



Family and Community Support Services (FCSS) Grant Funding

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

1. ORGANIZATION INFORMATION

Organization Name	
Contact Person	Position
Mailing Address	
Phone Number	Email Address
Is your organization registered as a society or corporation? ☐ NO ☐ YES Number	
Briefly describe your organization: mission, mandate, history.	
Has a needs assessment been conducted to inform programming? <i>If yes, provide key issues identified.</i>	List the Partnerships that your organization/agency has.
Funding Request	

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2. PROGRAM INFORMATION

Activity Name:	
Identify the type of activity your organization is delivering.	
☐ Programs Category Type Sub-Category _____	☐ Information and Referral ☐ Community Events ☐ Community Development and Capacity Building
Prevention Priorities (choose only one)	
☐ Homelessness and Housing Insecurity ☐ Employment ☐ Aging Well in Community	☐ Mental Health and Addictions ☐ Family and Sexual Violence
Prevention Strategies (choose at least one or more)	
☐ Enhance access to social support ☐ Foster a sense of belonging ☐ Promote Social inclusion	☐ Develop & maintain healthy relationships ☐ Develop & strengthen skills that build resilience ☐ Promote & encourage active engagement in community
Target Age Group ☐ All Ages ☐ Youth (12-17) ☐ Seniors ☐ Child/Youth & Senior ☐ Child/Youth & Caregiver ☐ Children (<12) ☐ Adults (18+)	Target Community Group ☐ No specific group ☐ Indigenous peoples ☐ 2SLGBTAAIA+ people ☐ Newcomers ☐ People with disabilities ☐ Racialized people ☐ Women/girls ☐ Men/boys ☐ Language minority groups
What level of prevention does your program address (Primary, Secondary)? Explain how. Prevention in the context of FCSS focuses on enhancing protective factors to improve well-being and prevent problems before they occur or at an early stage before they require crisis supports.	



Activity Description Tell us about the activity/program that FCSS funding is being requested. Include details about how it will be delivered, the specific activities, any resources needed to deliver the program, the frequency, etc.

What impact will the program make for individuals, families and/or communities?
(Describe the purpose of the activity/program and the need that it addresses. What are the skills that participants learn? What protective factors are built? What risks are being prevented? How are the participants stronger after participating? What are the goals?)



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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4. SURVEY DATA & YEAR END REPORTING

When are you Surveying: ☐ Pre & Post ☐ Post Only					
Choose one or more survey questions to report on -see appendix B (These questions must align to the provincial prevention strategy you chose)					
1.					
2.					
3.					
YEAR END REPORTING – County of Vermilion River participants ONLY					
				# completing survey	# positive response
Overall, I am satisfied with (program name/event)					
Overall, I found (program name/event) easy to access					
Survey Question	# completing survey			# positive response	
Question #					
Question #					
Question #					
Participant Count		Partnership Count		Volunteer Count	
Referral Count (if applicable)		Attendee Count (if applicable)		Total Volunteer Hours	

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PROGRAM REVIEW

What aspects of the program are working well and should be maintained?

Are there any changes that could improve the program's impact?

Share your Success – tell us about an experience or story that demonstrate the impact of your program for the individuals/family/community that you support.

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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.

Eligibility and Declaration of Applicant

By submitting this application, I/we certify that the information provided is true, complete, and accurate to the best of my/our knowledge.

I/we understand that, to be eligible for FCSS funding, the proposed program or project must be managed by, sponsored by, or operating under:

- Alberta non-profit organization that is incorporated or in the process of incorporation; or
- The administrative authority of a school division or municipality

I/we further certify that this application:

- Identifies that specific component(s) of the program or project that align with the FCSS Act and Regulation
- Identifies the applicable activity categorization
- Identifies relevant provincial priorities and strategies

I/we acknowledge that only applications meeting these requirements will be considered for funding.

Name		Signature	
Date Signed			

Please Keep a Copy of this Application for your records along with supporting financials. This report will coincide with the Year End Summary

For more information on FCSS eligibility and legislative requirements visit <https://www.alberta.ca/family-and-community-support-services-fcss-program> or contact Joan Stoddart, at (780)745-2287 or villageofpv@mcsnet.ca

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