

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.

- We encourage groups and organizations to work together.
- We will not fund expenditures made before the program/project is approved by the Town of Edson.

APPLICATION INSTRUCTIONS

1. Before filling out your application form please review the FCSS funding priorities and funding restrictions found on the following page of this application.
2. All parts of the form must be completed:
 - If you need more space, you may submit extra pages.
 - You must attach photocopies of any required or additional documents.
3. The grant application form has three sections:
 - Your organization information
 - Your request for funding
 - Project budget

Feel free to include any additional information that you feel is relevant and may strengthen application.

QUESTIONS?

Contact:
Ali Broda
Community Development Coordinator
Town of Edson
Phone: 780 723 8616
Fax: 780 723 7250
Email: AlicjaB@edson.ca

HOW TO SUBMIT AN APPLICATION

Return completed application to:

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

Or email: AlicjaB@edson.ca

SECTION A: ORGANIZATION/AGENCY INFORMATION

CONTACT INFORMATION

Name of Agency/Organization	
Street Address	
Mailing Address	Postal Code
Contact Person	Position
Phone Number	Fax Number
Email Address	
Are you a non-profit organization? YES NO	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:

Project/Program Year: _____ Amount: _____

Please provide a brief description:

SECTION B: REQUEST FOR FUNDING

INITIATIVE INFORMATION

Project Name: _____

Project Location: _____

Project Start Date: _____ End Date: _____

Total Funds Requested: _____ Percentage of the budget this represents: _____

Please select one or more of the following social outcome statements for your initiative:

- 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

DESCRIPTION OF INITIATIVE

Please describe how you will achieve the social outcome identified with your initiative.

ORGANIZATION'S CAPACITY

Describe your organization's capacity to execute your initiative and identify community partners, volunteers and their roles.

IMPACT

What difference will your initiative make in the Edson Community and in the lives of those involved?

MARKETING & ACKNOWLEDGEMENT

How will you market your initiative to the community? How will the Town of Edson FCSS contribution be acknowledged?

SECTION C: BUDGET

INITIATIVE INFORMATION

Project Name: _____

Project Start Date: _____ End Date: _____

Fill in the three columns below. Calculations will automatically be performed for these figures.

Description of Item and Contributing Agency	Contribution/funds provided by your agency (if any)	Contribution/funds provided by other (if any)	Funds requested from FCSS Grant	Projected Cost
Direct Project Costs				
Administrative				
TOTALS				

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).