

**VERMILION RIVER REGIONAL ALLIANCE  
FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)  
FUNDING APPLICATION FORM**

Personal information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act and will be used to respond to your request.

**Which Municipality are you applying to?**

County Of Vermilion River

Village of Dewberry

Village of Marwayne

Town of Vermilion

Village of Kitscoty

Village of Paradise Valley

***APPLICATION INFORMATION MUST BE PROVIDED IN THE FOLLOWING ORDER AND FORMAT:***

**1. IDENTIFICATION INFORMATION:**

Name of Organization/Agency:

\_\_\_\_\_ *(Please attach current list of Board Members)*

Program Name and community areas served:

Primary Contact Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

Alternate Contact: \_\_\_\_\_

Position: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

**2. AMOUNT OF FUNDING REQUESTED: \$ \_\_\_\_\_**

2.1) Complete the Proposed Project Budget (sample attached) & submit relevant Financial Statements

2.2) Project/Program Operating Term Full Calendar year \_\_\_\_\_

Less than 1 year \_\_\_\_\_

**Re-application?:**

(check the box that applies best to your program/project)

**NEW Application?**

**3. FCSS FUNDING CRITERIA  
 (YOU MUST BE ABLE TO ANSWER YES TO ALL OF THE FOLLOWING:)**

<b><i>THE PROPOSED PROJECT/PROGRAM WILL:</i></b>	<b>Yes/No</b>
1. promote, encourage and facilitate the involvement of volunteers	
2. promote efficient and effective use of resources	
3. encourage and facilitate cooperation and coordination with allied service agencies operating within the municipality	
4. promote, encourage and facilitate the development of stronger communities	
5. promote citizen participation in planning, delivery and the governance of the program and of services provided under the program	
6. 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	

***YOU MUST BE ABLE TO SAY YES TO AT LEAST ONE OF THE FOLLOWING:***

<b><i>THE PROPOSED PROJECT/PROGRAM WILL:</i></b>	<b>Yes/No</b>
1. help people to develop independence, strengthen coping skills and become more resistant to crisis	
2. help people to develop an awareness of social needs	
3. help people to develop interpersonal and group skills which enhance constructive relationships among people	
4. help people and communities to assume responsibility for decisions and actions which affect them	
5. provides supports that help sustain people as active participants in the community	

**ORGANIZATION/AGENCY INFORMATION:**

**4. Mission Statement:** (A brief statement on what your group provides)

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**5. Client Capacity/Target:** (Total number of clients you want to serve)

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**5.1 Client Base:**

<b>PRIMARY CLIENT BASE:</b>	<b>Estimated % of Clients Served</b>
Children/Youth (0-18)	
Families	
Adults (19-64)	
Seniors (65+)	

**6. Volunteer Capacity/Target:** (eg. How are volunteers utilized? How many are needed?)

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**9. Projected Outputs - Client and volunteer numbers etc.:** (draw from previous program year or estimate)

	County	Vermilion	Villages	Totals
Individuals Served				
Families Served				
Volunteers				
Volunteer Hours				
Contacts made				
Project/Partnerships				
Community Initiatives				
Number. of Community Initiative Participants				
Number of Groups run under Funded Project				
Number of Group(s) Participants				

**9.1 Other Outputs: (Re-applicants only, attach information if necessary)**

Tell us a brief success story resulting from this funded project in the past year.

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**9.2 Describe what quality improvements you are considering for the next year.**

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**10. Outcome Measures that your group is working towards** (Identify at least two changes in your participants as a result of their involvement in your program. Please describe the difference your activities will make in the short term (during the first year), and intermediate (1-2 yrs), such as increased skill levels, learning, behavior change, social network, etc.)

**SHORT TERM SUCCESS INDICATORS :**

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**INTERMEDIATE SUCCESS INDICATORS:**

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**11. What types of tools will be used to evaluate outcomes and program effectiveness?** (eg. Client surveys, interview clients, etc.)





**PROJECT/PROGRAM  
 BUDGET FORM**

PROJECT NAME \_\_\_\_\_

REVENUES	YEAR _____	YEAR _____
<b>Fees for Service:</b>		
<b>Grants (non-County FCSS)</b>		
<b>Donations:</b>		
<b>Fundraising:</b>		
<b>Other:</b>		
<b>TOTAL REVENUE:</b>		
EXPENSES	YEAR _____	YEAR _____
<b>TOTAL EXPENSES:</b>		
<b>FUNDING REQUEST:</b>		