

Family and Community Support Services
Foothills Region 2025
Funding REPORT

Report deadline:
January 31, 2026

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM *will auto fill from budget					
	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Received (actual)					

1. ORGANIZATION INFORMATION	
Program Name	
Organization Name	
Program Contact	
Contact Phone	
Executive Director	
Email	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

2. PROGRAM PREVENTION THEMES	
2.1 Check the program prevention theme that this program most aligns with. Only select one.	
Address social isolation Children's Program Community Awareness Community Capacity Building Community Engagement/Cohesion Mental Health Supports/Counselling Cultural Programming Family Programs Family School Liaison Family/Sexual Violence Prevention	Helplines, Crisis Lines, Distress Lines, Life Lines Home Supports Information Study/Research Information and Referral Life Skills/Personal Development Supports to Prevent Poverty/Homelessness Training, Seminars, Courses Volunteering Youth Programming

3. Outputs

	Diamond Valley	Foothills County	High River	Okotoks	Total
Actual # preschoolers (0-6 years)					
Actual # children (7-12 years)					
Actual # youth (13-17 years)					
Actual # adults (18-64 years)					
Actual # seniors (65+ years)					
Total individual participants per community					
Actual # community presentations/events					
Actual # of Volunteers					
Actual # of Volunteer Hours					

4. PROVINCIAL FCSS PRIORITY MEASURES - OUTCOMES

Provincial Strategic Direction	SD1	SD2	SD3	SD4	SD5
Improved social well-being of...	Individuals		Families		Community
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)			Internal Asset: External Asset:		
Provincial Indicator and Page #	Provincial Indicator: Page #:				
Program Objective or Change Statement					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					
# Completing the Measurement Tool					
# Completing the Measure					
# Experiencing Positive Change					
Percentage of Positive Change (%)					

5. ACTUAL PROGRAM BUDGET

- Please provide the actual budget for the program.
- Only the program budget is required, not the entire budget of the organization.

Revenue - please indicate the actual sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						
Your Organizations Contribution						
Other Grants:						
Donations						
Fee for Service						
Membership Dues						
Other:						
Total Revenue						

Expenses – please indicate the actual costs to run the program.

Salaries and Wages						
Staff Benefits						
Staff Travel and Subsistence						
Volunteer Appreciation						
Volunteer Training						
Rent and Utilities						
Insurance						
Phone						
Advertising and Promotions						
Office and Program Supplies						
Audit and Accounting						
Other:						
Other						
Other:						
Total Expenses						

Total Revenue	
Total Expenses	
Net (Revenue – Expenses = 0)	

6. ANNUAL REPORT

6.1 Was your strategy implemented as planned? Why or why not?

[150 words max]

6.2 Stories - Please provide a success story of your program. You can attach photos if available. [500 words max]

7. CONTINUOUS QUALITY IMPROVEMENT

7.1 Based on your evaluation should this program continue and why/why not? **[150 words max]**

7.2 If continuing the program, did you identify any improvements that could be made? **[150 words max]**

7.3 Did your outcome measurements yield the expected results? Please explain. **[150 words max]**

8. DOCUMENTATION REQUIREMENTS

Only complete reports will be accepted.

Reports must be signed. Digital and scanned signatures will be accepted; unsigned reports will be returned.

Submit completed and signed annual report by direct delivery or email to the relevant municipal FCSS.
You must submit a complete annual report to each FCSS that you are requesting funding from by the deadline.

9. DECLARATION

Report Declaration:

I declare that all of the information in this report and the required supporting documents is accurate and complete, and that the report is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

Print name

Authorized Signature

Date