A picture containing text, font, graphics, graphic design

Description automatically generated

2025 FCSS Funding Application

**FUNDING PERIOD: January 1 – December 31, 2025**

**Introduction**

* **Separate applications must be filled out for each program in each municipality you intend to run the program in.**
* You will be contacted once recommendations have been approved by the respective Council’s.
* Successful applicants will be required to sign a Funding Agreement and complete FCSS outcome measures for your program with each Municipality from which they receive funds. This agreement will include details of payment, financial and program reporting and other funding conditions.
* Applicants may be required to provide a presentation on their application.

**Information**

Family and Community Support Services (FCSS) is a partnership between the Province and a Municipality or Metis Settlement that develops locally driven preventive social initiatives to enhance the well-being of individuals, families and communities. FCSS uses a “people helping people to help themselves” approach and offers a wide range of programs and services at the community level. Please refer to the FCSS Program Advice Inventory Listing (included in chapter five of the FCSS Program Handbook) for additional information.

To obtain FCSS conditional funding, programs of service providers must meet the Provincial FCSS regulations. These programs must:

1. be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention

strategies provided at the earliest opportunity, and

1. do one or more of the following:
2. **Assist communities to identify their social needs and develop responses to meet those needs**, including:
   * raising public awareness around community issues,
   * developing strategies for community advocacy,
   * developing comprehensive community social plans and initiatives,
   * environmental scans, service reviews, strategic planning, program planning,
   * in-kind support to community-based groups (until they are able to sustain themselves) such as provision of office space, printing, photocopying, help with preparing proposals, etc;
3. Promote, encourage and support **volunteer work** in the community, including:

* recruitment, training and placement services,
* resources to support volunteers,
* volunteer recognition,
* coordination of volunteer services;

1. I**nform the public of available services**, including:
   * information and referral services,
   * community information directories,
   * newcomer services,
   * interagency coordination;
2. Promote the **social development of children and their families**, including:

* parent-child development activities,
* early childhood development services for children aged 0-6 (excluding childcare),
* support services for young children aged 6-12;

1. **Enrich and strengthen family life by developing skills** so people can function more effectively within their own environment, including:

* mentoring programs,
* parenting and family life education and development programs,
* programs for single adults and single parents,
* courses designed to enhance self-awareness and personal growth,
* individual, family and group counselling services that are educational and not treatment oriented, or - youth development and leadership services;

1. Enhance the quality of life of the retired and semi-retired, including:

* home support services,
* education and information services,
* coordination of senior’s services and programs, or
* self-help socialization activities.

Below is an **eligibility assessment tool** that can be used to determine if a project or funding request fits the FCSS eligibility criteria:

1. Is the project or service preventive? Does it enhance the social wellbeing of families and individuals? Does it have preventive social support outcomes?

**(The answer to all of the above should be “yes”.)**

1. Does the project or service result in at least one of the following outcomes?
   * self-reliance, resiliency and ability to function in a positive manner
   * development of positive social relationships
   * community engagement and inclusion
   * support to remain an active in the community
   * address social issues and influence change

**(The answer should be "yes" to at least one of these outcomes.)**

1. Is the service or project:
   1. primarily a recreation, leisure, entertainment or sporting activity or event?
   2. offer direct assistance, including money, food, clothing or shelter?
   3. primarily rehabilitative, therapeutic or crisis management?
   4. a duplication of a service provided by any level of government?
   5. a capital expenditure like the purchase of a building or vehicle?

**(The answer should be "no" to all of these questions.)**

**Other Important Information**

Each Community makes funding recommendations to their municipal councils based on their own policies. Some principles they use to guide their decision making and administration of the funds include:

* Is the applicant organization Non-Profit or Not for Profit
* Dose the application meet eligibility requirements as set out in the FCSS Act and Regulations
* Does the program have broad community impact
* Are there leveraging partnerships
* Does it create or add to existing value in the community

**Conditions of Funding**

1. A completed project report with the reported FCSS Outcome Measures must be completed.
2. Funding received from the municipalities, must provide preventive social programs that directly benefits its residents.
3. All funds must be spent by December 31st of the funding year. If you are anticipating a surplus contact the municipality prior to October 31st of the funding year.
4. Outcomes must be measured and included in a final report by January 31 of the following year, and you must use measures from the FCSS Measures Bank – Provincial Priority Measures (see attachment #1), (or visit the FCSS website)

**Submission of Application:** Applications must be received via mail or email on or before:

**November 15, 2024**

Mail:

Mountain View County

Attn: Sydney Norrie

Bag 100, Didsbury, Alberta, T0M 0W0

E-mail: [grants@mvcounty.com](mailto:grants@mvcounty.com)

Please contact the individual municipality you are applying for funding from should you have any questions regarding your application.

**Carstairs FCSS** - 403-940-3327 **Olds FCSS** – 403-556-6981

**Cremona FCSS** - 403-510-4521 **Mountain View County FCSS** – 403-335-3311

**Didsbury FCSS**- 403-335-7161

A picture containing text, font, graphics, graphic design

Description automatically generated

**(Check any or all to which you are applying)**

Carstairs FCSS ⃝ Olds FCSS ⃝

Cremona FCSS ⃝ MVC FCSS ⃝

Didsbury FCSS ⃝ Sundre FCSS (not accepting applications)

2025 FCSS Funding Application

|  |  |
| --- | --- |
| **AGENCY INFORMATION** | |
| Agency Name: |  |
| Contact Name: |  |
| E-Mail Address: |  |
| Mailing Address (include postal code): |  |
| Street Address: |  |
| Telephone Number: |  |

|  |
| --- |
| **AGENCY INFORMATION** |
| Provide a **brief** overview of your agency (i.e. Mission, Mandate, and History). |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Carstairs FCSS Funding Application:** |

Please fill out the following information if you are applying for **funding from the Town of Carstairs.** For questions regarding your Carstairs Application call Lori King 403-940-3327.

Fill out the below information for ONE project you intend to run in **Carstairs.**

Make a **copy** of this page to fill out again if you are running **more than one project within Carstairs.**

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-arching Goal** | | | | |
| **FCSS enhances the social well-being of individuals, families and community through prevention**  To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application. | | | | |
| **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| Help people to develop independence, strengthen coping skills and become more resistant to crisis; | Help people to develop an awareness of social needs; | Help people to develop interpersonal and group skills which enhance constructive relationships among people; | Help people and communities to assume responsibility for decisions and actions which affect them; and | Provide supports that help sustain people as active participants in the community |

|  |  |
| --- | --- |
| **PROGRAM INFORMATION** (Information to be specific to the Program AND the Municipality for which you are requesting funding) | |
| Program/Project Name: |  |
| Program/Project Overview: |  |
| ***What*** *community issue, need or situation are you responding to? Evidence of need?* |  |
| **Who is served:**  *Target Group* | **Primary Target Population:**  **⃝ Children/Youth ⃝ Adults ⃝ Seniors**   **⃝ Family ⃝ Community** |
| **Resources Needed:**  *Ie). staff, volunteers, money, materials, equipment, technology, information* |  |
| **Partners:**  *Who & what resource does each Partner bring to the program/project* |  |
| **Volunteers:** | |
| Anticipated # of Volunteers: |  |
| Anticipated # of Volunteer Hours: |  |
| **Participants:** | |
| Anticipated # of Children/Youth: |  |
| Anticipated # of Adults: |  |
| Anticipated # of Seniors: |  |
| **Total Number of Participants:** |  |
| **Will the program and budget be impacted if full amount requested is not received?**  **If yes, please explain:** | |

Please List the financials for this specific program in Carstairs:

|  |  |
| --- | --- |
| **Expenditures:** (Itemize & List) | **Estimated Revenue & Contributions:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Funding from own Organization: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Fundraising: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Donations: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**Total Expenditures: (A) $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Revenue: (B) $ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Funding Request: (A minus B) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Cremona FCSS Funding Application:** |

Please fill out the following information if you are applying for **funding from the Village of Cremona.** For questions regarding your Cremona Application call Meghan Vornholt 403-510-4521.

Fill out the below information for ONE project you intend to run in **Cremona.**

Make a **copy** of this page to fill out again if you are running **more than one project within Cremona.**

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-arching Goal** | | | | |
| **FCSS enhances the social well-being of individuals, families and community through prevention**  To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application. | | | | |
| **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| Help people to develop independence, strengthen coping skills and become more resistant to crisis; | Help people to develop an awareness of social needs; | Help people to develop interpersonal and group skills which enhance constructive relationships among people; | Help people and communities to assume responsibility for decisions and actions which affect them; and | Provide supports that help sustain people as active participants in the community |

|  |  |
| --- | --- |
| **PROGRAM INFORMATION** (Information to be specific to the Program AND the Municipality for which you are requesting funding) | |
| Program/Project Name: |  |
| Program/Project Overview: |  |
| ***What*** *community issue, need or situation are you responding to? Evidence of need?* |  |
| **Who is served:**  *Target Group* | **Primary Target Population:**  **⃝ Children/Youth ⃝ Adults ⃝ Seniors**   **⃝ Family ⃝ Community** |
| **Resources Needed:**  *Ie). staff, volunteers, money, materials, equipment, technology, information* |  |
| **Partners:**  *Who & what resource does each Partner bring to the program/project* |  |
| **Volunteers:** | |
| Anticipated # of Volunteers: |  |
| Anticipated # of Volunteer Hours: |  |
| **Participants:** | |
| Anticipated # of Children/Youth: |  |
| Anticipated # of Adults: |  |
| Anticipated # of Seniors: |  |
| **Total Number of Participants:** |  |
| **Will the program and budget be impacted if full amount requested is not received?**  **If yes, please explain:** | |

Please List the financials for this specific program in Cremona:

|  |  |
| --- | --- |
| **Expenditures:** (Itemize & List) | **Estimated Revenue & Contributions:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Funding from own Organization: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Fundraising: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Donations: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**Total Expenditures: (A) $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Revenue: (B) $ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Funding Request: (A minus B) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Didsbury FCSS Funding Application:** |

Please fill out the following information if you are applying for **funding from the Town of Didsbury.** For questions regarding your Didsbury Application call Nicole Aasen at 403-335-7161.

Fill out the below information for ONE project you intend to run in **Didsbury.**

Make a **copy** of this page to fill out again if you are running **more than one project within Didsbury.**

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-arching Goal** | | | | |
| **FCSS enhances the social well-being of individuals, families and community through prevention**  To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application. | | | | |
| **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| Help people to develop independence, strengthen coping skills and become more resistant to crisis; | Help people to develop an awareness of social needs; | Help people to develop interpersonal and group skills which enhance constructive relationships among people; | Help people and communities to assume responsibility for decisions and actions which affect them; and | Provide supports that help sustain people as active participants in the community |

|  |  |
| --- | --- |
| **PROGRAM INFORMATION** (Information to be specific to the Program AND the Municipality for which you are requesting funding) | |
| Program/Project Name: |  |
| Program/Project Overview: |  |
| ***What*** *community issue, need or situation are you responding to? Evidence of need?* |  |
| **Who is served:**  *Target Group* | **Primary Target Population:**  **⃝ Children/Youth ⃝ Adults ⃝ Seniors**   **⃝ Family ⃝ Community** |
| **Resources Needed:**  *Ie). staff, volunteers, money, materials, equipment, technology, information* |  |
| **Partners:**  *Who & what resource does each Partner bring to the program/project* |  |
| **Volunteers:** | |
| Anticipated # of Volunteers: |  |
| Anticipated # of Volunteer Hours: |  |
| **Participants:** | |
| Anticipated # of Children/Youth: |  |
| Anticipated # of Adults: |  |
| Anticipated # of Seniors: |  |
| **Total Number of Participants:** |  |
| **Will the program and budget be impacted if full amount requested is not received?**  **If yes, please explain:** | |

Please List the financials for this specific program in Didsbury:

|  |  |
| --- | --- |
| **Expenditures:** (Itemize & List) | **Estimated Revenue & Contributions:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Funding from own Organization: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Fundraising: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Donations: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**Total Expenditures: (A) $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Revenue: (B) $ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Funding Request: (A minus B) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Olds FCSS Funding Application:** |

Please fill out the following information if you are applying for **funding from the Town of Olds.** For questions regarding your Olds Application call Heather Dixon 403-556-6981.

Fill out the below information for ONE project you intend to run in **Olds.**

Make a **copy** of this page to fill out again if you are running **more than one project within Olds.**

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-arching Goal** | | | | |
| **FCSS enhances the social well-being of individuals, families and community through prevention**  To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application. | | | | |
| **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| Help people to develop independence, strengthen coping skills and become more resistant to crisis; | Help people to develop an awareness of social needs; | Help people to develop interpersonal and group skills which enhance constructive relationships among people; | Help people and communities to assume responsibility for decisions and actions which affect them; and | Provide supports that help sustain people as active participants in the community |

|  |  |
| --- | --- |
| **PROGRAM INFORMATION** (Information to be specific to the Program AND the Municipality for which you are requesting funding) | |
| Program/Project Name: |  |
| Program/Project Overview: |  |
| ***What*** *community issue, need or situation are you responding to? Evidence of need?* |  |
| **Who is served:**  *Target Group* | **Primary Target Population:**  **⃝ Children/Youth ⃝ Adults ⃝ Seniors**   **⃝ Family ⃝ Community** |
| **Resources Needed:**  *Ie). staff, volunteers, money, materials, equipment, technology, information* |  |
| **Partners:**  *Who & what resource does each Partner bring to the program/project* |  |
| **Volunteers:** | |
| Anticipated # of Volunteers: |  |
| Anticipated # of Volunteer Hours: |  |
| **Participants:** | |
| Anticipated # of Children/Youth: |  |
| Anticipated # of Adults: |  |
| Anticipated # of Seniors: |  |
| **Total Number of Participants:** |  |
| **Will the program and budget be impacted if full amount requested is not received?**  **If yes, please explain:** | |

Please List the financials for this specific program in Olds:

|  |  |
| --- | --- |
| **Expenditures:** (Itemize & List) | **Estimated Revenue & Contributions:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Funding from own Organization: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Fundraising: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Donations: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**Total Expenditures: (A) $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Revenue: (B) $ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Funding Request: (A minus B) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Mountain View County FCSS Funding Application:** |

Please fill out the following information if you are applying for **funding from Mountain View County.** For questions regarding your Mountain View County Application call Sydney Norrie 403-335-3311.

Fill out the below information for ONE project you intend to run in **Mountain View County.**

Make a **copy** of this page to fill out again if you are running **more than one project within Mountain View County.**

Other project(s)/program(s) you are requesting funding for in other Towns are to be listed in their funding section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Over-arching Goal** | | | | |
| **FCSS enhances the social well-being of individuals, families and community through prevention**  To qualify for FCSS funding, your project/program must align with the FCSS over-arching goal and address at least one of the five Provincially identified Strategic Directions. Please check all that apply. If your program/project does not align with the over-arching goal or does not address at least one of the Strategic Directions, please contact your local FCSS Director before continuing with this funding application. | | | | |
| **⃝** | **⃝** | **⃝** | **⃝** | **⃝** |
| Help people to develop independence, strengthen coping skills and become more resistant to crisis; | Help people to develop an awareness of social needs; | Help people to develop interpersonal and group skills which enhance constructive relationships among people; | Help people and communities to assume responsibility for decisions and actions which affect them; and | Provide supports that help sustain people as active participants in the community |

|  |  |
| --- | --- |
| **PROGRAM INFORMATION** (Information to be specific to the Program AND the Municipality for which you are requesting funding) | |
| Program/Project Name: |  |
| Program/Project Overview: |  |
| ***What*** *community issue, need or situation are you responding to? Evidence of need?* |  |
| **Who is served:**  *Target Group* | **Primary Target Population:**  **⃝ Children/Youth ⃝ Adults ⃝ Seniors**   **⃝ Family ⃝ Community** |
| **Resources Needed:**  *Ie). staff, volunteers, money, materials, equipment, technology, information* |  |
| **Partners:**  *Who & what resource does each Partner bring to the program/project* |  |
| **Volunteers:** | |
| Anticipated # of Volunteers: |  |
| Anticipated # of Volunteer Hours: |  |
| **Participants:** | |
| Anticipated # of Children/Youth: |  |
| Anticipated # of Adults: |  |
| Anticipated # of Seniors: |  |
| **Total Number of Participants:** |  |
| **Will the program and budget be impacted if full amount requested is not received?**  **If yes, please explain:** | |

Please List the financials for this specific program in Mountain View County:

|  |  |
| --- | --- |
| **Expenditures:** (Itemize & List) | **Estimated Revenue & Contributions:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Funding from own Organization: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Fundraising: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Grants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Donations: $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_

**Total Expenditures: (A) $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Estimated Revenue: (B) $ \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Funding Request: (A minus B) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **DOCUMENTATION REQUIREMENTS:** | **ATTACHED:** |
| List of current Board of Directors (name and position only) | ⃝ |
| Most recent Audited Financial Statement | ⃝ |

|  |
| --- |
| **COMPLETED APPLICATIONS:** |
| **Completed Applications may be mailed OR emailed:**  By Mail: Sydney Norrie, Bag 100, Didsbury, Alberta, T0M 0W0  By Email: [grants@mvcounty.com](mailto:grants@mvcounty.com)  **Applications must be received at Mountain View County on or before November 15, 2024**  **DECLARATION:**  **I declare that** all the information in this application is accurate and complete, and that the application is made on behalf of the named organization with its full knowledge and consents 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 will be required to enter into a funding agreement which will outline the terms and conditions.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name Authorized Signature Date |