



Lesser Slave River Administration

FCSS GRANTS TO GROUPS FUNDING APPLICATION FORM

BEFORE APPLYING FOR THIS GRANT, YOUR PROGRAM OR PROJECT MUST BE ELIGIBLE FOR FCSS FUNDING.

You must be a member of an incorporated not-for-profit organization or charity to submit an application for this funding opportunity. Applications will not be accepted from private individuals or for-profit entities.

It is very important to us that our applicants submit a strong application for funding and realize that some of the terms and contents of this package may be confusing for some. If you are unsure about any portion of this application package, or you would like assistance in completing this application, please call our office to set up an appointment at 780.681.3929.

APPLICATION DEADLINE

APPLICANT INFORMATION

REGISTERED NAME OF THE SOCIETY/ORGANIZATION

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

DATE OF INCORPORATION

INCORPORATION NO.

TYPE OF SUPPORT

PLEASE INDICATE WHICH TYPE OF SUPPORT YOU ARE APPLYING FOR

- Special Project (short term and not part of the regular operational costs of the organization)
- Operation Grant (on-going operational costs, required for offsetting the deficits of providing an existing service)

STRATEGIC DIRECTIONS

WHICH ONE OF THE FOLLOWING STRATEGIES UNDER THE FCSS ACT BEST FITS YOUR PROPOSED PROGRAM/PROJECT/EVENT?

Check only the strategy that **best** applies to your program/project/event. If none of the strategies indicated below apply, stop filling in this application form and contact FCSS support staff, at 780.681.3929 for consultation.

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



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EXECUTIVE SUMMARY

NAME OF PROGRAM/PROJECT/EVENT

PLEASE PROVIDE A SHORT DESCRIPTION OF THE PROPOSED PROGRAM/PROJECT/EVENT

SHORT TERM OUTCOMES (Outcome refers to the change or positive difference)

WHAT SORT OF POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS? (Check one only)

- Participants will show an increase in knowledge (Knowledge: an increase in facts, state of knowing, or information)
- Participants will show a positive change in attitude (Attitude: a feeling or emotion toward a fact or state)
- Participants will show a positive change in values (Values: beliefs of a person or social group in which they have an emotional investment, either for or against something)
- Participants will show a positive change in behaviour (Behaviour: To act or react in a particular way)

INDICATORS OF SUCCESS (Outcome refers to the change or positive difference)

WHAT WILL YOUR PARTICIPANT GAIN FROM PARTICIPATING IN YOUR PROGRAM/PROJECT/EVENT AND HOW DID YOU KNOW?

An example of an Indicator of Success statement might be, "Clients will report that they have an increased knowledge of positive parenting skills" or "Clients will report that as a result of attending the (insert name of program/project/event here) they now have more ways to cope with stress." Please link this answer to the Short Term Outcome statement that you chose above.

MID TERM OUTCOMES (Outcome refers to the change or positive difference)

This section is for programs that are offered on a long term basis or are offered continuously. For shorter programs/projects/events, this sort of outcome may not apply. If there isn't one that suits, you don't need to check anything, just move on to the next section.

WHAT SORT OF LONGER TERM POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS?

If applicable, please check the option that **best** applies to your long term program/project:

- Participants will show a positive change in overall behavior (Behavior: To act or react in a particular way)
- Participants will show a positive change in condition (Condition: Social circumstances in a community or locality [e.g.: bullying, family violence, substance abuse, etc.])
- The above Mid Term Outcomes do not apply to our program/project/event. This is acceptable and will not negatively affect your application.



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TARGET GROUP

WHAT AGE GROUP(S) WILL YOUR PROGRAM SERVE? (Check all that apply)

Children (0-5 years) Youth (6-12 years) Teens (12-18 years) Adults (19-25 years) Adults (25-65 years) Senior (65+)

WHICH OF THE PROVINCIALLY IDENTIFIED VULNERABLE POPULATIONS WILL YOUR PROGRAM SUPPORT? (Check all that apply)

Immigrants Children/Youth Senior Citizens Aboriginals Working Poor Lone Parent

PDD (Persons with development disabilities)

PLEASE PROVIDE AN ESTIMATED NUMBER OF PARTICIPANTS

PROVIDE A NUMBER OR PERCENTAGE OF PARTICIPANTS THAT ARE LESSER SLAVE RIVER (MD 124) RESIDENTS

NUMBER OR %

NOTE: Actual participant numbers will be gathered in your final evaluation. Please keep track of these requested participant numbers for reporting later on.

OUTCOME MEASURES

STATEMENT OF NEED: What is the overall issue your program/project/event is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For example: local groups are requesting activities/services/programs in their own communities).

STRATEGY: What approaches will your program/ project/event use to address this issue?

RATIONALE: Explain why you believe this strategy or approach will work. Hint: The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we provide a local nursery school more children will attend and be better prepared to interact outside the family unit." Include evidence-based research if possible.



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INPUTS

WHAT RESOURCES ARE YOU AND/OR YOUR GROUP DEDICATING TO THIS PROGRAM/PROJECT/EVENT?
(Staff, money, materials, partners, volunteers, in-kind services?)

Staff How many? Estimated number of hours

Volunteers How many? Estimated number of hours

Funding How many? Estimated number of hours

In-kind services Please list

MATERIALS

Workbooks Copying Stationery Other

Partners Who? Please list

IF YOU HAVE OTHER INPUTS THAT YOU WILL BE PROVIDING TO THE PROGRAM, PLEASE LIST THEM HERE

OUTPUTS

WHAT SERVICES WILL YOUR ORGANIZATION/GROUP BE PROVIDING? (Sessions/events, workshops/classes, presentations, etc.)

Sessions/Events How many will be offered? How long will they be?

How often will they be offered (once per week, monthly, etc.)?

Workshops/Classes How many will be offered? How long will they be?

How often will they be offered (once per week, monthly, etc.)?

Presentations How many will be offered? How long will they be?

How often will they be offered (once, series)?

Other services How many will be offered? How long will they be?

How often will they be offered (once, series)?

PLEASE ADD ANY ADDITIONAL OUTPUTS YOU MAY BE PROVIDING TO THIS PROGRAM/PROJECT



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DATA COLLECTION MEASUREMENT TOOLS

WHAT TOOLS WILL YOU USE TO MEASURE YOUR SUCCESS?

Should your organization wish to use surveys for a data collection/measurement tool FCSS can provide one for your use or assist you in making one suitable for your purposes.

- Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)
- Post (End of Program) Survey only (for programs that only last 2-3 sessions)
- Pre and Post Interviews with clients/participants (for programs that last more than 3 sessions)
- Post Interview with clients/participants, only (for programs that only last 2-3 sessions)
- Checklist (participants are monitored through the program and, their milestones are checked off as being learned or achieved)
- Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)
- Other

Please explain what **other** form of measurement you will be using to measure positive difference

NOTE: If your application is approved, FCSS will be providing your group with a specific question to include in your Measurement Tool (Surveys, checklist, interview, etc.). Or we may ask to see the surveys that you currently use and choose one question from those surveys that we would like the data from. We ask that you collect the results from these questions and provide the data back to us on your Evaluation Form. FCSS gathers these results to report the effectiveness of our funded programs to the Human Services Ministry. You will also be asked to include a blank copy of your Measurement Tool with your Grant Evaluation. We will not require copies of the actual surveys that were completed by your participants but a summary of the data will need to be included in your final evaluation.

COORDINATION AND COMMUNICATION

ARE THERE OTHER GROUPS OR ORGANIZATIONS IN REGION THAT OFFER SIMILAR SERVICES TO YOUR PROGRAM/PROJECT/EVENT?

- Yes
- No

IF YES, WHAT ARE THE NAMES OF THESE ORGANIZATIONS AND THE PROGRAM THAT MAY BE SIMILAR TO YOURS?

WILL YOUR ORGANIZATION BE PARTNERING (NETWORKING, SHARING INFORMATION, SHARING FUNDING, SHARING CLIENTS/PARTICIPANTS) WITH THE ABOVE ORGANIZATION(S)?

- Yes
- No

IF NOT, WHY NOT?



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SHOULD YOU RECEIVE PARTIAL FUNDING FOR YOUR PROGRAM/PROJECT/EVENT, WHAT WOULD PARTIAL FUNDING REALISTICALLY MEAN FOR YOUR OVERALL PLANS? WHAT PORTIONS OF YOUR PLAN WOULD IT AFFECT?

NOTE: Programs/projects/events are not always awarded their full amount through Grants to Groups and the funding amount is dependent on the number of groups applying during the current funding cycle.

WOULD YOUR PROGRAM/PROJECT/EVENT BE ABLE TO BE OFFERED WITH PARTIAL FUNDING?

Yes No

HAVE YOU SOUGHT OUT ADDITIONAL FUNDING FROM OTHER FUNDING SOURCES FOR THIS PROGRAM/ PROJECT/EVENT?

Yes No

IF YES, FROM WHAT SOURCES? (Please remember to list these sources on the budget sheet attached)

IF YES, HAVE ANY OF THESE FUNDING SOURCES BEEN CONFIRMED?

Yes No

IF YOU HAVE NOT SOUGHT OUT ADDITIONAL FUNDING SOURCES, WHY NOT?

IF YOU DO NOT RECEIVE FULL FUNDING, HOW WILL YOU PRIORITIZE YOUR PROGRAMMING? WHAT PARTS MIGHT NOT GET DONE?

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP YOUR APPLICATION.

Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

NOTE: Thank you for your information thus far. Please also ensure that you fill in the attached budget summary included on the next page of this application. You **must** use the budget format that is attached. Other financial information will not be necessary for this grant application, unless requested by Family and Community Support Services. Family and Community Services will be contacting you should further clarification be required. Please ensure that your contact information on the first page of this application is the best way to contact you. To avoid any delays in processing, ensure that the contact person listed is the person best suited to address any questions regarding the application. The information must be accurate and printed clearly.

Lesser Slave River FCSS support staff are available should you wish to make an appointment to have assistance filling out this application or the final evaluation. Please call **780.681.3929** or email **community@mldsr.ca** to arrange an appointment.

