Family and Community Support Services (FCSS)
Foothills Region - 2026 Funding Application
Application Deadline: November 14, 2025

Instructions: This is a fillable PDF form. If you need help completing it, contact your local FCSS office (see contact details at the end.)
Submit the signed application and all required attachments to each municipality you are requesting funding from by the deadline. Incomplete or late applications will not be accepted.
Refer to the Foothills Region FCSS Funding Application Guide for definitions and examples.

Required Attachments (all applicants)	
☐ List of current Board of Directors (names & roles only)	☐ Most recent audited financial statement

Application Declaration
I certify that the information in this application and supporting documents is accurate and complete, and submitted with the organization's knowledge and consent. The organization will comply with the requirements set out in the Family and Community Support Services Act and Regulation. I understand that, if approved, a funding agreement outlining terms and conditions will be required. (https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx)

Applicant Understanding & Signatures:	
Statement	**Initials**
I have read, understand, and used the FCSS Funding Application guide provided with this application.	
I have completed all sections of the application and understand that incomplete applications will not be considered for funding.	
I understand I am required to email this application to each municipality from which funding is requested.	
If approved for funding, I agree to submit a year-end report, including participant data and survey outcomes as required by the FCSS Accountability Framework.	
If funded, I understand the outcome measurement requirements (including mandatory survey questions) will be detailed in a Funding Agreement.	
Name:	
Authorized Signature:	
Date:	

	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Funding Request	$0.00	$0.00	$0.00	$0.00	$0.00

*The numbers above will autofill from the Budget section No. 17

1. Organization Information	
Organization Name:	
Primary Contact Name/Position:	
Phone:	
Email:	
Mailing Address:	
Website:	
Executive Director: **(if applicable)**	
Provide a brief overview of the organization including vision, mission, and history. (**200 words max)**	
Organizational Status: Please check all that apply and provide the relevant registration numbers(s)	☐ Registered Non-Profit under the Alberta Societies Act Registration Number: _____ ☐ Registered Charity Charitable Number: _____ ☐ Government Agency ☐ Not a registered non-profit or charity but fiscally sponsored by one Sponsoring organization name: Sponsoring organization's registration number: _____

2. Program Information	
Program Name:	
Indicate the type of program:	☐ New ☐ Pilot ☐ Continuous/ongoing
Program Overview: Provide a brief summary of the program. (**75 words max**)	

3. FCSS Mandate Alignment
The FCSS Regulation states that services provided under an FCSS funded program must be of a **preventative** nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and **do one or more** of the following:
Please check all that apply to your program:
☐ Help people develop independence, coping skills, and resilience ☐ Increases awareness of social needs ☐ Develops interpersonal and group skills to enhance constructive relationships ☐ Assists people/communities to assume responsibility for decisions/actions ☐ Provides supports that help sustain people as active participants in the community

4. FCSS Provincial Prevention Priorities & Strategy Alignment:	
FCSS funding aligns with the Provincial Accountability Framework. This section ensures that your program meets the eligibility criteria under the FCSS Regulation and also aligns with current provincial priorities and strategies.	
Select the **one** FCSS Provincial Prevention Priority that your program best aligns with.	○ Homelessness & Housing Insecurity ○ Mental Health & Addictions ○ Family & Sexual Violence (across the lifespan) ○ Employment ○ Aging Well in Community
Select which of the following FCSS Provincial Prevention Strategies your program best aligns with. **(check all that apply)**	☐ 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

5. Program Goal	
Provide **one sentence** that clearly states the goal of the program. **(30 words max)**.	

6. Program Outcome	
What difference will your program make for the people it serves? **(100 words max)**	

7. Statement of Need	
What social need is your program responding to? (refer to sections 3&4 above). **(150 words max)**	

8. Evidence of Need	
What evidence do you have to support that this is an issue? (e.g. local data, trends, reports) **(150 words max)**	

9. Program Design & Delivery	
Describe the key activities your program will use to address the need, and explain how they will be delivered. (Include program content, format, frequency, and duration). **(200 words max)**	

10. Community Partners	
What existing or new partnerships will support your program and what roles will they play? **(150 words max)**	

11. Promotion	
How will participants learn about your program (e.g. marketing, engagement events) and how will you acknowledge FCSS as a funder? **(150 words max)**	

12. Volunteerism	
How will you engage volunteers in your program? **(150 words max)**	

13. Primary Audience: (select one)		
Select the **main** age group and community group your program intends to serve.	Age Categories: ○ All ages (no specific target) ○ Children (<12) ○ Youth (12-17) ○ Adults (18+)	○ Seniors (as defined by your program) ○ Child or Youth & Caregiver ○ Child or Youth and Senior

14. Community Group (select one):	
○ No specific population group	○ People with disabilities
○ Indigenous peoples	○ Racialized people
○ 2SLGBTQQIA+people	○ Language minority groups
○ Newcomers	○ Women/girls
○ Men/boys	

15. Anticipated Outputs

Projected Participation **(actuals in year-end funding report)**
Provide projected numbers of participants and volunteers for your program.
**See pages 5 - 6 of the application guide for definitions and updated counting methods).

Community	Children <12	Youth 12-17	Adults 18-64	Seniors 65+	**Total**	Events	Volunteers	Volunteer Hours
Diamond Valley					0			
Foothills County					0			
High River					0			
Okotoks					0			
Total	0	0	0	0	0	0	0	0

16. Evaluation	
Note: FCSS outcome measurement and survey requirements will be finalized in consultation with successful applicants after funding decisions. Funded agencies will be required to collect and report data.	
Describe how you will evaluate your program and measure success. **(150 words max)**	

17. Program Budget

Provide the anticipated program budget only (not the entire organization). FCSS funds are intended to support direct program delivery; indirect/admin costs must not exceed 15% of FCSS funding. Include ALL other program revenue sources (fundraising, grants, etc.). See pages 6-7 of the application guide for eligible expenses.

Revenue	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Funding Requested						$0.00
Org. contribution						$0.00
Other grants: (specify)						$0.00
Donations:						$0.00
Fee for Service:						$0.00
Membership Dues:						$0.00
Other: (specify)						$0.00
Total Revenue	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Expenses	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
Salaries & Wages						$0.00
Staff Benefits						$0.00
Staff Travel						$0.00
Staff Training						$0.00
Volunteer Appreciation						$0.00
Volunteer Training						$0.00
Program Materials & Supplies						$0.00
Advertising/Promotion						$0.00
Rent/Utilities						$0.00
Insurance						$0.00
Phone						$0.00
Audit/Accounting						$0.00
Other:						$0.00
Other:						$0.00
Other:						$0.00
Total Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total Revenue					$0.00	
Total Expenses					$0.00	
Net (Revenue – Expenses=0)					$0.00	

Need Help?

If you have questions or require support while completing this application, please contact:

- Diamond Valley: SuzanN@diamondvalley.town 403-933-3059
- Foothills County: fcss@foothillscountyab.ca 403.603.6229
- High River: fcss@highriver.ca 403.603.3425
- Okotoks: fcss@okotoks.ca 403.995.2773