

**TOWN OF ST. PAUL
FAMILY & COMMUNITY
SUPPORT SERVICES
GRANT INFORMATION AND
APPLICATION**



TOWN OF ST. PAUL FCSS GRANT INFORMATION

A. What types of services will FCSS consider funding?

Services funded by FCSS must:

- 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:
 - Help people develop independence, strengthen coping skills and become more resistant to crisis:
 - Help people to develop an awareness of social needs:
 - Help people to develop interpersonal group skills which enhance constructive relationships among people:
 - Help people and communities to assume responsibility for decisions and actions which affect them:
 - Provide supports that help sustain people as active participants in the community.

Services that FCSS can support through the grant program are those that:

- Promote, encourage and facilitate the involvement of volunteers
- Promote efficient and effective use of resources
- Encourage and facilitate cooperation and coordination with allied service agencies operating with the municipalities
- Promote, encourage and facilitate the development of stronger communities
- Promote citizen participation in planning, delivery, and governance of the program and the services provided under the program.

B. What types of services can FCSS not fund?

The FCSS grant funds must not be used to:

- Primarily provide for the recreational needs or leisure time pursuits of individuals
- Offer direct financial assistance to sustain an individual or family
- Be primarily rehabilitative in nature, or
- Duplicate services available from or within the jurisdiction of any government agency or services that may otherwise be reasonably accessible to residents



C. What type of organization will FCSS consider funding?

- FCSS can provide grant funding to not-for-profit agencies, community groups, associations or committees
- FCSS will not provide funding to individuals or commercial enterprises

D. What expectations does FCSS have of applicants for the FCSS grants?

Applicants for FCSS grants will be required to:

- Complete a **FCSS Grant Application Form** with a projected budget and financial statement
- Comply with the FCSS grant terms and conditions, utilizing funds only for the purposes outlined in the grant application
- Submit a report to FCSS at project completion that includes financial reporting of the project
- Return unused funds to the Town of St. Paul FCSS or provide a report on the projected use of those funds for approval of the FCSS Board
- Provide informal reports at the request of the FCSS program
- Acknowledge the contribution of the FCSS grant to the larger community



TOWN OF ST. PAUL FCSS GRANT APPLICATION

SECTION A: ORGANIZATION INFORMATION

1. Name of Organization: _____
Mailing Address: _____
Contact Name: _____ Phone no.: _____

SECTION B: PURPOSE

1. What services will be provided with the grant fund?

2. What do you want to achieve by providing these services (e.g., your objectives)?

3. What is the target group that you wish to serve?

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

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



6. In what ways does your project incorporate volunteerism?

7. In what way(s) is your project preventative in nature?

___ enhances, strengthens and stabilizes 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

8. How will you acknowledge the Town of St. Paul FCSS grant contribution?



SECTION C: FINANCIAL INFORMATION

REVENUE:

Current Year FCSS Grant Request	\$
Fundraising	\$
Donations	\$
Grants (identify)	\$
•	
Fees	\$
Applicant Contribution	\$
Other	\$
TOTAL REVENUE:	\$

EXPENDITURE:

•	\$
•	\$
•	\$
•	\$
TOTAL EXPENDITURES:	\$
NET:	\$
TOTAL GRANT FUNDING REQUESTED:	\$

Is your organization applying for other grants?

Yes ___ No ___

If yes, for what purpose and what amount?



SECTION D: DECLARATION

We, the undersigned, do hereby certify this statement contains a full and accurate amount of all matters stated here:

Name: _____
Position: _____
Signature: _____

Name: _____
Position: _____
Signature: _____

Forward completed application to:

Town of St. Paul
Family and Community Support Services
Box 1480
St. Paul, AB
T0A 3A0



TOWN OF ST. PAUL FCSS

ACCOUNTING OF GRANT FUNDS

Name of Organization _____

Project Description _____

1. What services were provided with the grant funds and did they differ from your original application?

2. Did you achieve the objectives included in your application?

3. How many participants were involved?

4. What evidence did you receive from local business, industry, service groups, and users? (e.g. funding, donations of services, volunteer work)

5. How did your program make a difference in the lives of the participants?



6. How did you acknowledge the Town of St. Paul FCSS grant contribution?

7. FINANCIAL ACCOUNTING (to be filled in after project is complete)

REVENUE:

\$

\$

\$

\$

TOTAL REVENUE:

\$

EXPENDITURE:

\$

\$

\$

\$

NET PROFIT (LOSS):

\$

Dated at _____, Alberta, this _____ day of _____, 201__.

Signature of Chairperson

Printed Name

Signature of Treasurer

Printed Name

