

**TOWN OF MAYERTHORPE**  
**Family and Community Support Services (F.C.S.S.) Grant Application**

**Application Process:**

On a separate sheet of paper, please answer the following questions completely.  
A Grant Evaluation form will be mailed with the grant allocation cheque upon approval.

Please return to Town of Mayerthorpe at:

Box 420, Mayerthorpe, AB, T0E 1N0

Drop it off at the office located at 4911-52nd, Mayerthorpe.

If you have any questions or concerns, please contact us at (780) 786-2416

Date: \_\_\_\_\_ Organization Applying For Grant: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**FCSS PROJECT SUMMARY**

To provide the Community Services Board with an overall summary of this grant application, using the space provided, please complete the following summary sheet.

Project Name: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_ (must be a specific date)

Focus of the Project: \_\_\_\_\_

Brief Description of the Project: \_\_\_\_\_

**Amount of Funds Required:** \_\_\_\_\_

What will these funds be used for:

\_\_\_\_\_  
\_\_\_\_\_

Indicate how the organization will contribute to this project, i.e. volunteers, organization funds, other grant money.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROJECT DESCRIPTION

Project Name: \_\_\_\_\_

Focus of the project (after reviewing the following choices, please indicate the section title and the sub-heading under that your project fits under):

- a) **services that promote the social development of children and their families including:**
- parent-child development activities
  - temporary or occasional parent relief services
  - support services for young school age children
  - other \_\_\_\_\_
- b) **services that enrich and strengthen family life by developing skills in people to function more effectively within their own environment including:**
- parenting and family life education and development programs
  - marriage enrichment
  - retirement planning
  - programs for single adults and single parents
  - courses designed to enhance self-awareness and personal growth
  - individual, family, and group counselling services that are education and not treatment oriented
  - youth development services
  - other: \_\_\_\_\_
- c) **services that enhance the quality of life of the retired and semi-retired including:**
- home support services
  - education and information services
  - outreach and co-ordination services
  - self-help socialization activities
  - other \_\_\_\_\_
- d) **services designed to promote, encourage and support volunteer work in the community including:**
- recruitment, training, and placement services
  - resources to support volunteers
  - co-ordination of volunteer services
  - other
- e) **services designed to inform the public of available services information and referral services including:**
- |   |  |
|---|--|
| <input type="checkbox"/> Community information services | <input type="checkbox"/> Newcomer services |
| <input type="checkbox"/> Interagency co-ordination      | <input type="checkbox"/> Other _____       |

**On attached page please answer the following questions.**

Briefly explain your project and how it aims to fulfill the purpose marked in the above section.

To avoid duplication of services, has your group researched if any other organization is currently offering this service? If so, how does your project differ from existing services?

To provide the Town of Mayerthorpe with a clear picture, briefly outline the tasks, timeline, and personnel (staff/volunteers) (if any) required to complete the project. (If you are using funds to hire staff, please include a job description).

## FUNDS REQUESTED

1. Has your organization received FCSS funding FOR THIS PROJECT before?

YES       NO

If YES, when did you last receive funding for this project and explain how your funding request is different from the past (i.e. is it funding a different component of the project).

2. Has your organization applied for any other grants for this project? If yes, please indicate which grants have been applied for.

3. What will the FCSS funding be used for:

## EVALUATION PROCESS

1. How will your group determine if the project purpose was fulfilled? (Example, have an evaluation form for participants, survey, etc.)

2. Who will be responsible for completion of the final report and providing the "actual" budget to our office:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## FINANCIAL RESPONSIBILITY DECLARATION:

Should our group be successful in obtaining FCSS funding, on behalf of  
\_\_\_\_\_ I, \_\_\_\_\_ declare that we will

(organization)

(print name)

complete a written evaluation of the project within 60 days of the projected completion. I further understand that should our organization fail to complete the written evaluation or comply with all grant requirements, we would then be obligated to return the full amount of the grant.

We agree that all advertising will recognize the Mayerthorpe and Area FCSS program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# OVERALL PROJECTED BUDGET & FINANCIAL REPORT

Please complete the following budget information directly on this sheet:

**PROJECTED BUDGET:**

**ACTUAL BUDGET:**

Description:	Amount:
EXPENSES:	
Staffing:	
_____	_____
_____	_____
Supplies:	
_____	_____
_____	_____
Other:	
_____	_____
_____	_____
Total Expenses:	_____
FCSS GRANT:	_____
Other Revenue:	
_____	_____
_____	_____
Total Revenue:	_____
Projected Profit:	
Revenue-Expenses =	_____

Description :	Amount:
EXPENSES:	
Staffing	
_____	_____
_____	_____
Supplies:	
_____	_____
_____	_____
Other:	
_____	_____
_____	_____
Total Expenses:	_____
FCSS GRANT:	_____
Other Revenue:	
_____	_____
_____	_____
Total Revenue:	_____
Actual Profit:	
Revenue-Expenses =	_____

**RECEIPTS AND INVOICES MAY BE REQUESTED**

## WHAT CAN FCSS DOLLARS BE USED FOR ???

According too Alberta Regulation 218/94 Family and Community Support Services Act Conditional Agreement Regulations, the dollars under this program must:

1. 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, and

Do one or more of the following:

- a) help people to develop independence, strengthen coping skills and become more resistant to crisis;
  - b) help people to develop an awareness of social needs;
  - c) help people to develop interpersonal and group skills, which enhance constructive relationships among people;
  - d) help people and communities to assume responsibility for decisions and actions, which affect them;
  - e) provide supports that help sustain people as active participants in the community.
2. Services provided under a program must **not**
    - a) provide primarily for the recreational needs or leisure time pursuits of individuals
    - b) offer direct financial assistance to sustain an individual or family,
    - c) be primarily rehabilitative in nature, or
    - d) duplicate services that are ordinarily provided by a government or government agency.
  3. Purchase of this program must not include:
    - a) the purchase of land or buildings,
    - b) the construction of renovation of a building,
    - c) the purchase of motor vehicles,
    - d) any costs required to sustain an organization that so not relate to direct service delivery under the program,
    - e) municipality property taxes and levies.

As Community Services Board meetings are held on Thursday evenings, grant applications **MUST BE RECEIVED AT THE TOWN OFFICE BY 4:30 P.M. ON THE MONDAY PRIOR TO THE THURSDAY MEETING. APPLICATIONS NOT RECEIVED BY THE DEADLINE MAY NOT BE CONSIDERED.**

**A REPRESENTATIVE OF THE ORGANIZATION MUST ATTEND THE MEETING.**

Final approval of the application is given by Mayerthorpe Town Council and the Lac. Ste. Anne County Council so please allow time for processing when considering the timelines for your proposal.

Please type your application when possible.