



Town of Morinville
 10125 – 100 Ave.
 Morinville, Alberta T8R 1L6
 Phone: 780.939.4361
 Fax: 780.939.5633
 Email: adribnenky@morinville.ca

Morinville FCSS Grant Application

PART 1: ABOUT YOUR ORGANIZATION/GROUP

Contact Information	
Organization Name	
Mailing Address	
Phone number	
Fax number	
Email	
Website	
Primary Contact	
Name	
Position	
Phone number	
Email	

ANNUAL DOCUMENTATION REQUIRED	ATTACHED
Provide attachments of the following:	
1. List of current agency Board Members by name and Board position. Please include contact information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Insurance Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Fee Policy and Schedule (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Organizational Chart of Organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Incorporation under the Societies Act	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Constitution and Bylaws OR Mission and Mandate	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Letters of Support for this Application (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Program Budget (as per Part 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART 2: PROJECT INFORMATION

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

1. Name of the Program/Project/Service/Initiative:

2. What services will be provided with the grant funds?

3. Objectives: (What do you want to achieve by providing these services?)

4. What is the target group that you wish to serve: (Age, gender?)

5. How many participants do you expect to service with this project

How many of those participants will be from the Town of Morinville _____

5. How will it operate: (Describe how the program will operate. How many staff will be involved? What staff qualifications do you require? Are there entry requirements to the program? If so, what are they? Fees? Location? Hours?)

6. In what way(s) is your project preventative in nature? (check all that apply)

- ___ Enhances, strengthens and stabilized family and community life
- ___ Improves the ability of persons to identify and act on their own needs
- ___ Helps avert family or community social breakdown
- ___ Helps prevent small problems from turning into crisis

7. In what way does your project incorporate volunteerism? (How will volunteers be recruited to be involved in the program? What is the role of the volunteers? How are volunteers trained? How are volunteers retained & recognized for their contribution?)

8. What evidence of support is there from local business, industry, service groups and users? (Contributions of money, services and supplies and/or letters of support).

9. Program Promotion & Community Awareness: (List and attach the program promotional materials that will be utilized to promote this program within the community ie. newspaper ads, brochures, etc. List the community events that will be utilized to promote this program in the community).

10. Evaluation Plan: (Describe the specific ways that this program will be evaluated by participants and your organization. What are your indicators of success ie. # of participants, # of evaluations completed, feedback received, waiting list. Does the program have the ability to become financially self-sufficient, etc?)

PART 3: PROGRAM BUDGET

PROJECTED REVENUE	Requested
FCSS Grant	
Other Grants	
Fundraising	
Fees	
Other	
TOTAL PROJECTED REVENUE:	
PROJECTED EXPENSES	
Personnel	
Salary/Wages (List Positions)	
Materials & Supplies	
Office Supplies	
ProgramSupplies	
Telephone/Internet	
Postage	
Advertising	
Utilities	
Janitorial	
Facility Rent	
Other: (please list)	
Other Expenses	
Staff Training	
Staff Mileage	
Audit Fees	
Bank Fees	
Insurance	
Volunteer Recognition	
Other: (please list)	
TOTAL PROJECTED EXPENSES	
NET DIFFERENCE	

TOTAL GRANT FUNDING REQUESTED: _____

PART 4: AUTHORIZED SIGNATURES

This is to certify that 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

DEADLINES FOR SUBMISSIONS ARE MAY 31 AND NOVEMBER 30 OF EACH YEAR.

Grant decisions are made by the Morinville FCSS Advisory Board.

Completed applications are to be sent to:

Town of Morinville
Community Services Dept.
10125 – 100 Ave
Morinville, AB T8R 1L6
Faxed to: 780.939.5633
Emailed to: adribnenky@morinville.ca

The personal information provided as part of this application is being collected under the authority of *the Freedom of Information and Protection of Privacy Act* and will be used for this application process. It will be treated in accordance with the privacy protection provisions of **Part 2**, of the Freedom of Information and Protection of Privacy Act Section 33 and 34. If you have any questions about the collection, contact Lois Rusk, Records Coordinator, Town of Morinville, 10125 – 100 Avenue, Morinville, Alberta, T8R 1L6, 780-939-4361.

<u>For Office Use Only</u>	
Program Name: _____	Date Received: _____
Grant Requested: \$ _____	
Board's Decision:	Approved Rejected Modified \$ _____