

FCSS Eligibility Assessment Tool

Applicant:		Funding Request: \$
Criteria	Rating System <i>0=criterion <u>not</u> met; 1=partially met; 2=criterion was met</i>	Please provide an example.
1. Program or service is preventative and enhances the well-being of families and individuals.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
2. The project or service helps people develop independence and/or strengthen coping skills.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
3. The project or service helps people develop awareness about the social needs in the community.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
4. The project or service helps people develop interpersonal and group skills.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
5. The project or service helps people and/or communities to assume responsibility.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
6. The project or service provided supports to help sustain people as active members of the community.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
7. The agency includes examples of partnership with local, regional or provincial stakeholders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
8. The agency included other funding sources.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
9. The amount requested is less than 25% of operating expenditures.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
10. The mandate of the agency is in line with the City of Leduc's Community Wellness goal.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
TOTAL SCORE=	/20	
If previously granted funding were conditions/recommendations met? See attached letter outlining recommendations.	Y or N	
<i>As per the FCSS mandate, FCSS programs and services are not to...</i>		<i>(please circle)</i>
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	
<i>If proposal primarily meets A. through D, recommendation for approval is at the discretion of the board.</i>	Y or N	
COMMENTS:		
RECOMMENDATION:	GRANT or DENY funding	\$_____for____Year(s)
(please circle)		