

FCSS Eligibility Assessment Tool

Name of Applicant/Organization:

Funding Request: \$

Rating System 0=criterion not met; 1=partially met criterion; 2=criterion met

Please provide comment/reason.

1. The mandate of the organization aligns with the City of Leduc's Vision: <ul style="list-style-type: none"> • A great life • A caring community • A thriving region 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
2. The program/service/project creates a valuable enhancement or impact for Leduc residents.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
3. The program/service/project meets an identified need in the community.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
4. The organization demonstrated that they looked for additional funding sources toward sustainability.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
5. The program/service/project includes examples of partnership with local, regional or provincial stakeholders.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
6. The organization has demonstrated financial need.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2	
TOTAL SCORE	/12	

Additional Questions

(please circle)

A. Does the program/service/project funding request fall within the mandate of the organization?	Y or N
B. Does the program/service/project duplicate other Leduc services?	Y or N
C. Do at least 60% of the participants or users served reside in the City of Leduc?	Y or N
D. Is the amount requested <i>less than 25%</i> of operating expenditures?	Y or N
E. Does the City of Leduc provide additional support (in-kind or other)?	Y or N
F. If previously granted funding: Were conditions/recommendations/deadlines met?	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
D. <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)