



## **Wetaskiwin FCSS: 2025**

### **Community Grant 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 that enhance the social well-being of families and individuals in our community. The Community Grant Program is one method Wetaskiwin FCSS uses to meet its mandate by providing funding to local organizations that work to enrich the City of Wetaskiwin and the lives of its residents through preventative services.

*“Prevention” is defined as: A proactive process that strengthens the protective factors of individuals, families, and communities to promote well-being, reduce vulnerabilities, enhance the quality of life, and empower them to meet the challenges of life.*

Please refer to the Eligibility Assessment Tool (pages 2-3) prior to completing the application as all funding decisions will be made in accordance with the provincial FCSS guidelines.

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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 your Community Grant application.

**Applications are to be submitted on or before 4:30 p.m. on July 14, 2025.**

**Applications can be emailed, dropped off in-person, or mailed to:**

***4802B - 40 Ave, Wetaskiwin, AB T9A 0A2***

**Total amount available across *all* recipients: \$30,000.00**



### Eligibility Assessment Tool

The Eligibility 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? Does it enhance the social well-being of families and individuals? 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)*
4. Do the proposed expenditures comply with Sections 3 and 4 of the *Family and Community Support Services Regulation*? *(The answer should be YES)*

*Section 3, Municipal costs of a program may only include:*

- (a) general administration and management of the municipal program,*
- (b) operation of a board or committee for the municipal program,*

- (c) planning and research regarding the overall program,*
- (d) general consulting by the municipality to services within the program,*
- (e) general consulting by the municipality to the community with regard to the program,*
- (f) monitoring and evaluation of program services in the municipality,*
- (g) evaluating program service delivery effectiveness,*
- (h) advertising and promoting the program services in the community,*
- (i) managing a specific service delivery mechanism,*
- (j) operating a board or committee for the delivery of the service,*
- (k) providing training for staff and volunteers for this service,*
- (l) reimbursing volunteers for incidental expenses necessarily incurred in providing volunteer services to the program but not including loss of wages, and*
- (m) employment of staff to deliver family and community service. AR 218/94 s3;199/2003*

*Section 4, Expenditures of the program shall not include:*

- (a) the purchase of land or buildings,*
- (b) the construction or renovation of a building,*
- (c) the purchase of motor vehicles,*
- (d) any costs required to sustain an organization that do not relate to direct service delivery under the program,*
- (e) municipal property taxes and levies, or*
- (f) any payments to a member of a board or committee referred to in section 3(b) or (j), other than reimbursement for expenses referred to in section 3(l).*



## Community Grant Application Details

### **Organizational Information**

*Name of Organization or Community Group:*

*Mission or vision of Organization/Community Group:*

*Mailing Address:*

*Street Address (if different than mailing address):*

*Are you a not-for-profit organization?*

☐ Yes | Registration number:

☐ No



*Primary Contact Name:*

*Position/Title:*

*Phone Number:*

*E-mail Address:*

**Program/Project Information**

*Program/ Project Name:*

*Description of Program/Project:*

*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 **Social Outcome Statement** that reflects the objective of your program/project:*

- ☐ Individuals experience personal well-being
- ☐ Individuals are connected with others
- ☐ Children and youth develop positively
- ☐ Healthy functioning within families
- ☐ Families have social supports
- ☐ 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:*

- ☐ 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
- ☐ Provide supports that help sustain people as active participants in the community



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

*What community need or issue does this program/project address? Please describe.*

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

- ☐ Survey
- ☐ Checklist
- ☐ Focus Groups
- ☐ Interview
- ☐ Case Studies
- ☐ Documentation Review

*Does the program/project use volunteers?*

- ☐ Yes
- ☐ No



## Financial Information

*Grant Amount Requested:*

*How would FCSS funding support the program/project?*

*Please complete the budget table below by listing **ALL** funders of this project (including fundraising and donations activities).*

Revenue Source Name	Requested Amount	Actual Amount	Expense Description

*Total Project Cost:*

*Additional Information:*



**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 (provided to grant recipients) will be completed and delivered to Wetaskiwin FCSS within 45 days of project/program completion, or by January 1, 2026– 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 secure access to all financial statements and records having any connections with the program/project outlined within this application.
- The contribution from Wetaskiwin FCSS will be recognized through the inclusion of our organization name and logo (provided to grant recipients).
- **If your application is considered for funding, a representative from your organization must be available for a presentation to Wetaskiwin FCSS' Board of Directors on July 22, 2025 at our office (4802B 40th Ave). Time slots will be arranged after the application deadline.**

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Signature of Organization Representative

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Date