County of Wetaskiwin No. 10
FCSS Community Grant Application Form

BEFORE YOU APPLY - Applicant Checklist

Before completing your application, please review the eligibility requirements below.

To be eligible for funding, your proposed program or event must align with Family and Community Support Services (FCSS) priorities.
Please ensure your program or event meets:

- At least one (1) FCSS Objective
- At least one (1) Provincial Prevention Priority
- At least one (1) Provincial Prevention Strategy

FCSS OBJECTIVES	PROVINCIAL PREVENTION PRIORITY	PROVINCIAL PREVENTION STRATEGY
☐ Strengthens protective factors for individuals, families, and communities by addressing provincial prevention priorities. ☐Connects Albertans through strategic partnerships to address provincial prevention priorities. ☐Reflects community demographics and responds to identified local needs. ☐Delivers accessible, appropriate, and inclusive programming for Albertans across all life stages. ☐Builds connected, engaged, and participatory communities.	☐ #1-Homelessness/Housing insecurity ☐ #2-Mental Health/Addictions ☐ #3-Employment ☐ #4-Family/Sexual Violence ☐ #5-Aging Well	☐ #1-Community Engagement ☐ #2-Foster a Sense of Belonging ☐ #3- Promote Social Inclusion ☐ #4-Healthy Relationships ☐ #5-Access to Supports ☐ #6-Resilience Building

Need help? For more information about the FCSS program, Provincial Prevention Priorities, and Provincial Prevention Strategies, please visit the **Alberta Family and Community Support Services (FCSS)** website. Reviewing these resources before completing your application will help ensure your program or event aligns with FCSS funding requirements.

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Is this your organization's first FCSS application?	☐No	☐ Yes	
How did you hear about this grant?	☐Online	☐Newspaper	☐Other:

1. ORGANIZATION/CONTACT INFORMATION

Organization Name:			
Organization Address:			
Contact Person:		Position:	
Contact E-mail:		Phone #:	
Are you a Non-Profit Organization:	☐ No ☐ Yes	Registration Number	

2. PROGRAM SUMMARY

Program/Project Name:			
Program/Project Start Date:		Completion Date	
Total Project Cost:	$	Grant Amount Requested:	$
Organization contribution toward project costs (minimum 50% cost share required):			$

Program Summary (Max 250 words) Provide a description of the purposed program what Community Need is identified including purpose, key activities and target population.

FOR OFFICE USE ONLY	**APPLICATION RECEIVED**			
	RECEIVED BY	**☐EMAIL**	**☐MAIL**	**☐DROP-OFF**

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PROGRAM DETAILS (FCSAA & PROGRAM GUIDELINES ALIGNMENT)

3. FAMILY AND COMMUNITY SUPPORT SERVICES OBJECTIVES

Select the FCSS Objective that best aligns with your proposed program/project. In the space provided, describe how your program/project will support this objective and the difference it is intended to make for participants or the community.

☐Strengthens protective factors for individuals, families, and communities by addressing provincial prevention priorities.

☐Connects Albertans through strategic partnerships to address provincial prevention priorities.

☐Reflects community demographics and responds to identified local needs.

☐Delivers accessible, appropriate, and inclusive programming for Albertans across all life stages.

☐Builds connected, engaged, and participatory communities.

4. PROVINCIAL PREVENTION PRIORITY

Select the priority area that best aligns with your proposed program/project. In the space provided briefly describe how your program/project addresses this priority area and the benefit it will provide to participants or the community.

☐ #1-Homelessness/Housing insecurity

☐ #2-Mental Health/Addictions

☐ #3-Employment

☐ #4-Family/Sexual Violence

☐ #5-Aging Well

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5. PROVINCIAL PREVENTION STRATEGY

Select the prevention strategy that best aligns with your proposed program/project. In the space provided briefly explain how your program/project takes a preventative approach by supporting individuals, families, or the community before issues become a crisis or require more intensive intervention.

- ☐ #1-Community Engagement
- ☐ #2-Foster a Sense of Belonging
- ☐ #3- Promote Social Inclusion
- ☐ #4-Healthy Relationships
- ☐ #5-Access to Supports
- ☐ #6-Resilience Building

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6. ARGET GROUP & POPULATION		
A. Which age group will your program or project primarily serve?	**B.** Which community group(s) will your program or project primarily serve?	
☐ All ages ☐ Children (<12) ☐ Youth (12–17) ☐ Adults ☐ Seniors	☐ General Population ☐ Indigenous Newcomers ☐ Persons with Disabilities	☐ Women/Girls ☐ Men/Boys ☐ 2SLGBTQQIA+ ☐ Racialized ☐ Language Minority
C. Estimated number of participants:		

7. PROGRAM CATEGORIES - Please select ONE category that best describes your program:	
☐ Community Development and Capacity Building **OR** ☐ Program Delivery	
If you select Program Delivery, please complete the section below by selecting **ONE Program Type** and at least **ONE Program Sub-Type**.	
☐ **Mental Health Promotion** ☐ Support Psychoeducational Groups ☐ Counselling Services ☐ Awareness & Education Programs	☐ **Home Support** ☐ At Home Supports ☐ Meal/Food Delivery
☐ **Child Development & Caregiver Support** ☐ Parenting Family Caregiver Programs ☐ Early Childhood Development, Preschool & Play Groups	☐ **School-Aged Camps & Drop-In Programs** ☐ Camps ☐ Drop-In Programs
☐ **Skill Building Programs** ☐ General Life Skills ☐ Employability Skills ☐ Financial Literacy ☐ Mentorship & Leadership Programs	☐ **Healthy Relationship Programs** ☐ Family, Gender-Based or Age-Based Violence Prevention ☐ School-Aged Healthy Relationship Programs
☐ **Community Outreach Programming** ☐ Community Workers ☐ Outreach Workers ☐ Outreach Centers and Programs ☐ Family School Liaison Workers ☐ System Navigation and Other Support Services	☐ **Group-Based Social Connection & Social Well-Being Programming** ☐ N/A

8. PROGRAM ACTIVITIES & DELIVERY

Describe how activities and the program/project will be delivered.

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9. EVALUATION & REPORTING

A. Describe how program success will be measured, including both outputs (what will be delivered) and outcomes (what will change as a result)

Output Example: youth participated in a leadership program

Outcome Example: Youth demonstrate increased confidence and leadership skills.

B. What tools or methods will you use to measure your indicators of success?

Examples include surveys, evaluation forms, interviews, participant feedback, attendance records, or other tracking tools.

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10. BUDGET INFORMATION				
Provide a budget specific to the proposed program that includes any additional funders, fundraising, and donations.				
Budget Item/Expense	Description	Total Cost ($)	Amount Requested from FCSS ($)	Other Funding Sources/ Contribution ($)
TOTALS		$0	$0	$0

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APPLICANT AGREEMENT (Sign and keep for your records)

I declare that:

- I am a duly authorized representative having legal, financial and/or executive signing authority for the above noted organization.
- I represent a not-for-profit entity.
- The information provided within this application form and supporting documentation is true, accurate and endorsed by the above organization.
- I am aware that the information provided in this application may be available to the public.
- The project will benefit the general community and not specific individuals/families.
- A Final Budget Report indicating the project's expenses and revenue and an Evaluation Form will be provided to the County no later than **45 days** from the stated completion date of the project.
- I understand that an overdue or outstanding Final Budget Report and/or Evaluation may affect future applications.
- Any unused funding will be returned to the County of Wetaskiwin.
- Any FCSS funding awarded shall be used solely for the purposes stated within this application and according to the FCSS mandate.
- Any changes to the project and/or project extensions will not be enacted upon without the prior approval of the County.
- As a condition of accepting FCSS funding, the County of Wetaskiwin will have access to all financial statements and records having any connection with funding received.
- The contribution from the County of Wetaskiwin FCSS will be recognized.

Signature	**Date**
Print Name	**Position**