



Wetaskiwin Family & Community
Support Services (FCSS)

2026

Community Grant Program

Application period:

Feb 9 - 4:30pm on March 13



**Building a
Stronger
Community,
Together!**

Program Overview – 2026 Community Grant

The Wetaskiwin Family and Community Support Services (FCSS) Community Grant Program provides funding for **preventive, community-based programs** that enhance the well-being of individuals, families and the community.

Funding Parameters (2026):

- Grants support FCSS-eligible preventive programs only;
- All approved funds must be expended by December 31, 2026;
- A maximum of \$50,000 is available across ALL funded community grant projects;
- Requested funding is not guaranteed for all applicants.

Please call [780-312-7486](tel:780-312-7486) or email the FCSS Managing Director at emily.thompson@wetaskiwinfcss.com regarding any questions or concerns about your Community Grant application.

Applications are to be submitted on or before **4:30 p.m. on March 14, 2026.**

Applications can be emailed to the address above or dropped off in-person/mailed to:
4802B - 40 Ave, Wetaskiwin, AB T9A 0A2.

1. Applicant Information

Organization Name:

Mission/Vision Statement:

Mailing Address:

Primary Contact Person:

Title:

Phone:

Email:

Website (if applicable):

Organization Type (check one):

- ☐ Non-profit / Society
- ☐ Registered Charity
- ☐ Volunteer Organization or Community Group
- ☐ Other (please specify): _____

Year Established:

Legal Status / Registration Number (if applicable):

2. Program Summary

Program/Project Title:

Program Purpose: Provide a concise description of the proposed program.

Program Timeline:

Start Date: _____ End Date: _____

(Programs must conclude and all funds be expended by December 31, 2026)

Program Location(s):

3. FCSSAA & Program Guidelines Alignment

3.1 Preventive Focus (Required)

Select all prevention strategies that may apply to your proposed program. Describe how the program is preventive in nature and how it supports individuals, families or the community before the onset of crisis or acute need.

- ☐ 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

Describe:

3.2 Provincial Prevention Priorities

Indicate the Provincial Prevention Priority that best suits your proposed program and briefly explain the alignment. "Other" is available, but preference is given to those that align with FCSS priority areas.

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

Describe:

3.3 Ineligible Activities Confirmation

FCSS funding cannot be used for treatment, rehabilitation, medical or clinical services, crisis intervention, direct financial assistance, recreation, basic needs provision or duplicate services.

- ☐ The proposed program complies with FCSS eligibility requirements and does not include ineligible activities

If clarification is required, provide details:

4. Community Need & Target Population

Identified Community Need:

Describe the need within the City of Wetaskiwin and how it was identified (e.g., local data, organizational experience, community input).

Target Age Group: Please check the 1 option that best suits your program.

- ☐ All ages
- ☐ Children (<12 yrs)
- ☐ Youth (12-17 yrs)
- ☐ Adults (18 - 54 yrs)
- ☐ Seniors (55+)
- ☐ No specific age group

Target Community Group: Please check the 1 option that best suits your program.

- ☐ Indigenous Peoples
- ☐ 2SLGBTQQIA+ People
- ☐ Newcomers
- ☐ People with disabilities
- ☐ Racialized people
- ☐ Language minority groups
- ☐ Women/girls
- ☐ Men/boys
- ☐ No specific community group

Estimated # of Participants:

5. Program Activities & Delivery

Describe the core activities and how the program will be delivered.

6. Partnerships & Collaboration

Identify any partner organizations and describe their role(s). If no formal partnerships exist, explain how the program complements existing community services (i.e., no service duplication).

7. Evaluation & Reporting

Describe how program success will be measured, including both **outputs (what will be delivered) and **outcomes** (what will change as a result).**

Example: Outcome: Individuals experience personal well-being. Indicators: The participants have experienced increased self-esteem, optimism, meaning and purpose.

Evaluation Methods (check all that apply):

- ☐ Attendance/participant tracking
- ☐ Surveys or feedback tools
- ☐ Pre - and post- program measures
- ☐ Qualitative feedback/testimonials
- ☐ Other:

8. Organizational Capacity

Describe the organization's experience, staffing or volunteer resources, and capacity to deliver the proposed program as described.

9. Budget Information

9.1 Program Budget

Provide a detailed budget specific to the proposed program that includes ALL funders, fundraising and donations.

Revenue Source Name	Requested Amount from FCSS	Actual Amount	Expense Description

9.2 Funding Request

FCSS Funding Amount Requested (2026):

- ☐ Funding has been requested or secured from other sources
- ☐ No other funding has been requested

If applicable, list other funding sources:

10. Declaration

I declare that: (please initial at the end of each line)

- 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 31, 2027– 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 Thursday, March 19, 2026 at our office (4802B 40th Ave). Time slots will be arranged after the application deadline. _____

Authorized Signature:

Name and Position:

Date: