Family and Community Support Services (FCSS) Grant Funding

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

FUNDING AMOUNT REQUESTED: $

1. ORGANIZATION INFORMATION

Organization/ Agency Name:	
Mailing Address:	
Contact Person:	
Position:	
Email Address:	
Phone Number:	
Is your organization registered as a society? ☐ Yes ☐ No	
Society/Incorporation (Provincial) Number:	Charitable (Federal) Number:
Briefly describe the organization/program mission or vision?	

2. PROGRAM INFORMATION

Has a needs assessment been conducted to inform programming? *If yes, provide key issues identified.*
List the Partnerships for this program/activity:
Identify the activity type your organization is delivering (see resource pages provided, choose all that apply) ☐Programs ☐Community Events ☐Information and Referral ☐Community Development and Capacity Building
Overall Activity Description: What is the FCSS funding being requested for, how will the activity or program be delivered, frequency of activity or program etc.

What change do you hope to accomplish through your activities?
Describe the impact on individuals/families/community, list the skills participants will learn, the protective factors gained, risks prevented, participant strengths added etc.

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 will be considered.

For more information on FCSS eligibility and legislative requirements visit **https://www.alberta.ca/family-and-community-support-services-fcss-program** or contact Vermilion FCSS Coordinator at 780.581.2413 or email fcss@vermilion.ca

3. FINANCIAL OVERVIEW

PROPOSED BUDGET		
REVENUE:	**PROPOSED BUDGET**	**ACTUAL BUDGET**
FCSS Grant Funding:		
County of Vermilion River	$	$
Town of Vermilion	$	$
Village of Marwayne	$	$
Village of Kitscoty	$	$
City of Lloydminster	$	$
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 section if you have more than one activity and prevention strategy you will be reporting on.

4. ACTIVITY INFORMATION and YEAR END REPORTING DETAILS

Activity Name:	
Activity Description:	
Activity Categorization:	☐ Information and Referral ☐ Community Events ☐ Programs ☐ Community /development and Capacity Building
Program Category Type: (eg. Mental health promotion)	Subcategory: (eg. mental health support group)
Provincial Prevention Priorities (choose only one) ☐ Homelessness and Housing Security ☐ Mental Health and Addictions ☐ Employment ☐ Family and Sexual Violence ☐ Aging Well in Community	
Prevention Strategies (choose at least one or more) ☐ Enhance access to social support ☐ Develop and maintain health relationships ☐ Foster a sense of belonging ☐ Develop and strengthen skills that build resilience ☐ Promote social inclusion ☐ Promote and encourage active engagement in Community	
Target Age Group:	Target Community Group:
☐ All Ages ☐ Children (<12) ☐ Youth (12-17) ☐ Adults (18+) ☐ Seniors ☐ Child/Youth & Senior ☐ Child/Youth & Caregiver	☐ No specific group ☐ Indigenous peoples ☐ 2SLGBTAAIA+ people ☐ Newcomers ☐ People with disabilities ☐ Racialized people ☐ Women/girls ☐ Men/boys ☐ Language minority groups
When are you surveying? ☐ Pre & Post ☐ Post Only	

Applications for 2027 Due: September 30th, 2026
2027 Year End Report due January 31, 2028

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

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

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

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

	Vermilion	County of Vermilion River	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 strategy statement related to the activity:

Program Intent:

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

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

Additional Activity Information
Prevention program strategy statement related to the activity:
Program Intent:
Survey Question (see Appendix B for samples related to each strategy and program intent):

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

Additional Activity Information
Prevention program strategy statement related to the activity:
Program Intent:
Survey Question (see Appendix B for samples related to each strategy and program intent):

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

Additional Activity Information
Prevention program strategy statement related to the activity:
Program Intent:
Survey Question (see Appendix B for samples related to each strategy and program intent):

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

5. YEAR END TOTALS

Data Collected	Vermilion	County of Vermilion River	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: 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 complete and accurate account of all matters stated herein. I/we understand that to be eligible for FCSS funding, the proposed program or project must be managed/ sponsored or operated under: ➢ Alberta non-profit organization that is incorporated or in the process of being incorporated; or ➢ The administration authority of a school division or a municipality I/we certify that this application: ➢ identifies specific components of the program/project that align with the FCSS Act and Regulations, activity categorization, and relevant priorities and strategies I/we acknowledge that only applications meeting these requirements will be considered for funding.
Print Name
Authorized Signature
Date Signed
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 September 30, 2026, to:
Contact: Vermilion FCSS Coordinator
Email*:* fcss@vermilion.ca **Phone:** 780-581-2413

FOR OFFICE USE ONLY
Date Received: