



**Pincher Creek and District Family and Community Support Services
PROJECT FUNDING APPLICATION 2011**

Submission Deadline: SEPTEMBER 8, 2010

This form will provide local FCSS Directors with information regarding your project and funding request. It represents the first of two steps in project assessment. The second step will be direct consultation between you, as applicant, and the Board of Directors of Family & Community Support Services. Representatives from your project will be required to make a presentation to the Board. Please provide all information requested, and be sure to include your most recent signed financial statement. Please submit:

By Mail:

**FCSS
Box 2841
Pincher Creek, Alberta
T0K 1W0**

Drop Off:

**FCSS Office
962 St. John Avenue (Town Hall)
Pincher Creek, AB T0K 1W0 (403-627-3156)**

- 1. ORGANIZATION NAME: _____
- 2. MAILING ADDRESS: _____
TELEPHONE/FAX/EMAIL: _____
- 3. TYPE OF MANAGEMENT/BOARD: _____
- 4. PROJECT WORKING TITLE: _____
- 5. PROJECT LOCATION: _____
- 6. PROJECT MANAGER/DIRECTOR: _____
MAILING ADDRESS: _____
TELEPHONE/FAX/EMAIL: _____
- 7. OTHER PRINCIPAL PERSONNEL: _____

- 8. START DATE OF PROJECT: _____

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15. TOTAL PROJECT BUDGET: SPECIFY ALL ANTICIPATED EXPENSES AND REVENUE (YOU MAY ATTACH A SEPARATE BUDGET SHEET).

EXPENDITURES

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL EXPENDITURES _____ λ λ λ λ _____

REVENUE

AMOUNT

FUNDS AVAILABLE FROM YOUR GROUP _____

PRIVATE DONATIONS _____

FUNDS FROM OTHER LOCAL AGENCIES/GROUPS

NAME _____

NAME _____

USER FEES (CHARGE \$ _____ PER PERSON) _____

FUNDS FROM OTHER SOURCES

NAME _____

NAME _____

AMOUNT REQUESTED FROM F.C.S.S. _____

TOTAL REVENUE _____ λ λ λ λ _____

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16. WHICH OF THE EXPENSE ITEMS IN YOUR BUDGET DO YOU PLAN TO USE F.C.S.S. FUNDS FOR?

17. DESCRIBE COMMUNITY SUPPORT FOR YOUR PROJECT. (Attach documents as required)

18. PLEASE ATTACH A COMPLETE LIST OF NAMES AND ADDRESSES OF MEMBERS OF THE BOARD OF DIRECTORS OF YOUR ORGANIZATION.

19. PLEASE ATTACH A SEPARATE SHEET WITH ANY ADDITIONAL INFORMATION YOU MAY WISH TO BRING TO THE ATTENTION OF THE F.C.S.S. DIRECTORS.

20. USER INFORMATION – PLEASE INDICATE AN APPROXIMATE NUMBER OF CLIENTS/USERS YOU INTEND TO PROVIDE SERVICE TO FROM EACH LOCATION:

Town of Pincher Creek - _____
Village of Cowley - _____

M.D. of Pincher Creek - _____
Other - _____

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS ACCURATE / COMPLETE. THE PROJECT IS ENDORSED BY THE ORGANIZATION THAT I REPRESENT.

...../.....
EXECUTIVE SIGNING OFFICER (sign) (print)

TITLE

DATE

**MAIL TO: PINCHER CREEK AND DISTRICT F.C.S.S.
BOX 2841
PINCHER CREEK, AB
TOK 1W0**

IMPORTANT: ALL PROJECTS MUST MAKE A PRESENTATION TO THE PINCHER CREEK & DISTRICT F.C.S.S. BOARD BEFORE THEIR FUNDING APPLICATION CAN BE CONSIDERED. Presentations will be scheduled.

FCSS Use Only

Application
Complete ?

Date Received
