

Title: FCSS Grants

Policy No: 5002

Effective Date: March 15, 2017

FCSS Motion: 17.03.31

Supersedes Policy No: None



Purpose: The purpose of the policy is to provide guiding principles to the Green View Family and Community Support Services Board in providing funding to non-profit organizations that meet the overarching goal of enhancing the social well-being of individuals, families and community through prevention.

POLICY

1. Green View Family and Community Support Services Board may provide funding to assist non-profit organizations to implement programs and services that meet the overarching goal of enhancing the social well-being of individuals, families and community through prevention.

PROCEDURE

1. Grant Application Guidelines
 - 1.1 Grant applications may be submitted between July 1 and August 31 of each calendar year. Grant application forms will be available at the Green View Family and Community Support Services Administration Office as well as on the Greenview municipal website.
 - 1.2 Grant applications will only be received on the prescribed form by the dates specified.
 - 1.3 Grant applications must meet the eligibility requirements as outlined on the grant application form.
 - 1.4 Eligible grant applications will be reviewed by the Green View Family and Community Support Services Board annually as to the status of their funding request.
 - 1.5 Grant applications in the amount of \$2,500.00 or more will be required to make a presentation to the Green View Family and Community Support Services Board.
2. Reporting Requirements
 - 2.1 Grant recipients will be required to submit a final expense and outcomes report. The report shall consist but not be limited to the following:
 - a. Project objectives and outcomes achieved.
 - b. Number of volunteer hours.
 - c. Detailed accounting of grant funds.
 - d. Applicable statistics.
 - 2.2 Expense and outcome reports must be submitted to Green View Family and Community Support Service annually or within 30 days of the completion of the program/project. Failure to submit the appropriate documentation may lead to the organization being ineligible to apply for future grant funding.

2.3 Successful grant applicants will be required to only utilize the grant funding for the purposes intended unless authorized in writing by the Green View Family and Community Support Services Board.

GREEN VIEW FCSS GRANTS PROGRAM

Guidelines and Eligibility Criteria

Grants are accepted by the Green View FCSS Board between July 1st and August 31st of each year.

Eligibility

To qualify for support under this program, the proposed project shall be preventive in nature in order to:

- ➔ Enhance, strengthen and stabilize family and community life;
- ➔ Improve the ability of persons to identify and act on their own social needs;
- ➔ Help avert family or community social breakdown;
- ➔ If early symptoms of a social breakdown appear; help prevent the development of a crisis that may require major intervention or rehabilitative measures; or
- ➔ Promote, encourage and facilitate voluntarism and the use of volunteers.

Ineligibility

Projects are not eligible for support if they:

- ➔ Primarily provide for the recreation needs or leisure time pursuits of individuals;
- ➔ Are primarily rehabilitative in nature;
- ➔ Offer direct financial assistance to sustain individuals or families; or
- ➔ Duplicate existing services in the community.

Reporting Requirements

Grant recipients are required to submit a final expense and outcomes report that shall consist but not be limited to the following:

- a) Project objectives and outcomes achieved.
- b) Number of volunteer hours.
- c) Detailed accounting of grant funds.
- d) Applicable statistics.

Expenses and outcomes reports must be submitted to Green View FCSS annually or within 30 days of the completion of the program/project. Failure to submit the appropriate documentation may lead to the organization being ineligible to apply for future grant funding.

Successful grant applicants will be required to only utilize the grant funding for the purposes intended unless authorized in writing by the Green View FCSS Board.



Green View FCSS
Municipal District of Greenview No.16
Box 1079, Valleyview, AB T0H 3N0
Phone: 780.524.7603 Fax: 780.524.4130

GREEN VIEW FCSS GRANT APPLICATION

ORGANIZATION INFORMATION

Name of Organization

Address of Organization

Contact Name

Phone Number

Purpose of Organization

Is your organization non-profit? **yes** **no**

Does your organization have a charitable status? **yes** **no**

Applicant's Information

Name

Position

Address

Phone Number (H)

(W)

(C)

E-mail address

Signature

Date

Please attach additional documentation that supports your application and include work description or details, other funds source, event or program timeline, estimates, a detailed budget, expected results and 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 statements based on legislative requirements of our organization, balance sheet, current bank balances and current year detailed operating budget.
- * 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 modified by the Green View FCSS board; the grant will be used for those varied purposes only.
- * The organization will provide a written outcomes report to the Green View FCSS office, along with an expense report, within 30 days of completion of the grant.
- * The organization agrees to submit to an evaluation of the project related to the grant.
- * The organization will return any unused portion of the grant funds to Green View FCSS or to request approval from the FCSS Board to use the funds for an optional project.



GRANT INFORMATION

Total Amount Requested

Please note for all grant applications over \$2,500, the applicant must make a presentation to the FCSS Board.

Proposed Project



How will this project be preventative in nature?



Who will be served by the project/ program and how many people do you expect will attend this event (if relevant)?

How will this program benefit the community?



How will you recognize the contribution from Green View FCSS to your organization and in the community?

How will this program be measured for success?



ADDITIONAL INFORMATION

Have you previously applied for a grant from the Green View FCSS grants program? **yes** **no**

List the year, amount and purpose of the last two grants your organization has received from the Green View FCSS Grants Program:

1. Grant Amount	Year grant was received		
	Did you provide an expense report?	yes	no
Purpose of Grant			

2. Grant Amount	Year grant was received		
	Did you provide an expense report?	yes	no
Purpose of Grant			

yes **no**

Have you applied for grant funds from sources **other** than the Green View FCSS grants program? **yes** **no**

Have you received grant funds from sources other than the Green View FCSS grants program? **yes** **no**

If yes, please describe when, who, purpose and amount.

IMPORTANT: Save a copy of your application before you print or submit it. This form will reset after printing and/or submitting your application.

PLEASE ATTACH EXPENSE REPORT WITH YOUR APPLICATION