**Community Grant Program**

**2023 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 its 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, 2023.**

**Please call 877-768-7656 or email carley.dolan@wetaskiwinfcss.com**

**about any questions or concerns you may have regarding the Community Grant. Applications are to be submitted on or before 4:30 p.m. on March 31, 2023. Successful applicants will be notified on or after April 7, 2023. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 *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
* 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?

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 budget table below by listing ALL funders of this project, including fundraising and donations activities:

| 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?

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, 2024 – 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization Representative Date

**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? 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:
   1. Help people develop independence or strengthen coping skills?
   2. Help people develop an awareness of social needs?
   3. Help people to develop interpersonal and group skills?
   4. Provide support(s) to help people be active members of the community?

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

1. Is the project or service:
   1. Primarily recreation, leisure, entertainment, or a sporting activity/event?
   2. Offering direct assistance, including but not limited to: money, food, clothing, or shelter to an individual or family?
   3. Primarily rehabilitative, therapeutic, or crisis management?
   4. A duplication of services provided by any level of government?

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

1. 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).*