Family and Community Support Services (FCSS) Grant Funding

Application Year: January 1, 2027 to December 31, 2027

1. ORGANIZATION INFORMATION

Organization/ Agency Name:	
Mailing Address:	
Contact Person:	
Position:	
Email Address:	
Phone Number:	
Is your organization registered as a society or corporation: ☐ Yes ☐ No Number:	
Charitable Number:	Incorporation Number:
What is your organization/program mission or vision?	

Eligibility for Financial Support

To be eligible, each proposed program or project must be managed by, or under the auspices of a community group or agency that is incorporated (or in the process of becoming incorporated) as a non-profit society in Alberta; or operating under the administrative jurisdiction of a school division or municipality. ONLY applications that identify the specific piece of the project or program that fits the FCSS Act and Regulation and prevention strategies

2. PROGRAM INFORMATION

Has a needs assessment been conducted to inform programming? *If yes, provide key issues identified.*	
List the Partnerships	

Identify the activity type your organization is delivering (see resource pages provided, choose all that apply)

- ☐ Programs
- ☐ Information and Referral
- ☐ Community Events
- ☐ Community Development and Capacity Building

What change do you hope to accomplish through your activities?

3. FINANCIAL OVERVIEW

PROPOSED BUDGET		
REVENUE:	**PROPOSED BUDGET**	**ACTUAL BUDGET**
FCSS Grant Funding:		
County of Stettler	$	$
Town of Stettler	$	$
	$	$
	$	$
	$	$
Other Funding Sources	$	$
	$	$
	$	$
	$	$
Total Revenue:	**$**	**$**
EXPENDITURES:		
Program/Project Materials	$	$
Speaker/Presenter Expenses	$	$
Advertising/Promotions	$	$
Telephone/Postage/Copying	$	$
Facility Rentals	$	$
Other Costs: (ex. nutritional expenses)	$	$
Administration/Coordination	$	$
	$	$
	$	$
Total Expenditures	$	$
Surplus (Deficit)	$	$

NOTE: You may be required to report specific financial details of the separate activities you received FCSS funding for.

**Make copies of this page if you have more than one activity and prevention strategy you will be reporting on.*

4. ACTIVITY INFORMATION and YEAR END REPORTING

Activity Name:	
Activity Description:	
Activity Categorization: (eg. program, community event, information/referral etc.)	
Program Category Type: (eg. Mental health promotion)	Subcategory: (eg. mental health support group)

Target Age Group:

- ☐ All Ages
- ☐ Children (<12)
- ☐ Seniors
- ☐ Adults (18+)
- ☐ Child/Youth & Caregiver
- ☐ Child/Youth & Senior

Target Community Group:

- ☐ Indigenous peoples
- ☐ 2SLGBTAAIA+ people
- ☐ People with disabilities
- ☐ Women/girls
- ☐ Language minority groups
- ☐ Men/boys
- ☐ Newcomers
- ☐ Rcialized People
- ☐ No Specific Group

Prevention Strategies: (one or more, eg. Promote social inclusion)	
Prevention Priorities (choose only one, eg. Aging well in community)	
When are you surveying?:	☐ Pre & Post ☐ Post Only

Applications due October 10th for 2027 budget year
2026 Year End Report due January 31, 2027

Survey Questions
***There are two mandatory questions to include in your surveys.**

*Overall, I am satisfied with this .... (activity/program/event).

ITEM	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

*Overall, I found this (activity/program/event) easy to access.

	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

Choose <u>one or more</u> survey questions related to your activity/program/event (from Appendix B)

Prevention program intent statement(s)related to the activity:

Survey Question (see Appendix B for samples related to each program intent):

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Survey Data	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

Prevention program intent statement(s)related to the activity:

Survey Question (see Appendix B for samples related to each program intent):

Survey Data	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

Prevention program intent statement(s)related to the activity:

Survey Question (see Appendix B for samples related to each program intent):

Survey Data	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

Prevention program intent statement(s)related to the activity:

Survey Question (see Appendix B for samples related to each program intent):

Survey Data	Stettler	County of Stettler	Other
Participants completing the survey			
Number experiencing positive change			
% experiencing positive change			

5. YEAR END TOTALS

Data Collected	Stettler	County of Stettler	Other	Other
Number of Referrals (if applicable)				
Number of attendees (if applicable for a community event)				
Total Participant Count				
Total Number of Volunteers (if applicable)				
Total Number of Volunteer Hours (if applicable)				

Impact Narrative (optional): Please share with us a story or comment about the impact of your program or initiative on clients/participants. Attach a document if more space is needed.

What improvements can be made to the activity/program/event?

Continuous Quality Improvement for Year End Report
What occurred that resulted in funds not being expended? (if applicable)
What plans do you have for the unexpected funds?
What timeline will be required to spend the funds?

Declaration of Applicant
I/we do certify to the best of my/our knowledge that this application contains a full and correct account of all matters stated herein and complies **with the requirements and conditions set out in the Family and Community Support Services Act and Regulation. (http://humanservices.alberta.ca/family-community/14876.html)**: **I acknowledge that** should this application be approved, I/we will be required to enter into this funding agreement in its entirety.
Print Name
Authorized Signature
Date Signed
Date submitted to FCSS Program
Please keep a copy of this application for your records along with supporting financials. This form will coincide with the Year End Report.

Forward completed application by October 10, 2026, to:
Contact: FCSS Executive Director
Email: shelly.walker@stettlercsc.ca **Phone: 403-742-2337**

FOR OFFICE USE ONLY Amount Approved: **$**		
Date Received:	By Email	By Mail:
Date Approved:	Notes/Special requests or comments	Future Recommendations

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