

# FCSS SPECIAL PROJECT GRANT APPLICATION

Special project grants are **available throughout the year** (depending on budget availability) and are limited to a maximum of **\$2000.00**. These grants are meant for one-time projects that begin and end in the same fiscal year. Before completing this application please consult the Special Project Grant Application Tool Kit. It contains valuable information on grant eligibility criteria and timelines. Applicants must be a non-profit organization in the City of Cold Lake or Wards 5 and 6 of the M.D. of Bonnyville.

## ORGANIZATIONAL INFORMATION

**Note: For collaborative projects, please indicate below the agency acting as “banker” and provide the information for that agency only in this section.**

Name of Agency/Organization: \_\_\_\_\_

Program Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Alberta Societies Act Registration Number: \_\_\_\_\_  
*Please provide your society's Certificate of Incorporation*

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP) NOTICE

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the City of Cold Lake.

**Cold Lake and District FCSS is a partnership between the City of Cold Lake,  
Municipal District of Bonnyville and the Province of Alberta**

## For Office Use Only

Date Received: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Decision: Approved  Rejected  Modified to  \$ \_\_\_\_\_

Decision Date: \_\_\_\_\_

**ELIGIBILITY FOR SUPPORT**

**PREVENTION MANDATE**

Projects funded by FCSS must “be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.” (FCSS Act and Regulation)

Please indicate with an “x” which of the preventive outcomes best applies to this project:

<p><b>Outcome #1</b> Help people develop independence, strengthen coping skills and become more resistant to crisis.</p>	
<p><b>Outcome #2</b> Help people develop an awareness of social needs.</p>	
<p><b>Outcome #3</b> Help people develop interpersonal and group skills which enhance constructive relationships among people.</p>	
<p><b>Outcome #4</b> Help people and communities assume responsibility for decisions and actions which affect them.</p>	
<p><b>Outcome #5</b> Provide supports that help sustain people as active participants in the community.</p>	
<p><b>Outcome #6</b> Provide support to help promote, encourage and facilitate the involvement of volunteers.</p>	

**Services provided by an FCSS funded project *must NOT*:**

- Provide primarily for the recreational needs or leisure time pursuits of individuals,
- Offer direct financial assistance to sustain an individual or family,
- Be primarily rehabilitative in nature, or
- Duplicate services that are ordinarily provided by another government agency.

**Target Audience**

Please indicate the audience this project is aimed to serve:

Children		%
Youth		%
Families		%
Adults		%
Seniors		%
<b>Total (must equal to 100)</b>		<b>%</b>

**Number and Residence of Participants**

Please estimate the number of people you expect to participate in this project.

If funded, you will be required to indicate the number of participants and their place of residence (i.e. City of Cold Lake, M.D. of Bonnyville).

Please consider how this information will be gathered in advance.

**PROJECT INFORMATION**

Please attach additional pages where required. Clearly identify that additional pages have been included.

**1. Project Description**

Please provide a brief description of the project and how it addresses the outcome(s) selected in Part B.

**2. Total Amount of FCSS Grant requested: \$**\_\_\_\_\_.

**3. Project Start and End Dates**

Anticipated start date: \_\_\_\_\_

Anticipated end date: \_\_\_\_\_ (no later than December 31)

**4. Larger Program Affiliation**

Is the project for which these funds are being requested part of a currently funded FCSS program?

Yes – Provide program name: \_\_\_\_\_

No

**5. Project Objective(s) = Align with FCSS Strategic Directions**

<b>Project Objective(s)</b>	<b>Intended Outcome(s)</b> (Please ensure outcomes are measurable)

## PROJECT BUDGET

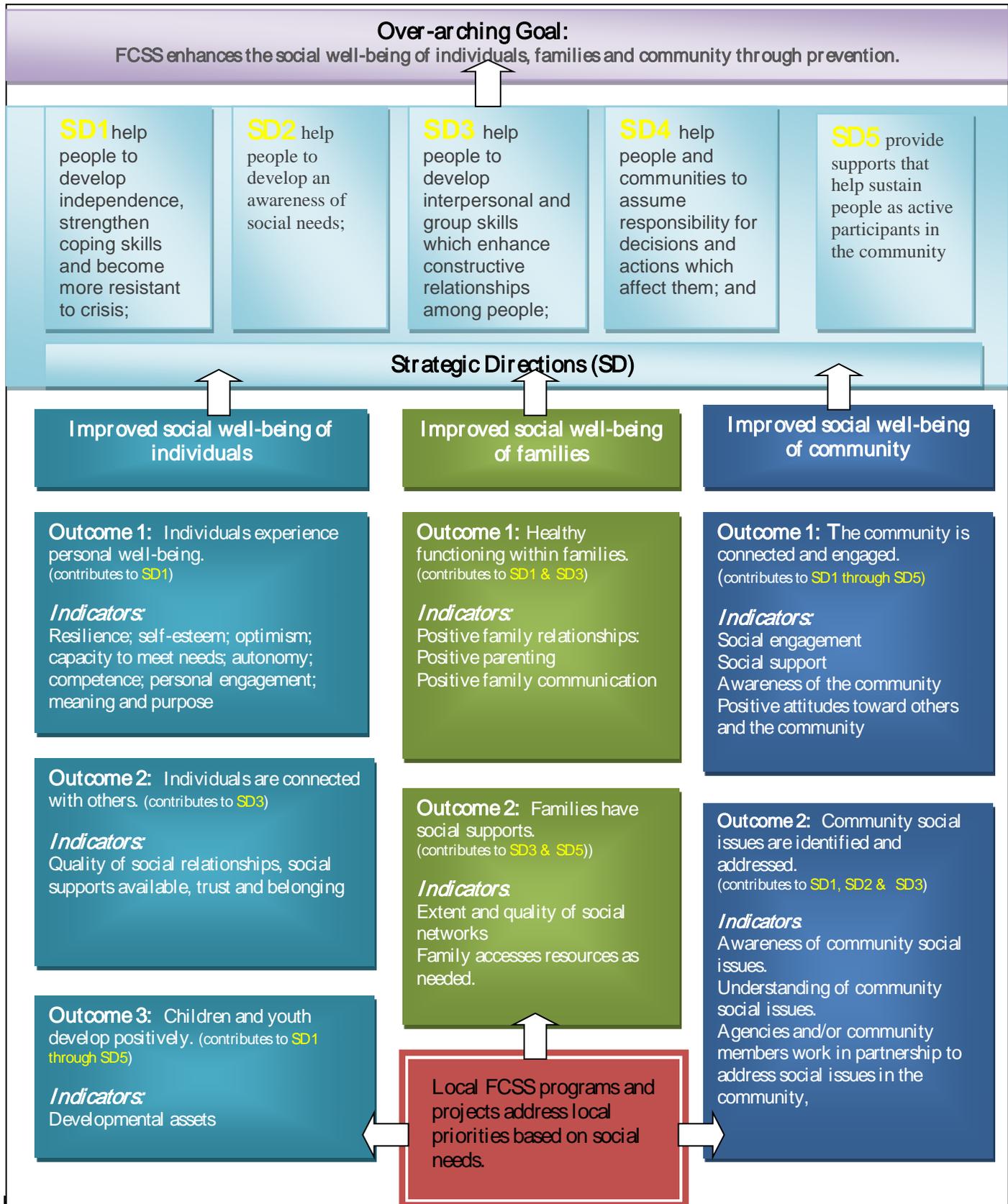
Please provide a copy of the proposed budget for the program/ project outlining the income and expenses. You may use a different budget format, but ensure that it includes the information below. If this is a new program that is not currently operating, fill in the third column only. If the program currently exists, please fill in the first two columns about the current budget.

INCOME	CURRENT BUDGET	CURRENT YEAR END PROJECTED	PROPOSED BUDGET
Program Generated (user fees)			
FCSS Special Project Grant			
Donations			
Grants			
Other			
<b>PROGRAM REVENUE TOTAL</b>			

	EXPENSE DETAILS	CURRENT BUDGET	CURRENT YEAR END PROJECTED	PROPOSED BUDGET
<b>PERSONNEL</b>	Salaries (list positions):			
	Benefits			
	Training			
	Travel & Subsistence			
	<b>PERSONNEL TOTAL</b>			
<b>OPERATIONAL</b>	Administrative Expenses: telephone, office equipment , etc.			
	<b>Administrative Expenses Total</b>			
	Facility Expenses: rent, insurance, custodial, licensing, etc.			
	<b>Facility Expenses Total</b>			
	<b>OPERATIONAL TOTAL</b>			
<b>PROGRAM</b>	Program Expenses: supplies, workshops, marketing, etc.			
	<b>PROGRAM TOTAL</b>			
	<b>PROGRAM EXPENSES TOTAL</b>			
<b>SURPLUS/DEFICIT</b>				

**Reminder:** The Special Project Grant Program will not cover part-time and/or full-time employees, rent, travel, telephone and utilities. For a complete list of ineligible expenses, see the Grant Application Tool Kit.

# The FCSS Outcomes Model: Chart of Outcomes and Indicators



**COLLABORATION**

The FCSS Advisory Committee gives preference to agencies that traditionally plan their program or project with the intention of collaborating with other agencies. If this is a collaborative project and other agencies have been involved in the planning, please list the names of the agencies, the contact people and their roles below:

Agency Name and Contact Person	Role of Agency in Project

**DECLARATION**

I give my consent to FCSS and the City of Cold Lake to allow the collecting, using, retaining, disclosing and disposing of the information contained within this application for the purpose of, but not limited to, educational and other public media as may be deemed appropriate by FCSS and the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Date

**Please return the completed application to address below:**



FCSS is located at 5220 54 Street, Cold Lake, AB • T9M 1W2  
Mailing Address: 5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4495 • Fax: 780-594-1157