



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

Funding Application
Year 2010

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? _____

