



**Family and Community Support  
Services (FCSS)**

**Funding Application**  
*Year 2011*

Program / Special Event: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Registered Society Number and/or Registered Charity Number:

\_\_\_\_\_ Date of Registration: \_\_\_\_\_

\_\_\_\_\_ Date of Registration: \_\_\_\_\_

Number of participants expected at event/program: \_\_\_\_\_

Will you be using volunteers for the event/program? \_\_\_\_\_

How many volunteers do you estimate? \_\_\_\_\_

Who is eligible to attend this event/program? (Children, Adults, etc.)

\_\_\_\_\_

Date of event/program: \_\_\_\_\_

Will you be charging a fee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much? \_\_\_\_\_

Amount that you are requesting from FCSS? \_\_\_\_\_

Is this a one time only event or an ongoing program? \_\_\_\_\_

