

Drayton Valley and District  
Family & Community Support Services  
*Grant Application*

<b>Type of Grant Requested (please circle):</b>	<b>Special Project</b>	<b>Operational</b>
Organization Name:		
Mailing Address:		
Contact Name and Title:		
Telephone:	Fax:	E-mail address:
Project Title:		
Amount Requested \$ _____	Duration of project (months) _____	

**Please indicate the categories which 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 child care); 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:
  - mentoring program/projects;
  - parenting and family life education and development 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?

**History - Provide a history of your organization including the type and age of your organization as well as a list of your current Board of Directors.**

**Project Description - What is the purpose of the program/project? What population is it intended to serve? 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?**

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?

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?*"

Outline the program/project implementation plan and/or schedule.

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?

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:**

- Estimated budget on the form provided (attachment A) 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.
- Proof of Insurance.

**DECLARATION:**

**I declare that** all the information in this application is accurate and complete and that the application is made on behalf of the organization named on page one with its full knowledge and consents;

**I acknowledge that** should this application be approved, I will be required to enter in a formal agreement which will outline the terms and conditions.

Name and title of the officer authorized by the organization:

Telephone:

Fax:

E-mail address:

Signature of Authorized officer:

Date:

**Please return grant applications to:**  
Drayton Valley & District FCSS Program/project  
Box 6837  
Drayton Valley, AB T7A 1A1  
[fcss@draytonvalley.ca](mailto:fcss@draytonvalley.ca)

**Appendix A:  
Budget**

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

Item	Request from FCSS	Contribution from other Sources				
		Organization Name	Assured Funding	Potential Funding	In-Kind Yes/No	Total
<b>Personnel</b> Salaries/wages/ contract						
<b>Professional Fees</b> Accounting, presenter fees						
<b>Supplies</b> Materials, equipment						
<b>Advertising/ Awareness</b>						
<b>Facility Costs</b> Rental/utilities						
<b>Insurance</b>						
<b>Travel</b>						
<b>Training</b>						
<b>Volunteer Development</b> Training, Travel						
<b>Other Expenses</b>						