**Town of Millet Family & Community Support Services**

**Operational Grant Application**

Application Deadline: None

Organization Name:

Mailing Address:

Contact Name and Title:

Telephone: Fax: email:

Project Title:

Amount Requested: $

**Provide a short description of your overall organization EX. history, philosophy, programs, and services.**

**Program Description**

**Please indicate category(s) your program applies too:**

* Individuals experience personal wellbeing.
* Improved social wellbeing of Families
* Improved social wellbeing of Community

**Project Rationale – Explain the needs, problems, or desired areas of improvement in the community that the project will address?**

**Please indicate specific expected outcomes.**

* Change/ Increase of **Knowledge**: to understand more about a topic
* Change/Benefit **Attitude**: a feeling or emotion toward a fact or state
* Change/Benefit **Skills**: developed aptitudes or abilities EX: Youth have better communication skills.

**Which outcome survey question will your organization use? Please See Appendix D - Outcomes for a list of questions. If none of the questions provided fit your program, please reach out to FCSS (780)-387-4554 or FCSS@millet.ca for a question that fits.  You are only required to ask participants one question. Please try and get as many surveys filled out as possible within reason. You are required to report the outcome of your surveys. These questions are provided by the province of Alberta and cannot be changed.**

**Describe how the FCSS Grant funds requested will be used in your programs?**

**Please list any partnering organizations involved in this project and their role:**

**Complete the following and ensure you identify all sources of income.**

|  |  |
| --- | --- |
| **REVENUES** | **Organization Budget** |
| **Government Grants:** |  |
| **Federal** |  |
| **Provincial** |  |
| **Education** |  |
| **Health** |  |
|  |  |
| **Municipal Grants:** |  |
| **County of Wetaskiwin** |  |
| **City of Wetaskiwin** |  |
|  |  |
| **Fundraising** |  |
| **Local Business Donations** |  |
| **Service Club Donations** |  |
| **Membership Income** |  |
| **Other Sources:** |  |
|  |  |
|  |  |
|  |  |
| **In Kind donations** |  |
| **(Specify from where and approximate value)** |  |
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|  |  |
| **TOTAL REVENUE** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **EXPENSES** | **Organization Budget** | **FCSS Grant Breakdown**  **Request** |
| **Salaries: List all positions & indicate full or part time**  **And include total wages & benefits** |  | **Shaded blocks do not**  **qualify for FCSS Grant Funds** |
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| **Total Salary Expense:** |  |  |
|  |  |  |
| **Staff Training (includes tuition fees & travel)** |  |  |
| **Rent** |  |  |
| **Utilities (Phone, gas, power & water)** |  |  |
| **Maintenance (minor repairs & janitorial)** |  |  |
| **Insurance Costs** |  |  |
| **Volunteer Training** |  |  |
| **Volunteer Appreciation (events and / or gifts)** |  |  |
| **Reimbursement of volunteer expenses** |  |  |
| **Office supplies** |  |  |
| **Bank Charges** |  |  |
| **Audit Fees** |  |  |
| **Advertising / Promotion** |  |  |
| **All other program Expenses (please specify)** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL EXPENSES** |  |  |

**DECLARATION:**

I declare that.

* All the information in this application is accurate and complete.
* The application is made on behalf of the organization name on page one with its full knowledge and consents.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**