

Special Project Grants provide funding of up to \$2,000 and are available year-round. These grants support one-time projects that start and conclude within the same fiscal year. Applicants are encouraged to review the Special Project Grant Application Toolkit for detailed information on eligibility requirements and timelines before applying.

SECTION 1: ORGANIZATION INFORMATION	
Organization Name:	Alberta Societies Act Registration Number:
Address:	Mailing Address (if different):
City:	Postal Code:
Contact Person:	Title:
Phone Number:	Email:
Have you received funding from the Cold Lake and District FCSS before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provided a brief description of your organization's primary purpose or mandate:	
SECTION 2: PROJECT INFORMATION	
Project Name:	Total Amount of FCSS Grant Requested: \$
Project Start Date:	Project End Date:
Project Location:	
Is the project for which these funds are being requested part of a currently funded FCSS program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the project name:	
What Provincial Prevention Priorities will the project focus on? (Select all that apply)	
<input type="checkbox"/> Homelessness and Housing Insecurity <input type="checkbox"/> Mental Health and Addictions <input type="checkbox"/> Employment <input type="checkbox"/> Family and Sexual Violence <input type="checkbox"/> Aging Well in the Community	
Explain how the selected Provincial Priority was identified, include any relevant research or evidence.	
What Prevention Strategy will be used? (Select all that apply)	
<input type="checkbox"/> Promote Community Engagement <input type="checkbox"/> Foster a Sense of Belonging <input type="checkbox"/> Promote Social Inclusion <input type="checkbox"/> Develop Healthy Relationships <input type="checkbox"/> Enhance Social Supports <input type="checkbox"/> Build Resilience	
Explain how the selected Prevention Strategy aligns with the selected Provincial Priority:	

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Describe the project's implementation plan, detailing timelines, milestones, and staff or volunteer responsibilities:

What are the expected outcomes of the project, how they will contribute to prevention, and improve social well-being for participants?

What tools, methods and indicators will be used to evaluate the projects impact?

What resources are necessary for this project's success?

What services will be provided with the grant funds?

How will the Cold Lake and District FCSS grant contribution be acknowledged?

How many participants does this project aim to serve?

Who is the target age group for this project?  
 Children                       Youth (7-18)                       Adults (18+)                       Seniors (65+)

Who is the target community group?  
 People with Disabilities                       2SLGBTQIA+                       Newcomers                       Families  
 Women                       Men                       Community                       No Specific Group

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## SECTION 3: PROJECT BUDGET

Please provide a copy of the proposed budget for the program/project outlining the income and expenses. If this is a new program that is not currently operating, fill in the third columns only. If the program currently exists, please fill in the first two columns about the current budget.

### Program Revenue

Income	Current Budget	Current Year End Projected	Proposed Budget
Program User Fees			
FCSS Special Project Grant			
Donations			
Grants			
Other			
Program Revenue Total: \$			

### Personal Expenses

Expense Details	Current Budget	Current Year End Projected	Proposed Budget
Benefits			
Training			
Travel & Subsistence			
Salaries (list positions):			
Personal Total: \$			

### Operational Expenses

Expense Details	Current Budget	Current Year End Projected	Proposed Budget
Administrative Expenses:			
Administrative Expenses Total:			
Facility Expenses:			
Facility Expenses Total:			
Operational Total: \$			

### Program Expenses

Expenses Details	Current Budget	Current Year End Projected	Proposed Budget
Program Expenses:			
Program Total:			
Program Expenses Total:			
Surplus/Deficit:			

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**SECTION 4: COLLABORATING AGENCY**

If this is a collaborative project, please list the agencies' names, contact information and their roles in the project.

Agency Name:	
Contact Person:	Title:
Mailing Address:	
Phone Number:	Email Address:
Role of Agency in Project:	

**SECTION 5: DECLARATION**

I give my consent to FCSS and the City of Cold Lake to allow the collecting, using, retaining, disclosing and disposing of the information contained within this application for the purpose of, but not limited to, educational and other public media as may be deemed appropriate by FCSS and the City of Cold Lake. I also certify that to the best of my knowledge the information provided in this application is accurate.

Applicant Name:	Title:
Applicant's Signature:	Date:

**OFFICE USE ONLY**

Received By:	Date Received:
Amount Requested: \$	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Modified
Review Date:	Decision Date:



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