



## Community Grant Program

### 2024 Grant Funding Application

Wetaskiwin Family and Community Support Services (FCSS) is supported by the Province of Alberta and the City of Wetaskiwin. FCSS uses its funds to provide preventative programs and services to enhance the social well-being of families and individuals. The programs and services offered through FCSS are intended to promote and develop a safe and healthy community. The Community Grant Program is one method Wetaskiwin FCSS uses to meet this mandate. The Community Grant Program provides funding to local organizations that work to enrich the City of Wetaskiwin and the lives of its residents through preventative services. Please refer to the Eligibility Assessment Tool (attachment 1) prior to completing the application as all funding decisions will be made in accordance with the provincial FCSS guidelines.

**\*\*Please note - only projects or programs that are offered in the City of Wetaskiwin are eligible for Community Grants through Wetaskiwin FCSS. Funded projects must be completed by December 31, 2024.**

**Please call 780-312-7486 or email [emily.thompson@wetaskiwinfcss.com](mailto:emily.thompson@wetaskiwinfcss.com) about any questions or concerns you may have regarding the Community Grant Program. Applications are to be submitted on or before 4:30 p.m. on March 11, 2024.**

**Applications can be emailed, dropped off in-person, or mailed to:  
4802B - 40 Ave, Wetaskiwin, AB T9A 0A2**

#### Organizational Information

Name of Organization or Community Group:

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Mission or Vision of Organization/Community Group:

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Mailing Address:

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Street Address (if different than mailing address):

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Are you a not-for-profit organization?

- Yes | registration number \_\_\_\_\_
- No

Primary Contact Name:

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Position/Title:

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Phone Number:

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E-mail Address:

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**Program/Project Information**

Program/ Project Name:

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Description of Program/Project:

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Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Primary Target Population:

- Children (birth to 12)
- Youth (13-18)
- Adults (19-64)
- Seniors (65+)
- Families
- Community

Select the *Prevention Strategy* that best reflects the objective of your program/project:

- Assisting communities to identify their social needs and develop responses to meet those needs
- Promoting, encouraging and supporting volunteer work in the community
- Developing skills of individuals and families for greater resiliency
- Supporting the social development of children
- Supporting seniors to remain connected to their community
- The community is connected and engaged
- Community social issues are identified and addressed

Select the *Strategic Direction* that best links to your program/project intended outcome:

- Promote and encourage active engagement in the community
- Foster a sense of belonging
- Promote social inclusion
- Develop and maintain healthy relationships
- Enhance access to social supports
- Develop and strengthen skills that build resilience



What do you hope to achieve with the program/project? (overall impact or change)

What community needs or issue does this program/project address? Describe how.

What measurement tool will be used to evaluate the success of this program/project?

Please indicate if your proposed program or service addresses any of the key social issues identified by the Government of Alberta as priority issues to be addressed from a prevention-based lens.

- Homelessness and Housing Insecurity
- Mental Health and Addictions
- Employment
- Family and Sexual Violence Across the Lifespan
- Aging Well in Community

Does the program/project use volunteers?

- Yes
- No

If yes, how many volunteers will you recruit? \_\_\_\_\_

### **Financial Information**

Grant Amount Requested: \_\_\_\_\_



How would FCSS funding support the program/project?

Please complete the budget table below by listing ALL the contributing funders of this project, including fundraising and donations activities: (where all of the money to offer this project will be coming from).

Revenue Name	Requested Amount	Actual Amount	Expense Description

Total Project Cost: \_\_\_\_\_

Is there any other information you would like to share with FCSS regarding this program/project?

Would you like to be considered for multi-year funding? (projects that could continue past the current funding year and would be approved to receive funding in the next calendar year as well).

- Yes
- No



I declare that:

- I am a duly authorized representative having legal, financial, and/or executive signing authority for the above noted organization.
- The information provided within this application form and supporting documentation is true, accurate, and endorsed by the above organization.
- Any funding provided must be solely used for the purposes stated within this application and in accordance with the FCSS mandate.
- The information provided within may be made publicly available by Wetaskiwin FCSS.
- Any changes to the program/project will not be enacted upon without prior approval by Wetaskiwin FCSS.
- The Final Report (template provided) will be completed and delivered to Wetaskiwin FCSS within 45 days of project/program completion, or by January 31, 2025 – whichever date comes first.
- I understand that any overdue or outstanding Final Reports may affect future applications.
- Any unused funding must be returned to the City of Wetaskiwin FCSS.
- FCSS will have access to all financial statements and records having any connections with the program/project outlined within this application.
- Copies of receipts for expenses related to this project will accompany the final reporting. \*\*Copies will be destroyed upon verification by Wetaskiwin FCSS.
- The contribution from Wetaskiwin FCSS will be recognized. \*\*Logo will be provided with letter confirmation of the grant funding.

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Signature of Organization Representative

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Date

**Next Steps: Applicants that are selected by the Wetaskiwin FCSS Board of Directors will be notified of their opportunity to present their proposal in-person for further consideration and answer any questions to the Wetaskiwin FCSS Board of Directors. You will be notified in writing regarding the decision on your proposal.**

**\*\*Please note that Wetaskiwin FCSS does have a limited amount of funding for Community Grants and not all applications that are within the FCSS mandate will be able to be funded. The overall 2024 Community Grant budget for Wetaskiwin FCSS is \$50,000 which will be allocated to the number of approved project proposals.**



## **Attachment 1: Eligibility of Assessment Tool**

The Eligibility of Assessment Tool is a four-stage test or guide to assist local organizations in determining if a project or funding request fits the FCSS eligibility criteria:

### **1. Is the project or service preventative?**

- a. Does it enhance the social well-being of families and individuals?
- b. Does it have preventative social outcomes?

*(The answer should be YES to all questions)*

### **2. Does the project or service:**

- a. Help people develop independence or strengthen coping skills?
- b. Help people develop an awareness of social needs?
- c. Help people to develop interpersonal and group skills?
- d. Provide support(s) to help people be active members of the community?

*(The answer should be YES to at least one of the questions)*

### **3. Is the project or service:**

- a. Primarily recreation, leisure, entertainment, or a sporting activity/event?
- b. Offering direct assistance, including but not limited to: money, food, clothing, or shelter to an individual or family?
- c. Primarily rehabilitative, therapeutic, or crisis management?
- d. A duplication of services provided by any level of government?

*(The answer MUST be NO to all the questions)*