FCSS Eligibility Assessment Tool

Applicant: **Funding Request: $**

Criteria	Rating System *0=criterion not met;* *1=partially met;* *2=criterion was met*	Please provide an example.
1. Program or service is preventative and enhances the well-being of families and individuals.	☐ ☐ ☐ **0 1 2**	
2. The project or service helps people develop independence and/or strengthen coping skills.	☐ ☐ ☐ **0 1 2**	
3. The project or service helps people develop awareness about the social needs in the community.	☐ ☐ ☐ **0 1 2**	
4. The project or service helps people develop interpersonal and group skills.	☐ ☐ ☐ **0 1 2**	
5. The project or service helps people and/or communities to assume responsibility.	☐ ☐ ☐ **0 1 2**	
6. The project or service provided supports to help sustain people as active members of the community.	☐ ☐ ☐ **0 1 2**	
7. The agency includes examples of partnership with local, regional or provincial stakeholders.	☐ ☐ ☐ **0 1 2**	
8. The agency included other funding sources.	☐ ☐ ☐ **0 1 2**	
9. The amount requested is less than 25% of operating expenditures.	☐ ☐ ☐ **0 1 2**	
10. The mandate of the agency is in line with the City of Leduc's Strategic Plan.	☐ ☐ ☐ **0 1 2**	
TOTAL SCORE=	**/20**	
If previously granted funding were conditions/recommendations met? See attached letter outlining recommendations.	**Y or N**	

As per the FCSS mandate, FCSS programs and services are not to…	*(please circle)*
A. The project or service provides primarily recreational or leisure activities.	**Y or N**
B. The project or service offers direct assistance, including money, food, clothing, or shelter to sustain an individual or family.	**Y or N**
C. The project or service provides primarily rehabilitation.	**Y or N**
D. The project or service duplicates other Leduc services.	**Y or N**
If proposal primarily meets A. through D, recommendation for approval is at the discretion of the board.	**Y or N**

COMMENTS:

RECOMMENDATION: GRANT or DENY funding $_____for____Year(s)

(please circle)