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 provides 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 and demonstrated financial need	☐ ☐ ☐ **0 1 2**	
9. The amount requested is less than 25% of operating expenditures.	☐ ☐ ☐ **0 1 2**	
10. The mandate of the organization aligns with the City of Leduc's Vision. • *A great life* • *A caring community* • *A thriving region*	☐ ☐ ☐ **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 provides primarily rehabilitation.	**Y or N**
C. 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)