

Drayton Valley and District Family & Community Support Services *Operational Grant Application*

An operating grant is used towards operating costs of a specific program within an organization. This program may or may not be the only service offered by this organization.

Application Deadlines: May & October annually. Please contact FCSS staff for specific dates.

Application Process

1. A preliminary meeting or telephone conversation with FCSS Program Manager is required to discuss the eligibility of the project and the application process.

*** please note that the FCSS advisory board may request a brief presentation.

Please note it is essential that your application be complete so that it can be evaluated to the fullest extent possible.

Basic Information (first page)

1. Name, phone, fax and address of the organization.

2. The names, addresses and phone numbers of Board/Committee Members and the names and position titles of staff members, including administration who would be involved in delivery of the program/project for which funding is being sought.

3. Status of the organization: ___Not-for-profit ___Government/educational
___Other

4. Provide a description of your overall organization including history, philosophy, and all programs and services (limit to one page).

Program Description (following pages)

Program/Project Staff

What staff will be employed to carry out this program/project? Describe the primary responsibility and qualifications of each and outline your plan to train, supervise and regularly evaluate each program/project staff. Please attach a job description for each position.

If volunteers will be used to carry out the program/project, specify how many and describe your methods to recruit, train and supervise those volunteers. Indicate if you have already developed training materials.

A detailed description of the program for which funding is requested.

- Geographic Area Served
- Maximum client load (if any)
- Client characteristics
- Brief Program History and Philosophy
- Subsidies offered

Why is this program/project needed and who will it serve?

This is an opportunity for you to tell us why you think this work needs to be done. If applicable, comment on past or present efforts by your organization or others to address this need.

Describe the number and types of persons who might be served by the program/project.

What is the geographic scope of this program/project? How will prospective clients be told about the program/project's services?

State the outcomes you have developed for each program for which you are seeking funding. Specifically, what do you ultimately hope to achieve – what will increase, decrease or stay the same as a result of this project? How will these programs contribute to the achievement of these outcomes? How will you know they have been achieved?

6. Describe how you will know if you have accomplished your objectives.

Outcomes can be measured in a number of ways such as:

- *distributing a questionnaire to those who attend the workshops, asking them to comment on their usefulness;*
- *asking the workshop leaders for their views on how relevant the workshops appeared to be to those who attended;*
- *recording attendance, whether or not attendance levels increased or decreased over the course of the workshops might be an indicator of how useful the participants perceived them to be; or,*
- *testing the seniors who attended on some of the information covered during a workshop to see if the information had been absorbed and understood.*

The appropriateness of the method of evaluation will depend on the objectives of the program/project, the cost and staff time involved, and the type of person who the program/project is intended to benefit.

Financial

1. A clear statement of the amount of funding you are requesting showing that the FCSS contribution does not exceed 80% of the total program cost. (For the remaining 20%, in kind and volunteer contributions may be considered)

A list of all sources of funding received by your organization.

Financial statements from the last fiscal year end are requested.

References

1. Please list the name, telephone number, address, and organization (if applicable) of 3 to 5 individuals outside of your organization who are familiar with your programs and services, and/or who can verify the need for your program/project and its impact on the community and/or target groups.

Recognition

1. Indication of how you will recognize the FCSS grants contribution in the community.

Submit application to:

FCSS Program Manager

5120 52 Street Box 6837 Drayton Valley, AB T7A 1A1

Tel. (780) 542-5327 Fax: (780) 542-5753

**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						