

# County of Wetaskiwin No. 10 FCSS Grant Application Form



<b>Date of Application:</b>			
<b>1. ORGANIZATION/CONTACT INFORMATION</b>			
Organization Name:			
Organization Address:			
Town/City		, AB	Postal Code
Contact Person:		Position:	
Contact E-mail:		Phone #:	
Electronic Funds Transfer Application has been submitted		<input type="checkbox"/> NO (See Application on Page 9)	<input type="checkbox"/> YES
<b>2. APPLICATION INFORMATION</b>			
Are you a Non-Profit Organization:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Registration Number
Project Name:			
Project Start Date:		Project Completion Date	
Total Project Cost:	\$	Grant Amount Requested:	\$
Organizations Contributions (Must be a minimum of 50% cost share):		\$	
Is this your First FCSS Application	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
How did you hear about this grant?			
<b>3. PROGRAM INFORMATION</b>			
Provide a brief description of the Program/Project			
<b>4. PROVINCIAL PREVENTION PRIORITIES (PPP)</b>			
Select the best fit for your Program below:			
<input type="checkbox"/> #1-Homelessness and Housing insecurity <input type="checkbox"/> #2-Mental Health and addictions <input type="checkbox"/> #3-Employment		<input type="checkbox"/> #4-Family and sexual violence across the lifespan <input type="checkbox"/> #5-Aging well in the Community	
<b>5. PREVENTION STRATEGIES</b>			
Select all that may apply:			
<input type="checkbox"/> #1-Promote and encourage active engagement in the community <input type="checkbox"/> #2-Foster a sense of belonging <input type="checkbox"/> #3-Promote social inclusion		<input type="checkbox"/> #4-Develop and maintain healthy relationships <input type="checkbox"/> #5-Enhance access to social supports <input type="checkbox"/> #6-Develop and strengthen skills that build resilience	

*The personal information collected through this FCSS Grant Application form is for FCSS Grant Review Process and may be included on reports that are available to the public - (optional). This collection is authorized by Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, please contact the County of Wetaskiwin Privacy Officer: email [legislativeservices@county10.ca](mailto:legislativeservices@county10.ca); telephone 780.352.3321; in person at 243019A Hwy 13, or send post mail to County of Wetaskiwin No. 10, Box 6960, Wetaskiwin AB, T9A 2G5.*

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## 6. TARGET GROUP & POPULATION

What is the target age group you wish to reach with this program/project?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> All Ages       | <input type="checkbox"/> Youth (12-17) | <input type="checkbox"/> Child/Youth/Caregiver  | <input type="checkbox"/> Child/Youth and Senior |
| <input type="checkbox"/> Children (<12) | <input type="checkbox"/> Seniors       | <input type="checkbox"/> Children & Youth (<18) |   |

What is your target Community Group?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No Specific Community Group | <input type="checkbox"/> Newcomers                | <input type="checkbox"/> Language minority groups |
| <input type="checkbox"/> Indigenous peoples          | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Women/girls              |
| <input type="checkbox"/> 2SLGBTQIA+ people           | <input type="checkbox"/> Racialized people        | <input type="checkbox"/> Men/boys                 |

Anticipated number of participants for the Event:

## 7. ACTIVITY CATEGORIES

Please categorize this activity into one of the two categories:

☐ 1- Community Development and Capacity Building **OR**

☐ 2- Programs

If program is selected, please choose the appropriate **Program Type** and **Program Sub Type** from the options below:

<b>PROGRAM TYPE</b>	<b>PROGRAM SUB TYPE:</b>
<input type="checkbox"/> <i>Mental Health Promotion</i>	<input type="checkbox"/> <i>Support Psychoeducational Groups</i> <input type="checkbox"/> <i>Counselling Services</i>
<input type="checkbox"/> <i>Home Support</i>	<input type="checkbox"/> <i>Awareness &amp; Education Programs</i> <input type="checkbox"/> <i>At Home Supports</i> <input type="checkbox"/> <i>Meal/Food Delivery</i>
<input type="checkbox"/> <i>Child Development and Caregiver Support</i>	<input type="checkbox"/> <i>Parenting Family Caregiver Programs</i> <input type="checkbox"/> <i>Early Childhood Development, Preschool, Play Groups</i>
<input type="checkbox"/> <i>School Aged Camps Drop-in Programs</i>	<input type="checkbox"/> <i>Camps</i> <input type="checkbox"/> <i>Drop-in Programs</i>
<input type="checkbox"/> <i>Skill Building Programs</i>	<input type="checkbox"/> <i>General Life Skills</i> <input type="checkbox"/> <i>Employability Skill</i> <input type="checkbox"/> <i>Financial Literacy</i> <input type="checkbox"/> <i>Mentorship and Leadership Programs</i>
<input type="checkbox"/> <i>Healthy Relationship Programs</i>	<input type="checkbox"/> <i>Family Gender Based or Aged Based Violence Prevention</i> <input type="checkbox"/> <i>School Aged Healthy Relationship Programs</i>
<input type="checkbox"/> <i>Community Outreach Programming</i>	<input type="checkbox"/> <i>Community Workers</i> <input type="checkbox"/> <i>Outreach Workers</i> <input type="checkbox"/> <i>Outreach Centers and Programs</i> <input type="checkbox"/> <i>Family School Liaison Workers</i> <input type="checkbox"/> <i>System Navigation and other Support Services</i>
<input type="checkbox"/> <i>Group Based Social Connection Social Well Being Programming</i>	<b>N/A</b>

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**8. STATEMENT OF NEED & RATIONAL**

What Community issue, need or situation are you addressing?

**9. BROAD STRATEGY**

In general terms, how will the program or project address this Community Need?

**10. OVERALL GOAL**

What do you hope to achieve with the program or project (overall impact or change)?

**11. INPUTS**

List the specific resource's you have available for this program or to complete this project. (Staff, volunteers, supplies, location, etc.) If volunteers are used, please estimate the number and hours for the project/program

**12. OUTPUTS**

List the specific activities and processes you will use to work toward your program or project goal(s).

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**13. INDICATORS OF SUCCESS**

How will you know that the program/project outcomes (benefits or changes for individuals, families, communities during or after participating in program/project) have been achieved?

Example: Outcome: Individuals experience personal well-being.

Indicators: The participants have experienced increased self-esteem, optimism, meaning and purpose.

**14. DATA COLLECTION**

What measurement tool will your program/project use to measure the indicators of success?

(Examples: Surveys, Evaluation forms, Interviews)

**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:

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<b>FOR OFFICE USE ONLY</b>		<b>APPLICATION FCSS#</b>		<b>DATE RECEIVED</b>	
<b>ORGANIZATION</b>					
<b>PPP:#</b>		<b>PREVENTION STRATEGIES:</b>			<b>REC ZONE</b>
<b>TARGET GROUP:</b>					
<b>\$</b>		<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DECLINED</b>	<input type="checkbox"/> <b>LASERFICHE</b>	<input type="checkbox"/> <b>RFD</b> <b>RESOLUTION #</b>
<input type="checkbox"/> <b>APPLICANT NOTIFIED:</b>		<input type="checkbox"/> <b>FINANCE DEPT. NOTIFIED</b>		<input type="checkbox"/> <b>AP DEPT. NOTIFIED</b>	



# **BUDGET** *REPORT*

The following pages (7-8) include a sample budget report. Applicants are welcome to use this example as a template or reference when developing the budget portion of their application.

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## BUDGET REPORT

☐ PROPOSED BUDGET

☐ FINAL/ACTUAL BUDGET

### 1. ORGANIZATION/CONTACT INFORMATION

Organization Name:					
Organization Address:	City		Province: AB	Postal Code	
Contact Person:				Position:	
Contact E-mail:				Phone #:	
Project Name:					
Project Completion Date			Total County FCSS Grant Received	\$	
Reporting Period	From:		To:		

### 2. PROJECT SUMMARY- EXPENSES

Category	Details	Proposed Expenses	Actual Expenses
Administration, Staff, Instructor (list) <ul style="list-style-type: none"> <li>Time, development, other</li> </ul>			
Volunteer (list) <ul style="list-style-type: none"> <li>Development, appreciation, recruitment, other</li> </ul>			
Materials & Supplies (list)			
Advertising & Promotion	<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Instagram <input type="checkbox"/> Other:		
Facility			
Other (specify)			
TOTAL EXPENSES		\$	\$

### PROJECT SUMMARY- EXPENSES ADDITIONAL NOTES/COMMENTS

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3. PROJECT SUMMARY- REVENUE			
Category	Description	Proposed Revenue	Actual Revenue
<b>Organization Contribution</b> • Cash on hand, Volunteer hours, Gift in kind			
<b>Donations (list)</b>			
<b>Grants-not including</b> County of Wetaskiwin FCSS			
<b>Participant Registrations</b>			
<b>Other (specify)</b>			
<b>TOTAL REVENUE</b>		<b>\$</b>	<b>\$</b>
PROJECT SUMMARY- REVENUE ADDITIONAL NOTES/COMMENTS			