



# Grant Funding Application

For the Year 2021

<b>AMOUNT REQUESTED:</b>		<b>AMOUNT AWARDED:</b>	
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For which program are you requesting funding? (See attached for descriptions.)

- Children & Youth
- Family Event
- Seniors
- Volunteer

## ORGANIZATION INFORMATION:

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is your organization registered as a society or corporation?  Yes  No

Charitable Number: \_\_\_\_\_

Incorporation Number: \_\_\_\_\_

Please provide a brief overview of your organization, including vision, goals, mandate, history, and other. (Use page 3 if more space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your organization funded? (Check all that apply.)

- Provincial Government
- Federal Government
- Other (Provide details:)

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Please describe your proposed program and explain why you require additional funding for this project. (Use page 3 if more space is needed.)

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**PROPOSED PROGRAM BUDGET:**

**REVENUE**

Donalda FCSS Grant Funding	\$
Other Funding:	\$
Other Funding:	\$
Other Funding:	\$
Other Funding:	\$

**TOTAL REVENUE:** \$

**EXPENDITURES**

Program/Project Materials	(\$ )
Speaker/Presenter Expenses	(\$ )
Advertising/Promotions	(\$ )
Telephone/Postage/Copying	(\$ )
Facility Rentals	(\$ )
Administration/Coordination	(\$ )
Other Costs:	(\$ )
Other Costs:	(\$ )
Other Costs:	(\$ )
Other Costs:	(\$ )
Program Coordination & Revenue Canada Remittance (if applicable)	(\$ )

**TOTAL EXPENDITURES:** (\$ )

**Surplus (Deficit)** \$



## **DECLARATION OF APPLICANT:**

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I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters herein **and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation** (<http://humanservices.alberta.ca/family-community/14876.html>).

I/we acknowledge that should this application be approved, I/we will be required to enter into this funding agreement in its entirety, **including the completion of the program survey by program participants and the program report by an authorized person of the organization.**

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Print Name

Authorized Signature

Date

*\*Please keep a copy of this application along with supporting financials for your records.*

## **ELIGIBILITY FOR FINANCIAL SUPPORT:**

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To be eligible for FCSS funding, each proposed program or project must be managed by or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a non-profit society in Alberta, or operating under the administrative jurisdiction of a school division or municipality.

## **DEADLINE DATES:**

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Applications for FCSS Grant Funding for the year 2019

January 31, 2019

Program Surveys and Program Report

30 Days after Completion of Program

## **SUBMIT APPLICATION TO:**

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Village of Donalda  
ATTN: FCSS Director  
PO Box 160  
Donalda, AB T0B 1M0

OR

[assistantcao@village.donaldalda.ab.ca](mailto:assistantcao@village.donaldalda.ab.ca)  
Subject: ATTN FCSS Director

