

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

**Application Deadlines:** March and October annually. Contact FCSS Staff for specific dates.

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**Organization Name:**

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**Mailing Address:**

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**Contact Name and Title:**

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**Telephone:**

**Fax:**

**E-mail address:**

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**Project Title:**

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**Amount Requested \$**

**Duration of project (months)**

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**Please indicate the category which applies to your prevention initiative:**

**Youth**

- Addictions
- Conflict resolution and alternatives to violence programs
- Peer relations and community participation (including volunteerism)
- Personal Development

**Family Support**

- Learning opportunities for parents and families
- Conflict resolution, family violence prevention
- Addictions
- Early childhood development
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**Seniors**

- In-home support services
- Social support and community participation
- Abuse prevention and awareness

**Volunteer Development**

- Recruitment
- Training and support
- Volunteer appreciation activities

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**Project description – what will you be doing and what do you hope to ultimately achieve?**

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**Project Rationale– Explain the needs, problems or desired areas of improvement in the community that the project will address? How were these identified?**

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**Please list any partnering organizations involved in this project and their role:**

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**Outline the project implementation plan and schedule**

**How will your organization evaluate the project? What will be the success measurements?**

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Are funds being received or applied for from other sources for this project: If yes please list the funders:

No Yes: (list the funders)

Please attach a detailed budget indicating the expected program expenses, revenues (including FCSS grant amount, grants/donations from other organizations and in-kind contributions). Financial statements from the last fiscal year end are requested.

**DECLARATION:**

**I declare that**

- All the information in this application is accurate and complete
- The application is made on behalf of the organization named on page one with its full knowledge and consents;

**I acknowledge that** should this application be approved, I will be required to enter in a formal agreement which will outline the terms and conditions.

Name and title of the officer authorized by the organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature of Authorized officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return grant applications to:**

Drayton Valley & District FCSS Program

Box 6837

Drayton Valley, AB T7A 1A1

danicae@town.draytonvalley.ab.ca