

REMINDER: All applications are due by November 15th, 2011 to Mountain View County FCSS:

Attn: Michelle Honeyman
P.O. Bag 100
Didsbury, Alberta
T0M 0W0

michelle.honeyman@mountainviewcounty.com

Incomplete applications will be returned and may not be considered.

Carstairs FCSS.....403-337-3341	Mountain View County FCSS.....403-335-3311
Cremona FCSS403-637-3731	Olds FCSS.....403-556-6981
Didsbury FCSS.....403-335-8719	Sundre FCSS403-638-3551