



Green View F.C.S.S.  
Municipal District of Greenview #16  
Box 1079 Valleyview, AB T0H 3N0  
Phone: (780) 524-7603 Fax: (780) 524-4130

## GREEN VIEW F.C.S.S. GRANT APPLICATION

### Organization Information:

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

Address of Organization: \_\_\_\_\_

Contact Name and Phone Number: \_\_\_\_\_

Position of Contact Person: \_\_\_\_\_

Purpose of organization:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What act are you registered under? (If Applicable) \_\_\_\_\_  
Registration No. (If Applicable) \_\_\_\_\_

### A. Grant Information:

Total Amount Requested \_\_\_\_\_  
When will you require the funds? \_\_\_\_\_

**Please note: For all grant applications over \$2,500.00, the applicant must make a presentation to the F.C.S.S. Board.**

1. Proposed Project:  
\_\_\_\_\_
2. How will this project be preventative in nature?  
\_\_\_\_\_  
\_\_\_\_\_
3. How will Volunteers be a part of this program?  
\_\_\_\_\_  
\_\_\_\_\_



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3. a) To date how many volunteer hours can be attributed to this project? \_\_\_\_\_

3. b) How many Volunteer hours do you expect will be attributed to this project by the time it is completed?

4. Who will be served by the project/program and how many people are you planning on attending this event (if relevant)? \_\_\_\_\_

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FOR QUESTIONS IN NUMBER 5 ATTACH SEPARATE SHEETS IF NECESSARY

5. a) How will this program benefit the community?

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5. b) **Goals-** What is your direction?

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5. c) **Objective-** What change will individuals experience through involvement with the service or program you are providing?

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5. d) **Strategies-** What are the specific steps you will take to achieve your goals?

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5. e) How will this program be measured for success?

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5. f) How will you recognize FCSS in your organization and in the Community?

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**PLEASE ATTACH BUDGET.**

**Additional Information:**

Have you previously applied for a grant from the Green View F.C.S.S grants program?

Yes  No

List the last two grants your organization has received from the Green View F.C.S.S. grants program.

1. Amount \$\_\_\_\_\_ Year \_\_\_\_\_

Purpose:

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2. Amount \$\_\_\_\_\_ Year \_\_\_\_\_

Purpose:

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How and when will you become Self- Sustaining?

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Have you provided Green View F.C.S.S with a final completion report for past grant funds received?

Yes  No

If no, why has the report not been filed?

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Have you applied for grant funds from sources **other** than the Green View F.C.S.S grants program?

Yes  No

Have you received grant funds from sources **other** than the Green View F.C.S.S. grants program?

If yes please include; when, who, purpose and amount?

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To support your application, please attach additional pages and include detail or description of work, the source of other funds, timeline of the event or program, estimates, a detailed budget, expected results of the project, and the benefits to the Municipality in relation to this project.

By signing this application, I/we concur with the following statements:

- **The grant application is complete and includes all supporting documentation, including most recent financial statement (based on legislative requirements of our organization), balance sheet, current bank balances and current year detailed operating budget or completed Form "A".**
- **The grant shall be used for only those purposes for which the application was made;**
- **If the original grant application or purposes for which the grant requested have been varied by the Green View F.C.S.S. Board, the grant will be used for those varied purposes only;**
- **The organization will provide a written report to the Green View F.C.S.S. office within 30 days of completion of the grant expenditure providing details of expenses, success of project and significance to the ratepayers of the municipality. Failure to provide such a report will result in no further grant funding being considered until the final report is filed and grant expenditure verified;**
- **The organization agrees to submit to an evaluation of the project related to the grant, and;**
- **The organization will return any unused portion of the grant funds to the Green View F.C.S.S program or to request approval from the F.C.S.S. Board to use the funds for an optional project.**

### **Applicant Information:**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number H \_\_\_\_\_ W \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Date \_\_\_\_\_



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**APPLICATION FOR GRANT  
 FORM A - OPERATING**

<b>REVENUE</b>		<b>Previous Year Actual 20__</b>	<b>Current Year Estimates 20__</b>	<b>Next Year Proposal 20__</b>
1.	Fees			
2.	Memberships			
3.	Other income (please list)			
4.	Grants (please list)			
5.	Donations (please list)			
6.	Interest Earned			
7.	Miscellaneous			
	<b>TOTAL REVENUE</b>			
	(add up items 1-7)			
<b>EXPENSES</b>				
8.	Honourariums/Wages/Benefits			
9.	Travel Expenses			
10.	Professional Development			
11.	Conferences			
12.	Cleaning & Maintenance			
13.	Licensing Fees			
14.	Office Supplies			
15.	Utilities (phone, power, etc.)			
16.	Rent			
17.	Bank/Accounting Charges			
18.	Advertising			
19.	Miscellaneous			
20.	Capital Purchases (please list)			
	<b>TOTAL EXPENSES</b>			
	(add up lines 8-20)			
	<b>NET BALANCE</b>			
	(subtract Total Expenses from Total Revenue)			

Cash on Hand	\$ _____	Operating Loans	\$ _____
Current Account Balance	\$ _____	Other Loans	\$ _____
Savings Account Balance	\$ _____	Accounts Payable	\$ _____
Accounts Receivable	\$ _____		
Inventory to Dec 31, 20__	\$ _____		
Buildings	\$ _____		
Furniture/Fixtures	\$ _____		
Land	\$ _____		
Equipment	\$ _____		

\*Please submit your organization's most recent financial statement (based on your organizations legislated requirements) with the grant application.

