

PARKLAND COUNTY FAMILY AND COMMUNITY SUPPORT SERVICES 2027 GRANTS TO GROUPS – FUNDING APPLICATION

Initial Deadline: 4:30pm, Thursday, July 9, 2026

IMPORTANT

Before applying for this grant, your program or project must:

1. Be eligible for FCSS funding.
Please refer to the eligibility chart before proceeding with this grant application.
2. Be a member of an incorporated not-for-profit organization or charity.
Applications will not be accepted from private individuals or from for-profit entities.
3. Programs and Services **not** eligible under the program include those that are:
 - i. Primarily recreation, leisure, entertainment, sports or a party-type event (e.g. family skate/swim, Halloween party, Christmas festival, Easter hunt, movie night);
 - ii. Offering direct assistance including money, food, clothing or shelter;
 - iii. Primarily rehabilitative, therapeutic or crisis management;
 - iv. Duplication of services filled by any government;
 - v. Capital expenditures (such as purchase, construction or renovation of a facility).

If you are unsure about any portion of this application, please contact us at 780-968-8342.

I. CONDITIONS OF FUNDING

Funding received from the Parkland County Family and Community Support Services program must provide preventive social programs that directly benefit Parkland County residents*.

- ✓ All funds must be spent by December 31st of the funding year.
- ✓ Activities and programs that are offered in Parkland County will receive priority.
- ✓ Public acknowledgment of Parkland County FCSS financial assistance is a condition of receiving a grant.
- ✓ Outcomes must be measured, and data must be included in your **End of Year Summary Report**. *Reports that do not include data from their measures may not be considered for future funding through Parkland County.*
- ✓ **End of Year Summary Report** must be submitted within 30 days of program completion or January 30, 2028, whichever is sooner, and must include **Measures** (survey questions) results. **Measures must** be selected from the **FCSS Accountability Framework Question Catalogue**.
 - The **Question Catalogue** will be emailed to you if your project is accepted for Grants to Groups Funding.
 - Support on how to choose questions and how to include this information in your **End of Year Summary Report** will be available to you by contacting Parkland County FCSS.

** Parkland County residents DOES NOT include those living in Spruce Grove, Stony Plain, Village of Spring Lake, the Village of Seba Beach, or Reserves 133A or 135 and Summer Villages.*

II. APPLICANT INFORMATION

REGISTERED ASSOCIATION INFORMATION			
Registered Name			
Act Incorporated Under		Date of Incorporation	
Mailing Address			
City/Town		Postal Code	
DECLARATION OF OFFICERS			
<p>In making this application, we, the undersigned officers of the applicant, hereby represent to Parkland County and declare that, to the best of our knowledge and belief, that the information provided is truthful and accurate, and the application is made on behalf of the organization with the Board's full knowledge and consent.</p>			
Signature of President		Print Name	
		Date	
PRIMARY GRANT APPLICATION CONTACT			
Primary Contact			
Email			
Phone			

TYPE OF SUPPORT

Please indicate which type of funding support you are applying for:

- Special Project
(Short term and not part of the regular operational costs of the organization)
- Support of Current Programming
- New Programming

Please indicate the length of term of which you are applying for funding:

- 1 Year *Organizations may apply for 1-, 2-, or 3-year funding. If applying for 2- or 3-year funding, an application will not need to be resubmitted unless there are changes to the program. The amount requested will be per year. Reporting will still be required at the end of each year. Failure to submit reporting at the end of the year will result in termination of grant.*
- 2 Year
- 3 Year

III. INFORMATION

Family and Community Support Services (FCSS) is a partnership between the Province of Alberta and a Municipality or Métis Settlement that develops locally driven initiatives to enhance the social well-being of individuals, families and community through prevention.

To obtain FCSS conditional funding, programs of service providers must fit within Parkland County Family and Community Support Services priorities and meet the requirements of the Family and Community Support Services Accountability Framework, and Family & Community Support Services Act and Regulation.

Indicate which area your programs fit:

a) Enhance the social well-being of individuals, families, and community through **prevention**, and fall within the following program categories (select all that are applicable)

- Mental Health Promotion
- Home Support
- Child Development and Caregiver Support
- School-Ages Camps and Drop-In Programs
- Skill Building Programs
- Healthy Relationship Programs
- Community Outreach
- Group-Based Social Connection/Social Well Being Programming

b) Address social issues impacting Albertans, and align with the following **Provincial Priorities** (select one)

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

c) Enhance protective factors, and align with **Provincial Prevention Strategies** (select between 2-4)

- Strategy #1- Promote and encourage active engagement in the community.
- Strategy #2- Foster a sense of belonging
- Strategy #3- Promote social inclusion
- Strategy #4- Develop and maintain healthy relationships
- Strategy #5- Enhance access to social supports
- Strategy #6- Develop and strengthen skills that build resilience

d) Do one or more of the following (select all that are applicable)

- Help people develop independence and strengthen coping skills
- Help people develop an awareness of social needs
- Help people develop interpersonal and group skills
- Help people and communities assume responsibility
- Provide preventative social supports that help sustain people as active members of the community

The above guidelines must be kept in mind when completing your application. If you are unsure if your program qualifies, please contact Parkland County FCSS before you apply.

All sections of the application must be complete in full, please use additional sheets if any of the spaces provided on the application form are inadequate.

IV. EXECUTIVE SUMMARY

PROJECT NAME AND DESCRIPTION

Project Name: _____

Please provide a short description of the proposed project/program:

TARGET GROUP

What **age category** will your project/service serve? (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> All ages (no specific target) | <input type="checkbox"/> Adults (18+) |
| <input type="checkbox"/> Children (<12) | <input type="checkbox"/> Seniors, as defined by your program |
| <input type="checkbox"/> Youth (12-17) | <input type="checkbox"/> Child or Youth and Caregiver |
| <input type="checkbox"/> Children and Youth (<18) | <input type="checkbox"/> Child or Youth and Senior |

Which of the Community Groups will be your **intended** or **primary** audience?

- | | |
|--|---|
| <input type="checkbox"/> No specific community group | <input type="checkbox"/> Language minority groups |
| <input type="checkbox"/> Newcomers | <input type="checkbox"/> Indigenous peoples |
| <input type="checkbox"/> Women/girls | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Men/boys | <input type="checkbox"/> 2SLGBTQQIA+ people |
| <input type="checkbox"/> Racialized people | |

Please provide an estimated number of participants:

NOTE: Actual participant numbers will be required in your Summary Report. Please keep track of your participant numbers for reporting.

STATEMENT OF NEED

What is the overall issue your project/service is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For Example: Phone requests for service, client requests, and current gap in services in relation to this service/need.)

V. PROGRAM OUTCOME STATEMENT AND INDICATOR

PROGRAM OUTCOME STATEMENT

Please provide us with one **Outcome Statement** that best fits your FCSS funded program/project or service: An Outcome Statement includes the desired change that your program sought to influence in your participants. *Examples: Parents gain skills and knowledge in parenting. Community members are aware of social supports. Individuals feel a sense of belonging.*

VI. ADDITIONAL PROGRAM DETAILS

STRATEGY

What strategies will your project/service use to address this issue? I.e. What will your program do and how?

LOCATION

Which geographical region in Parkland County will this program be located and what is your catchment zone? How will you reach the residents in your identified catchment zone?

RATIONALE

Explain why you believe this strategy or approach will work. The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we teach people different parenting tools and strategies, then parents will increase their parenting skills." Where possible, support your rationale with **evidence-based** research, best practices, or relevant community data. Ensure that your rationale aligns with and supports the Program Outcome Statement outlined above.

INPUTS

What resources are you and/or your group dedicating to this project/service? (Staff, money, materials, partners, volunteers, in-kind services?)

<input type="checkbox"/> Staff	How many? _____	Estimated number of total hours? _____
<input type="checkbox"/> Volunteers	How many? _____	Estimated number of total hours? _____
<input type="checkbox"/> Financial	How much? \$ _____ \$ _____ \$ _____ \$ _____	Source? _____ _____ _____ _____
<input type="checkbox"/> In-kind services	Please list: _____ _____	
<input type="checkbox"/> Partners	Who? _____ _____ _____ _____	Contribution? _____ _____ _____ _____
<input type="checkbox"/> If you have other inputs that you will be providing to the program, please list them here: 		

PROPOSED BUDGET

Applicants must use this form only; alternate budget spreadsheets will **not** be accepted. Please provide as much detail as possible on this spreadsheet.

Proposed Expenditures	Proposed Amount
Please provide all budget details below:	Provide proposed expenditure amount
Personnel	
Travel/Training	
Materials & Supplies	
Facility Costs	
Other	
Total Proposed Expenditures	

Proposed Revenue	Proposed Amount
Provide all sources of revenue below, including in-kind	Provide proposed revenue amount
Total Proposed Revenue	
FCSS Funding Request:	

Should you receive partial funding for your project, what would partial funding **realistically** mean for your overall project/service? What portions of your services would it affect and how?

Please note: The funding amount is dependent on the number of groups applying during the current funding cycle.

Would your program/project be able to be offered with partial funding? Yes No

Have you sought out additional funding from other sources for this project/program? Yes No

If yes, from what sources? (Please remember to list these sources on the budget sheet attached)

If yes, have any of these funding sources been confirmed? Yes No

If you have not sought out additional funding sources, why not?

If you do not receive full funding, how will you prioritize your programming? What parts might not get done?

OUTPUTS

What services will your organization/group be providing (workshops, presentations, meetings, other services)?

	How many will be offered?	How long will they be?	How often will they be offered (once per week, monthly, etc.?)
<input type="checkbox"/> Meeting time			
<input type="checkbox"/> Workshops			
<input type="checkbox"/> Program			
<input type="checkbox"/> Presentations			

Please add any additional outputs or deliverables you may be providing to this program/project:

VII. ASSESSING PROGRAM IMPACT USING MEASURES AND DATA COLLECTION

DATA COLLECTION/MEASUREMENT TOOLS

What tools will you use to measure your success?

- Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)
- Post (End of Program) Survey only (programs that are less than 2-3 sessions)
- Pre and Post Interviews with clients/participants (for programs that last more than 3 sessions)
- Post Interview with clients/participants, only (for programs that only last 2-3 sessions)
- Observations
- Checklist (where participants are monitored through the program and as they achieve milestones, these milestones are checked off as being learned or achieved.)
- Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)
- Other, please explain what **other** form of measurement you will be using to measure positive difference:

IMPORTANT NOTE:

At the end of the funding period, you will be asked to include your measurement question and the data you collected from your participants. We will not require you to submit copies of the original participant surveys, unless specifically requested to do so, please keep these surveys according to your organization's retention policies just in case this request is made.

VIII. PROGRAM/PROJECT COMMUNITY PARTNERSHIPS AND COMMUNICATION:

SIMILAR SERVICES

Please identify other organizations in the Tri Municipal Region that provide similar services/programming.

Are there any other groups or organizations in Parkland County that offer similar services to your program/project?

- No Yes - List the names of these organizations and the program that may be similar to yours?

Will your organization be partnering (networking, sharing information, sharing funding, sharing clients/participants) with the above organization(s)?

- Yes No - If No, why not?

IMPORTANT NOTE:

Partnering with agencies that provide similar services can strengthen communication, reduce duplication of services, and enhance overall program effectiveness. Meaningful partnerships demonstrate that resources are being used efficiently and that responsibilities, expertise, and project activities are being shared collaboratively.

ADDITIONAL INFORMATION

Please provide any additional information that may support your application. Keep information concise and do not include anything that is confidential or identifying in nature (e.g. names or photos of participants, etc.)

Note:

- ✓ Please ensure that you fill in the budget summary included in this application. You MUST use the budget that is part of this application. Additional financial information may be requested by Family and Community Support Services should further clarification be required.
- ✓ Please ensure that your contact information on this application includes the best way to contact you and that the information is accurate and printed clearly.

Thank you for your submission.