

Drayton Valley and District
Family & Community Support Services

Special Project Grant Application

Application Deadline: October 1, 2008

Organization Name:		
Mailing Address:		
Contact Name and Title:		
Telephone:	Fax:	E-mail address:
Project Title:		
Amount Requested \$ _____	Duration of project (months) __	

Please indicate the category which applies to your prevention initiative:

Youth

- Addictions
- Conflict resolution and alternatives to violence programs
- Peer relations and community participation (including volunteerism)
- Personal Development

Family Support

- Learning opportunities for parents and families
- Conflict resolution, family violence prevention
- Addictions
- Early childhood development
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Seniors

- In-home support services
- Social support and community participation
- Abuse prevention and awareness

Volunteer Development

- Recruitment
- Training and support
- Volunteer appreciation activities

History of your organization - type of organizational structure, age of organization, name of board members.

Project description - what will you be doing and what do you hope to ultimately achieve? How does this project align with the objective of Drayton Valley and District FCSS of *Building Resilient Communities Through Prevention*?

Project Rationale- Explain the needs, problems or desired areas of improvement in the community that the project will address. How were these identified?

Please list any partnering organizations involved in this project and their role:

Outline the project implementation plan and schedule.

How will your organization evaluate the project? What will be the success measurements?

Are funds being received or applied for from other sources for this project: If yes please list the funders:

No Yes: (list the funders)

Attachments:

- Budget on the form provided by FCSS indicating the expected program expenses, revenues (including FCSS grant amount, grants/donations from other organizations and in-kind contributions);
- Financial statements from the last fiscal year end;
- Proof of Insurance;
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DECLARATION:

I declare that

All the information in this application is accurate and complete

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 Manager
Box 6837
Drayton Valley, AB T7A 1A1
fcss@town.draytonvalley.ab.ca

**Appendix A:
Budget**

Only include the costs directly related to the project/program 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
Personnel Salaries/wages/ contract						
Professional Fees Accounting, presenter fees						
Supplies Materials, equipment						
Advertising/ Awareness						
Facility Costs Rental/utilities						
Insurance						
Travel						
Training						
Volunteer Development Training, Travel						
Other Expenses						