

**SCHEDULE "A"****SMOKY LAKE COUNTY – FCSS GRANT APPLICATION**

LEGAL REGISTERED NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Box City or Town Postal Code

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**► COMPLETE THIS APPLICATION IN ITS ENTIRETY**

1. Is your organization registered as a not-for-profit entity? ☐ Yes ☐ No
2. Does your organization operate within Smoky Lake County region? ☐ Yes ☐ No
3. Project Description (Include amount requested)

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4. What is the target group or population you wish to reach with this program?

- ☐ Infants/Toddlers – 0-3 years
- ☐ Preschoolers – 3-5 years
- ☐ Children 5-12 years
- ☐ Youth 12-18 years
- ☐ Adults
- ☐ Seniors
- ☐ Families
- ☐ Community

5. Please select the main strategic social direction of the program.

- ☐ Help people develop independence, strengthen coping skills, and become more resistance to crisis
- ☐ Help people develop an awareness of social needs.
- ☐ Help people develop interpersonal and group skills which enhance constructive relationships among people.
- ☐ Help people and communities assume responsibility for decisions and actions which affect them.
- ☐ Provide support that helps sustain people as active members of the community.

6. Please select the main strategic social outcome the program will attain.
- ☐ Individuals experience personal well being
  - ☐ Individuals are connected with others
  - ☐ Children and youth develop positively
  - ☐ Healthy functioning within families
  - ☐ Families have social supports
  - ☐ The community is connected and engaged
  - ☐ Community social issues are identified and addressed
7. will the program be carried out by staff or volunteers? \_\_\_\_\_
8. What indicators of success will you use? How will you know the program has been successful? What is your outcome statement? \_\_\_\_\_  
\_\_\_\_\_
9. What measurement tool will you use to measure success? (survey, interview, documentation review, observation, focus group, or case studies)  
\_\_\_\_\_

I declare that

- ✓ I am a duly authorized representative having legal, financial, and /or executive signing authority for the above noted organization.
- ✓ The project will benefit the general community and not specific individuals/families..
- ✓ A final budget report indicating the project's expenses and revenues will be provided to the County no later than 60 days after the grant year end (December 31).
- ✓ A final evaluation form will be provided to the County no later than 60 days from the stated completion date.
- ✓ Any unused funding will be returned to Smoky Lake County.
- ✓ Any changes to the project including extensions must have written approval from the County.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

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