



## TOWN OF REDCLIFF

### Community Services Department

P.O. Box 40  
Redcliff, Alberta T0J 2P0  
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## Family and Community Support Services Special Project & Operational Grant Application 2018/2019

### *FCSS Small Grants Connecting the Redcliff Community*

Use this application if your non-profit agency or organization wishes to apply for one-time funding of up to \$1000.00 through Redcliff Family and Community Support Services. Each project must be of a preventative nature that enhances the social well-being of individuals and families through promotions or intervention strategies at the earliest opportunity.

#### REQUIRED DOCUMENTATION AND PROCEDURES:

- Financial statement: Please attach your organization's audited financial statement for its last complete fiscal year. If these statements are not audited, they must be dated and signed by the organization's President and Treasurer.
- Certificate of incorporation - copy
- Current list of Board member names – contact information not required
- Only the Budget Form provided within this application package will be accepted

If more space is required, attach a separate sheet of paper. On the paper, give the full answer. Write the corresponding title and number next to your answer.

Applications must be submitted by Friday January 18<sup>th</sup>

Applications may be emailed or mailed to:

Redcliff FCSS Board  
C/O Community Services Director  
PO Box 40  
Redcliff, AB T0J2P0

[cps@redcliff.ca](mailto:cps@redcliff.ca)



Family & Community Support Services  
 Grant Application Form  
 2018



**PART 1: ABOUT YOUR ORGANIZATION/GROUP**

Name of Organization:	Date of Application:
Mailing Address:	Telephone:  Fax:
Primary Contact:  Mailing Address:  Email Address:	Position:  Telephone:  Fax:

**PART 2: EXECUTIVE SUMMARY**

Please provide any attachments that you feel supplement the questions below.

<b>Agency Purpose/Mandate</b>
<b><u>Mission Statement:</u></b>
<b><u>Vision Statement:</u></b>

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**Project Summary**

**Statement of Need: What Community need or issues does this program/project address?**

**Type of support: Please indicate which type of funding support you are applying for.**

- Special Project – Short term and not part of the regular operational costs of the organization
- Operational Grant – Offsets ongoing operational cost deficits incurred when providing an existing service

**Select one of the social outcome statements for your program/project.**

- Individuals experience personal well being
- Individuals are connected with others
- Children and youth develop positively
- Healthy functioning within families
- Families have social supports
- The community is connected and engaged
- Community social issues are identified and addressed

**Select which STRATEGIC DIRECTION from the 5 regulatory statements best links to your outcome statement.**

- Help people to develop independence, strengthen coping skills, become more resistant to crisis (SD1)
- Help people to develop an awareness of social needs (SD2)
- Help people to develop interpersonal and group skills which enhance constructive relationships among people (SD3)
- Help people and communities to assume responsibility for decisions and actions which affect them (SD4)
- Provides supports that help sustain people as active participants in the community (SD5)

**Overall Goal: What do you hope to achieve with the program or project (Overall impact or change)?**

**Broad Strategy: In general terms, how will this program or project address this community need?**

**Explain why you believe this strategy will work, include research if possible.**

**What resources are you dedicating to this project/service?**

**How will you know you succeeded? What will be the impact of your program?**

**Measurement tools (interviews, surveys, questionnaires)**

**What is the target group or population you wish to reach with this project/program?**

- Children (birth-12)
- Teens (13-18)
- Families
- Adults
- Seniors (65 +)
- Community

**VOLUNTEERISM**

**How will your project promote, encourage and facilitate volunteerism?**

## **COORDINATION AND COMMUNICATION**

**Identify other organizations that provide similar services.**

**What co-operative and coordinative steps has the project taken with these agencies**

**Describe similarities and differences between the proposed project and those identified as being delivered by other organizations**

**PART 3: PROGRAM BUDGET**

Please provide a budget specific to the program for which you are requesting funding, and indicate very clearly how much funding you are requesting and how that funding will be applied. Please include any in-kind support.

**Total Redcliff FCSS Funding requested:** \_\_\_\_\_

**PART 4:**

Please provide a "Summary Evaluation" within 30 days of completion of the project. The summary will include a review of the goals and a final budget.

All project must be completed by September 30, 2019.

The final report is due October 31, 2019.

**PART 3: AUTHORIZED SIGNATURES**

This is to certify to the best of my knowledge, the information included in this grant application is accurate and a proper representation of our organization.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

**ALL APPLICATIONS SHALL REMAIN CONFIDENTIAL**

Application received: \_\_\_\_\_  
Cheque: \_\_\_\_\_

Approval: \_\_\_\_\_  
Evaluation received: \_\_\_\_\_