

PART II - PROPOSAL



AGENCY \_\_\_\_\_

DATE \_\_\_\_\_

**APPLICATION FOR FUNDING - 2020 and 2021**

**FAMILY & COMMUNITY SUPPORT SERVICES (FCSS)**

**PART 1 ABOUT YOUR ORGANIZATION/GROUP**

ORGANIZATION NAME (group responsible for accounting funds):

PROJECT NAME::

CONTACT NAME:  
EMAIL ADDRESS:

CONTACT PHONE NO:

INCORPORATION NO.:

INCORPORATION DATE:

CHARITABLE DONATION NO.:

CHARITABLE ORGANIZATION NAME:

EXECUTIVE DIRECTOR (if applicable):

NUMBER OF STAFF:

FULL-TIME:

PART-TIME:

VOLUNTEER HOURS FOR 2018:

AMOUNT REQUESTED FOR: 2020- \$ \_\_\_\_\_ ; 2021- \$ \_\_\_\_\_

**All applicants must submit one hard copy and one electronic copy.**

**Deadline for submission: September 6, 2019**

**PART II – APPLICATION**

Date Received: \_\_\_\_\_

**1. Certification of Compliance:**

This is to certify that to the best of my knowledge and belief, the information included in this report complies with the requirements for “Eligibility for Support” Part B of the Information section.

\_\_\_\_\_  
NAME (Agency Signing Authority)

\_\_\_\_\_  
Title

**2. EXECUTIVE SUMMARY**

On your letterhead please provide a summary describing your program for which FCSS funding is being requested. This information will provide an informative overview of the services that you provide through this particular project. If you are applying for this funding due to funding cuts from other sources, please describe.

**3. PREVENTION**

**In what way(s) is your project preventive in nature? Check the appropriate items from the following list:**

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

#### **4. COORDINATION AND COMMUNICATION**

**A. Identify other organizations within the project's catchment area which provide similar services.**

**B What co-operative and coordinative steps has the project taken with these agencies?**

**C. Describe the similarities and differences between the proposed project and those identified as being delivered by other organizations**

---

**A. NUMBER OF INDIVIDUALS SERVED BY THIS PROJECT - 2018**  
 (Clients should be counted only once. Statistics from previous year. Do not use cumulative stats.)

Individual, Couples And Families	Number of Group Participants	Number of Groups or Organizations (most applicable for community development or public education work)	Total Clients Served

**B. VOLUNTARISM**

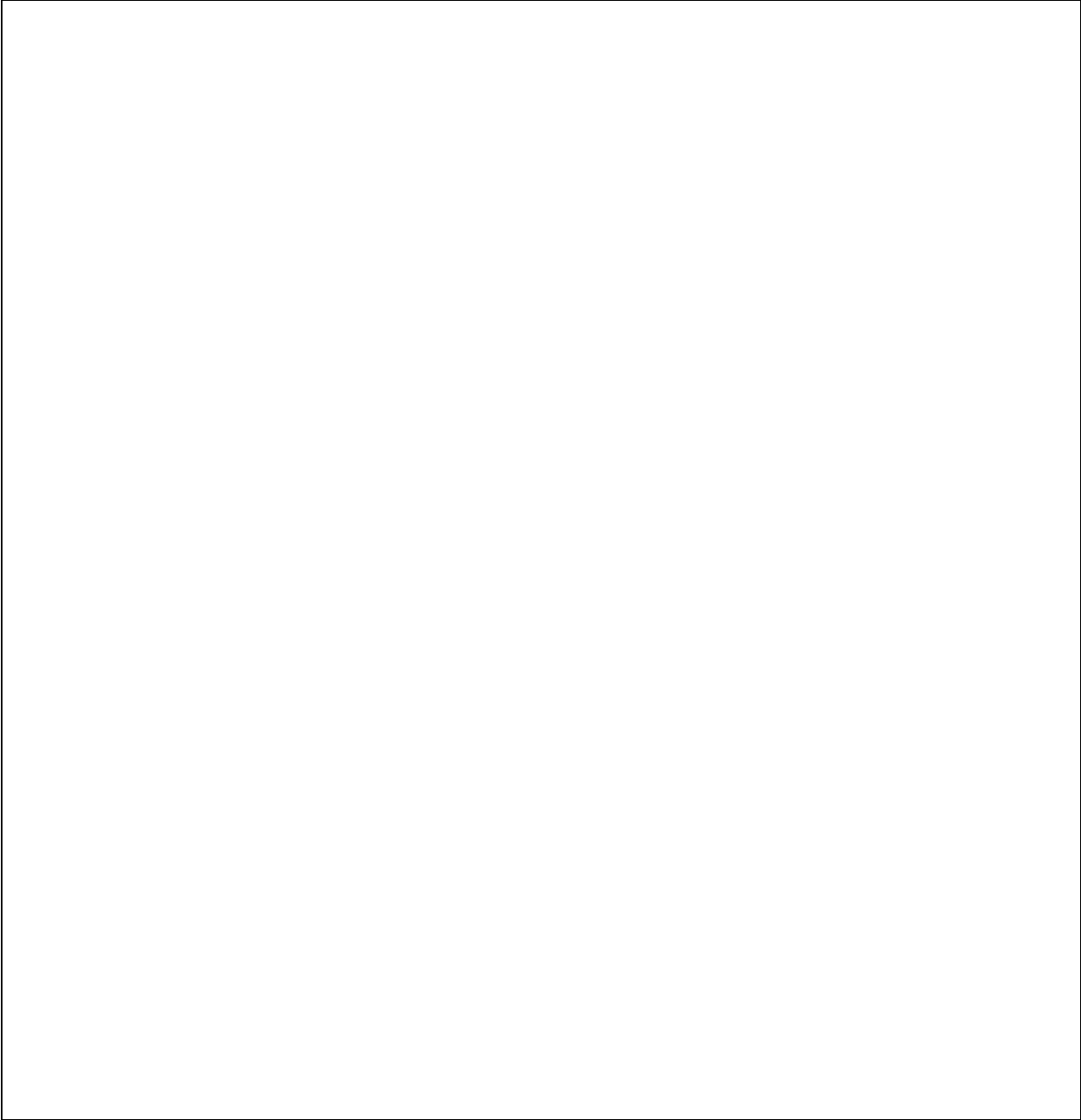
- a) What are the roles of volunteers in the program/project?
  
  - b) How does the project promote, encourage, and facilitate the use of volunteers?
  
  - c) Total number of volunteers in agency/project in pervious year
  
  - d) Total number of volunteer hours from previous year
-

**6. *ADDITIONAL INFORMATION:***

**Please provide a brief agency/project history.**

**7. Please provide 1 or 2 short anecdotal stories about some of your clients who have received services from your organization, and how their situation has improved as a result of their involvement in this project. Please do not include any client identifying information.**

**Continue 7 (short anecdotal stories)**

A large, empty rectangular box with a thin black border, intended for writing short anecdotal stories. The box occupies most of the page's width and height.