2026 FCSS Funding Application

FUNDING PERIOD: January 1 – December 31, 2026

Introduction

- **Separate applications must be filled out for <u>each program</u> in <u>each municipality</u> you intend to run the program in.**
- You will be contacted once recommendations have been approved by the respective Council's.
- Successful applicants will be required to sign a Funding Agreement and complete FCSS outcome measures for your program with each Municipality from which they receive funds. This agreement will include details of payment, financial and program reporting and other funding conditions.
- Applicants may be required to provide a presentation on their application.

Information

Healthy and resilient families and communities are the building blocks of a strong Alberta. The Government of Alberta and local FCSS programs partner together to address key social issues that affect Albertans. This is done by tackling the root causes of social issues through preventive work to reduce risk factors and build resilience. Some examples of root causes are poverty, lack of education or employment, adverse childhood experiences, social isolation, and mental health challenges.

In 2022, the Province of Alberta introduced the FCSS Accountability Framework which provided a definition of prevention and outlined 5 Provincial Prevention Priorities. This helps FCSS programs to be focused and strategic in combatting issues in their communities.

The definition describes prevention as, "***A proactive process that strengthens the protective factors of individuals, families, and communities to promote well-being, reduce vulnerabilities, enhance quality of life, and empowers them to meet the challenges of life***."

The 5 Provincial Prevention Priorities:

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

Please note each Municipality may vary in their focus, design and delivery of these priorities which may effect funding outcomes.

Programs applied for will use one or more of the following strategies to address social issues and create stronger, more resilient communities for the future:

- **Promote Community Engagement:** Encourage people to get involved and participate in their community.
- **Foster a Sense of Belonging:** Help people feel like they are a part of their community.
- **Promote Social Inclusion:** Make sure everyone, no matter their background, is included in community life.
- **Develop Healthy Relationships:** Support people in building and maintaining strong, positive connections with others.
- **Enhance Social Supports:** Improve access to the help people need, like support groups or community resources.
- **Build Resilience:** Help people develop the skills to handle challenges and bounce back from difficulties

Other Important Information

As per the FCSS Regulation, funding is ***not available*** for programs that:

- are primarily recreation, leisure, entertainment or sporting activity or event
- offer direct assistance, including money, food, clothing or shelter
- are primarily rehabilitative, therapeutic or crisis management
- are a duplication of a service provided by any level of government
- are capital expenditure like the purchase of a building or vehicle

Grants are often short term with the objective being to enhance a program so it can eventually sustain itself independently.

Each Community makes funding recommendations to their municipal councils based on their own policies and priorities. Some principles they use to guide their decision making and administration of the funds include:

- Is the applicant organization Non-Profit or Not for Profit

- Dose the application meet eligibility requirements as set out in the FCSS Act and Regulations
- Does the program have broad community impact
- Strong community partnerships are shown

Conditions of Funding

a) A completed program report must be completed.
b) Funding received from the municipalities must provide preventive social programs that directly benefits its residents.
c) All funds must be spent by December 31st of the funding year. If you are anticipating a surplus contact the municipality prior to October 31st of the funding year.
d) A final report will be issued to approved applicants. There will be *changes in 2026* to this report compared to previous years. This report must be submitted by January 31 of the following year. Refer to the Mountain View County Website Click here for the Reporting Guide.

Submission of Application: Applications must be received via mail or email on or before:

November 15, 2025

Mail:
Mountain View County
Attn: Josie McGillicky
Bag 100, Didsbury, Alberta, T0M 0W0
E-mail: grants@mvcounty.com

Please contact the individual municipality you are applying for funding from should you have any questions regarding your application.

Carstairs FCSS - 403-940-3327
Cremona FCSS - 403-510-4521
Didsbury FCSS- 403-335-7161
Olds FCSS – 403-556-6981
Mountain View County FCSS – 403-335-3311

2026 FCSS Funding Application

(Check any or all to which you are applying)			
Carstairs FCSS	◯	Olds FCSS	◯
Cremona FCSS	◯	MVC FCSS	◯
Didsbury FCSS	◯		

AGENCY INFORMATION	
Agency Name:	
Contact Name:	
E-Mail Address:	
Mailing Address (include postal code):	
Street Address:	
Telephone Number:	

AGENCY INFORMATION
Provide a **brief** overview of your agency (i.e. Mission, Mandate, and History).

Carstairs FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Carstairs.** For questions regarding your Carstairs Application call Lori King 403-940-3327.

Fill out the below information for ONE program you intend to run in **Carstairs.**

Make a **copy** of this page to fill out again if you are running **more than one program within Carstairs.**

Other program(s) you are requesting funding for in other Towns are to be listed in their funding section.

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)
Program Name:
Program Overview:
Provincial Prevention Priorities: *Select Best Fit* ❑ #1 Homelessness and housing insecurity ❑ #2 Mental health and addictions ❑ #3 Employment ❑ #4 Family and sexual violence across the lifespan ❑ #5 Aging well in the community

Prevention Strategies: *Select 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

Please categorize this activity in <u>one</u> of the two categories: *See the application guide for Program subtypes Click here for Application Guide*

- ❑ Programs
  - Indicate type here: (ie. Healthy relationships)
  - Indicate sub type here: (ie. School-aged healthy relationship program)
- ❑ Community Development and Capacity Building

What *community issue, need or situation are you responding to? Evidence of need?*

Who is served *Target Group*

- ❑ **Children/Youth**
- ❑ **Adults**
- ❑ **Seniors**
- ❑ **Family**
- ❑ **Community**

Resources Needed: *Ie). staff, volunteers, money, materials, equipment, technology, information*

Community Partnerships: *Who & what resource does each Partner bring to the program*

Volunteers: specific to this project- ie) 3 volunteers, 8 sessions @2 hr sessions =48 volunteer hours

Anticipated # of Volunteers:	Anticipated # of Volunteer Hours:

Participants: Specific to this project- every project is a unique event, ie) 12 people x 3 sessions=36 participants

Anticipated # of Children/Youth:	Anticipated # of Adults:	Anticipated # of Seniors:

Total Number of Participants:
Will the program and budget be impacted if full amount requested is not received? **If yes, please explain:**

Please List the financials for this specific program in Carstairs:

Expenditures: (Itemize & List)		**Estimated Revenue & Contributions:**	
_____	$ _____	Funding from own Organization:	$ _____
_____	$ _____	Fundraising:	$ _____
_____	$ _____	Grants: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	Donations:	$ _____
_____	$ _____	Other: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

Total Expenditures: (A) **$ _____** **Total Estimated Revenue: (B)** **$ _____**

Funding Request: (A minus B)	**$ _____**

Cremona FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Village of Cremona.** For questions regarding your Cremona Application call Meghan Vornholt 403-510-4521.

Fill out the below information for ONE program you intend to run in **Cremona.**

Make a **copy** of this page to fill out again if you are running **more than one program within Cremona.**

Other program(s) you are requesting funding for in other Towns are to be listed in their funding section.

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)
Program Name:
Program Overview:
Provincial Prevention Priorities: *Select Best Fit* ❑ #1 Homelessness and housing insecurity ❑ #2 Mental health and addictions ❑ #3 Employment ❑ #4 Family and sexual violence across the lifespan ❑ #5 Aging well in the community

Prevention Strategies: *Select all that apply*

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- ❑ Community Development and Capacity Building

What *community issue, need or situation are you responding to? Evidence of need?*

Who is served *Target Group*

- ❑ **Children/Youth**
- ❑ **Adults**
- ❑ **Seniors**
- ❑ **Family**
- ❑ **Community**

Resources Needed: *Ie). staff, volunteers, money, materials, equipment, technology, information*

Community Partnerships: *Who & what resource does each Partner bring to the program*

Volunteers: specific to this project- ie) 3 volunteers, 8 sessions @2 hr sessions =48 volunteer hours

Anticipated # of Volunteers:	Anticipated # of Volunteer Hours:

Participants: Specific to this project- every project is a unique event, ie) 12 people x 3 sessions=36 participants

Anticipated # of Children/Youth:	Anticipated # of Adults:	Anticipated # of Seniors:

Total Number of Participants:

Will the program and budget be impacted if full amount requested is not received?
If yes, please explain:

Please List the financials for this specific program in Cremona:

Expenditures: (Itemize & List)		**Estimated Revenue & Contributions:**	
_____	$ _____	Funding from own Organization:	$ _____
_____	$ _____	Fundraising:	$ _____
_____	$ _____	Grants: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	Donations:	$ _____
_____	$ _____	Other: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

Total Expenditures: (A) **$ _____** **Total Estimated Revenue: (B)** **$ _____**

Funding Request: (A minus B) **$ _____**

Didsbury FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Didsbury.** For questions regarding your Didsbury Application call Nicole Aasen at 403-335-7161.

Fill out the below information for ONE program you intend to run in **Didsbury.**

Make a **copy** of this page to fill out again if you are running **more than one program within Didsbury.**

Other program(s) you are requesting funding for in other Towns are to be listed in their funding section.

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)
Program Name:
Program Overview:
Provincial Prevention Priorities: *Select Best Fit* ❑ #1 Homelessness and housing insecurity ❑ #2 Mental health and addictions ❑ #3 Employment ❑ #4 Family and sexual violence across the lifespan ❑ #5 Aging well in the community

Prevention Strategies: *Select 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

Please categorize this activity in <u>one</u> of the two categories: *See the application guide for Program subtypes Click here for Application Guide*

- ❑ Programs
  - Indicate type here: (ie. Healthy relationships)
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- ❑ Community Development and Capacity Building

What *community issue, need or situation are you responding to? Evidence of need?*

Who is served *Target Group*

- ❑ **Children/Youth**
- ❑ **Adults**
- ❑ **Seniors**
- ❑ **Family**
- ❑ **Community**

Resources Needed: *Ie). staff, volunteers, money, materials, equipment, technology, information*

Community Partnerships: *Who & what resource does each Partner bring to the program*

Volunteers: specific to this project- ie) 3 volunteers, 8 sessions @2 hr sessions =48 volunteer hours

Anticipated # of Volunteers:	Anticipated # of Volunteer Hours:

Participants: Specific to this project- every project is a unique event, ie) 12 people x 3 sessions=36 participants

Anticipated # of Children/Youth:	Anticipated # of Adults:	Anticipated # of Seniors:

Total Number of Participants:

Will the program and budget be impacted if full amount requested is not received?

If yes, please explain:

Please List the financials for this specific program in Didsbury:

Expenditures: (Itemize & List)		**Estimated Revenue & Contributions:**	
_____	$ _____	Funding from own Organization:	$ _____
_____	$ _____	Fundraising:	$ _____
_____	$ _____	Grants: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	Donations:	$ _____
_____	$ _____	Other: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

Total Expenditures: (A) **$ _____** **Total Estimated Revenue: (B)** **$ _____**

Funding Request: (A minus B) **$ _____**

Olds FCSS Funding Application:

Please fill out the following information if you are applying for **funding from the Town of Olds.** For questions regarding your Olds Application call Heather Dixon 403-556-6981.

Fill out the below information for ONE program you intend to run in **Olds.**

Make a **copy** of this page to fill out again if you are running **more than one program within Olds.**

Other program(s) you are requesting funding for in other Towns are to be listed in their funding section.

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)
Program Name:
Program Overview:
Provincial Prevention Priorities: *Select Best Fit* ❑ #1 Homelessness and housing insecurity ❑ #2 Mental health and addictions ❑ #3 Employment ❑ #4 Family and sexual violence across the lifespan ❑ #5 Aging well in the community

Prevention Strategies: *Select all that apply*

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What *community issue, need or situation are you responding to? Evidence of need?*

Who is served *Target Group*

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- ❑ **Adults**
- ❑ **Seniors**
- ❑ **Family**
- ❑ **Community**

Resources Needed: *Ie). staff, volunteers, money, materials, equipment, technology, information*

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Participants: Specific to this project- every project is a unique event, ie) 12 people x 3 sessions=36 participants

Anticipated # of Children/Youth:	Anticipated # of Adults:	Anticipated # of Seniors:

Total Number of Participants:

Will the program and budget be impacted if full amount requested is not received?
If yes, please explain:

Please List the financials for this specific program in Olds:

Expenditures: (Itemize & List)		**Estimated Revenue & Contributions:**	
_____	$ _____	Funding from own Organization:	$ _____
_____	$ _____	Fundraising:	$ _____
_____	$ _____	Grants: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	Donations:	$ _____
_____	$ _____	Other: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

Total Expenditures: (A) **$ _____** **Total Estimated Revenue: (B)** **$ _____**

Funding Request: (A minus B)	**$ _____**

Mountain View County FCSS Funding Application:

Please fill out the following information if you are applying for **funding from Mountain View County.** For questions regarding your Mountain View County Application call Josie McGillicky 403-335-3311.

Fill out the below information for ONE program you intend to run in **Mountain View County.**

Make a **copy** of this page to fill out again if you are running **more than one program within Mountain View County.**

Other program(s) you are requesting funding for in other Towns are to be listed in their funding section.

PROGRAM INFORMATION (Information to be specific to the Program AND the Municipality for which you are requesting funding)
Program Name:
Program Overview:
Provincial Prevention Priorities: *Select Best Fit* ❑ #1 Homelessness and housing insecurity ❑ #2 Mental health and addictions ❑ #3 Employment ❑ #4 Family and sexual violence across the lifespan ❑ #5 Aging well in the community

Prevention Strategies: *Select all that apply*

- ❑ Promote and encourage active engagement in the community
- ❑ Foster a sense of belonging
- ❑ Promote social inclusion
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- ❑ Enhance access to social supports
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- ❑ Programs
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Who is served *Target Group*

- ❑ **Children/Youth**
- ❑ **Adults**
- ❑ **Seniors**
- ❑ **Family**
- ❑ **Community**

Resources Needed: *Ie). staff, volunteers, money, materials, equipment, technology, information*

Community Partnerships: *Who & what resource does each Partner bring to the program*

Volunteers: specific to this project- ie) 3 volunteers, 8 sessions @2 hr sessions =48 volunteer hours

Anticipated # of Volunteers:	Anticipated # of Volunteer Hours:

Participants: Specific to this project- every project is a unique event, ie) 12 people x 3 sessions=36 participants

Anticipated # of Children/Youth:	Anticipated # of Adults:	Anticipated # of Seniors:

Total Number of Participants:

Will the program and budget be impacted if full amount requested is not received?
If yes, please explain:

Please List the financials for this specific program in Mountain View County:

Expenditures: (Itemize & List)		**Estimated Revenue & Contributions:**	
_____	$ _____	Funding from own Organization:	$ _____
_____	$ _____	Fundraising:	$ _____
_____	$ _____	Grants: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	Donations:	$ _____
_____	$ _____	Other: _____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

Total Expenditures: (A) **$ _____** **Total Estimated Revenue: (B)** **$ _____**

Funding Request: (A minus B)	**$ _____**

DOCUMENTATION REQUIREMENTS:	ATTACHED:
List of current Board of Directors (name and position only)	◯
Most recent Audited Financial Statement	◯

COMPLETED APPLICATIONS:

Completed Applications may be mailed OR emailed:
By Mail: Josie McGillicky, Bag 100, Didsbury, Alberta, T0M 0W0
By Email: grants@mvcounty.com

Applications must be received at Mountain View County on or before November 15, 2025.

DECLARATION:
I declare that all the information in this application is accurate and complete, and that the application is made on behalf of the named organization with its full knowledge and consents and **complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.**
(http://humanservices.alberta.ca/family-community/14876.html)

I acknowledge that should this application be approved; I will be required to enter into a funding agreement which will outline the terms and conditions.

_____	_____	_____
Print Name	Authorized Signature	Date

The personal information on this form is being collected under the authority of Section 4(c) of the Alberta Protection of Privacy Act (POPA) for the purpose of evaluating and administering the applicable grant program. The application form or information provided may be included in a public agenda package prepared for Council or a committee of Council. Any inquiries relative to the collection or use of this information may be directed towards: Mountain View County Head of POPA/ATIA, legislative@mvcounty.com, 403-335-3311.