

**TOWN OF BASSANO
FAMILY & COMMUNITY SUPPORT SERVICES
SUBMISSION FOR
COMMUNITY PROJECTS – SPECIAL PROJECT FUNDING**

General Information

Project Name: _____ Date _____

Mailing Address: _____

Location Address: _____

Primary Contact Person: _____ E-mail _____

Brief Description of Program

Briefly describe Project _____

VISION _____

STATEMENT OF NEED (Define areas and situations to be impacted by the program.)

STRATEGY (Approaches to be used to address needs.) Attach additional sheet if needed. *Who would be involved?

*How would the program operate-administration?

*Who is accountable for the outcomes/evaluation?

*Where would the program operate?

RATIONALE

Explanation of why you believe this will work.

GOALS (General statement(s) of what you want to see achieved through this program for project.)

RESOURCES

Budget – costs, training required, staff time required, staff time already put into program, other statistical data (numbers)

ACTIVITIES

Indicate staff/volunteer activities required to make project work/attain goals.

OUTCOMES

Client/Community changes-identify what client/community will have at the end of the intervention/project.

Outcomes Continued: Long Term:

Mid Term:

Short Term: What will change for the client/community once the project is operating.

INDICATORS OF SUCCESS

How will you know the program has been successful-concrete statement(usually attached to an evaluation tool ie. survey)

The following documents are attached:

**Annual Budget or Project Budget
Financial Statement (audited)
Balance Sheet**

AMOUNT REQUESTED \$_____

Date:_____

Submitted by: _____

Signature _____
