

Community Development Grant Application Form
2018 One-time Funding up to \$15,000.00

Closing Date:
 May 31, 2018, 3:30 pm



Legal Name of Community Organization:	Date of Application:
Act Registered Under:	Registration Number:
Name of Sponsoring Group (if above group is not a Society)	Sponsoring Group Registration Number:
First Contact Person: Mailing Address:	Position: Telephone: Email:
Second Contact Person: Mailing Address:	Position: Telephone: Email:

PROJECT TITLE:
FUNDING AMOUNT REQUESTED:
PROJECT DESCRIPTION: (Details of the project to be completed on Page 2 of this application.)

Project Budget: Please include expected revenues and expected expenditures.			
Revenues		Expenditures	
Community Development Grant			
Applicant Contribution			
Other Contributions			
Total		Total	

We, the undersigned, certify that, to the best of our knowledge, the information outlined in this application is complete and accurate. Furthermore, we agree to the following conditions:

1. That this project does not involve major capital expenditures.
2. That separate accounting will be maintained for this project.
3. That all promotional material on this project will acknowledge the support of FCSS and the City of Medicine Hat.
4. That a project summary report and financial statement will be submitted to the Community Development department at the end of the project, and no later than February 28, 2019.
5. That all questions in this application form are fully answered.

Signature	Print Name
Date	Position Title

PROJECT TITLE:

1. Briefly outline and justify the need for funding for this project (attach any statistics you may have).

2. Outline how this project is preventive in nature.

3. Outline volunteer involvement in this project.

4. Indicate if and how this project is new and/or innovative.

5. Does this project in any way duplicate an existing service or program? Outline any partnerships that may be involved.

6. List individuals and/or groups who support your project.

7. Identify any other funding sources you have applied to for this project.

8. Which of the five (5) FCSS strategic directions has the best fit with your program/project? Describe how.
- #1 – Help people develop independence, strengthen coping skills, and become more resistant to crisis.
 - #2 – Help people 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 – Provide supports that help sustain people as active participants in the community.

9. What are the measurable outcomes of this program/project? Please indicate at least two of the outcomes (from the FCSS Measures Bank) that your program/project will achieve.

Individual Outcome 1:
Individuals experience personal well-being

Indicator:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Resilience | <input type="checkbox"/> Capacity to meet needs | <input type="checkbox"/> Personal Engagement |
| <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Autonomy | <input type="checkbox"/> Meaning and Purpose |
| <input type="checkbox"/> Optimism | <input type="checkbox"/> Competence | |

Specify your pre and/or post outcome measure statement:

Individual Outcome 2:
Individuals are connected with others

Indicator:

- | | | |
|--|--|--|
| <input type="checkbox"/> Quality of social relationships | <input type="checkbox"/> Social supports available | <input type="checkbox"/> Trust and belonging |
|--|--|--|

Specify your pre and/or post outcome measure statement:

Individual Outcome 3:
Children and youth develop positively

Indicator:

- Developmental Assets Asset #(s): _____
 Asset Title(s): _____

Specify your pre and/or post outcome measure statement:

<p><u>Family Outcome 1:</u> Healthy functioning within families</p>	<p><u>Indicator:</u> <input type="checkbox"/> Positive family relationships <input type="checkbox"/> Positive parenting <input type="checkbox"/> Positive family communication</p> <p>Specify your pre and/or post outcome measure statement:</p>
<p><u>Family Outcome 2:</u> Families have social supports</p>	<p><u>Indicator:</u> <input type="checkbox"/> Extent and quality of social networks <input type="checkbox"/> Family accesses resources as needed</p> <p>Specify your pre and/or post outcome measure statement:</p>

<p><u>Community Outcome 1:</u> The community is connected and engaged</p>	<p><u>Indicator:</u> <input type="checkbox"/> Social engagement <input type="checkbox"/> Awareness of the community <input type="checkbox"/> Positive attitudes toward others & the community <input type="checkbox"/> Social support</p> <p>Specify your pre and/or post outcome measure statement:</p>
<p><u>Community Outcome 2:</u> Community social issues are identified and addressed</p>	<p><u>Indicator:</u> <input type="checkbox"/> Awareness of community social issues <input type="checkbox"/> Understanding of community social issues <input type="checkbox"/> Agencies and/or community members work in partnership to address social issues in the community</p> <p>Specify your pre and/or post outcome measure statement:</p>

Please attach additional pages, as required