

Family and Community Support Services (FCSS) Grant Funding

Application Year: January 1, 2026 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:
Briefly describe your organization: Mission, Mandate, History	

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 identifies the Activity Categorization and Provincial Priorities & Strategies will be considered.

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2. PROGRAM INFORMATION

2.1 Has a needs assessment been conducted to inform programming? <i>If yes, provide key issues identified.</i>	
2.2 List the Partnerships that your organization/agency has.	
2.3 Overview of Activity Types: Identify the type of activity your organization is delivering. ☐ Programs ☐ Information and Referral ☐ Community Events ☐ Community Development and Capacity Building	
2.4 What change do you hope to accomplish through your activities?	

3. FINANCIAL OVERVIEW

PROPOSED BUDGET		ACTUAL BUDGET
REVENUE:		
FCSS Grant Funding:		
County of Vermilion River	\$	\$
Town of Vermilion	\$	\$
Village of Marwayne	\$	\$
Village of Kitscoty	\$	\$
Village of Paradise Valley	\$	\$
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	\$	\$
Program Coordinator & Rev Canada Remit <i>[if applicable]</i>	\$	\$
	\$	\$
Total Expenditures	\$	\$
Surplus (Deficit)	\$	\$

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

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MAKE COPIES OF SECTION 4 AND 5 IF YOU HAVE MORE THAN ONE ACTIVITY THAT YOU ARE REPORTING ON.

4. ACTIVITY INFORMATION

4.1 Activity Name	
4.2 Activity Description	
4.3 Activity Categorization	
4.4 Category Type	4.5 Sub-Category
4.6 Target Age Group ☐ All Ages ☐ Children (<12) ☐ Youth(12-17) ☐ Adults (18+) ☐ Seniors ☐ Child/Youth & Senior ☐ Child/Youth & Caregiver	4.7 Target Community Group ☐ No specific group ☐ Indigenous peoples ☐ 2SLGBTAAIA+ people ☐ Newcomers ☐ People with disabilities ☐ Racialized people ☐ Women/girls ☐ Men/boys ☐ Language minority groups
4.8 Prevention Strategies (one or more)	
4.9 Prevention Priorities (choose only one)	

5. SURVEY DATA

5.1 When are you Surveying: ☐ Pre & Post ☐ Post Only			
5.2 There are two required questions to report on:			
	# completing survey	# positive response	% experiencing positive change
Overall, I am satisfied with (program name/event)			
Overall, I found (program name/event) easy to access			
5.3 Prevention Strategy Related to Program:			
5.4 Choose one or more survey questions to report on (see appendix B)			
Question #	Question		
Survey Question	# completing survey	# positive response	% with positive response
Question #			
Question #			
Question #			

6. YEAR END REPORTING INFORMATION

6.1 Participant Count		6.2 Partnership Count		6.3 Volunteer Count	
6.4 Referral Count (if applicable)		6.5 Attendee Count (if applicable)		6.6 Total Volunteer Hours	
6.7 Impact Narrative - Optional (Attach document, if more space needed) Share with us the outcomes of your program or initiative by showcasing your achievements or contributions.					

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6.8 Continuous Quality Improvement for YEAR END REPORT	
After analyzing the information, should the program continue?	What improvements can be made to the program/activity?
If you had any unexpended FCSS grant funds, please complete this section.	
What occurred that resulted in funds not being expended? Please include a plan and timeline for the unexpended 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
Please Keep a Copy of this Application for your records along with supporting financials. This report will coincide with the Year End Summary	

Forward completed application by September 30, 2025, to: Keri Debnam, Admin Assistant
For Office Use Only: Email: admin@marwayne.ca Phone: 780-847-3962

Date Received	Date Approved	Amount Approved
Notes/Comments:		

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