



**FAMILY & COMMUNITY  
SUPPORT SERVICES**

**SPECIAL PROJECTS GRANT  
2024**

**INFORMATION AND  
APPLICATION**

# YELLOWHEAD COUNTY FCSS GRANT INFORMATION

## 1. What Types of Services will FCSS Fund?

Services funded by FCSS must do one of the following:

- Help people develop independence, strengthen coping skills and become more resistant to crisis:
- Help people to develop an awareness of social needs:
- Help people to develop interpersonal group skills which enhance constructive relationships among people:
- Help people and communities to assume responsibility for decisions and actions which affect them:
- Provide supports that help sustain people as active participants in the community.
  
- Examples include:
- Workshops or guest speakers on a topic related to personal development or a social issues (addictions, community or board development, resiliency in youth, early childhood development, etc).
- Organized gatherings of individuals providing support and decreasing social isolation, such as a bereavement group, young mothers, newcomers, etc..
- Opportunities or methods to increase awareness of the programs and services that are available in a particular community.
- Family events, grandparent/intergenerational programs or events.
- Services that promote or increase awareness and participation in community and volunteering.

## 2. What are the priorities for Yellowhead County FCSS grant funding?

- A. "NeighbourLinking" (separate application)
- B. Intergenerational Programs
- C. Social Seniors
- D. Multicultural Support
- E. Child and Youth Activities

## 3. Can I apply for funding if my program doesn't match one of the the priority areas?

Yes, as long as it still falls under the FCSS mandate. Projects and programs must be of a preventive nature, enhancing the social well-being of individuals families or communities through promotion or intervention strategies,

## 4. What types of services cannot be funded by FCSS?

The FCSS grant funds must not be used to:

- Primarily provide for the recreational needs or leisure time pursuits of individuals
- Offer direct financial assistance to sustain an individual or family
- Be primarily rehabilitative in nature, or

- Duplicate services available from or within the jurisdiction of any government agency or services that may otherwise be reasonably accessible to residents

## 5. What type of group can apply for FCSS funding?

- FCSS can provide grant funding to not-for-profit agencies, community groups, associations or committees
- FCSS will not provide funding to individuals or commercial enterprises

## 6. What do I have to do to apply for a grant?

Applicants for FCSS grants will be required to:

- Complete a **FCSS Grant Application Form** with a projected budget and financial statement
- Comply with the FCSS grant terms and conditions, using funds only for the purposes outlined in the grant application
- Submit a report to FCSS at project completion that includes financial reporting of the project and outcomes report (within 60 days).
- Return unused funds to Yellowhead County or provide a report on the projected use of those funds for approval of the FCSS Board
- Provide informal reports at the request of the FCSS program
- Acknowledge the contribution of the FCSS grant to the larger community
- Ensure accurate information is provided to FCSS regarding contact information



**YELLOWHEAD COUNTY**  
**FAMILY AND COMMUNITY SUPPORT SERVICES**  
**SPECIAL PROJECTS GRANT APPLICATION**

A Special Projects Grant is:

1. Funding for a short term project
2. For projects having a preventative social support function



**YELLOWHEAD COUNTY  
SPECIAL PROJECTS GRANT APPLICATION**

**GRANT AREA:**    Intergenerational     Social Seniors     Multicultural   
                         Child and Youth     Other

**SECTION A: ORGANIZATION INFORMATION**

1. Project Name: \_\_\_\_\_

2. Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_  
(if applicable)

3. Registered Society Number and/or Registered Charity  
Number  
(Attach copy of incorporation certificate and Board of Directors) \_\_\_\_\_

4. If this is a chapter of a larger organization, state head office location address and phone number

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

**SECTION B: PURPOSE**

1. What services will be provided with the grant funds?

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

2. What do you want to achieve by providing these services?

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

3. What is the target group that you wish to serve?

Individuals

Families

Community

How many participants do you expect to service with this project? \_\_\_\_\_

How many of those participants will be from Yellowhead County? \_\_\_\_\_

4. What evidence of support is there from local business, industry, service groups, and users?  
(Contributions of money, services and supplies and/or letters of support)

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5. In what ways does your project incorporate volunteerism?

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6. Please choose one statement below, best representing what you wish to change or achieve because of your program.

Individuals experience personal well-being.

Families have social supports.

Individuals are connected with others.

The community is connected and engaged.

Children and youth develop positively.

Community social issues are identified and addressed.

Healthy functioning within families.

7. What board/non-profit education or programming has your board/organization taken part in over the past year?

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_____	_____
_____	\$ _____
_____	\$ _____
Previous FCSS Grant Surplus	\$ _____
TOTAL REVENUE:	\$ _____
TOTAL GRANT FUNDING REQUESTED: (difference between Expense and Revenue)	\$ _____

Is your organization applying for other grants?    Yes     No

If yes, for what purpose and what amount?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION D: DECLARATION**

We, the undersigned, do hereby certify this statement contains a full and accurate account of all matters stated here:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Forward completed application to:  
 Family and Community Support Services  
 Yellowhead County  
 2716-1<sup>st</sup> Ave



Edson, AB  
T7E 1N9

OR

Email: [wrobinson@yellowheadcounty.ab.ca](mailto:wrobinson@yellowheadcounty.ab.ca)





**Accounting of  
FCSS Special Project  
Grant Funds**

Name of Organization \_\_\_\_\_

Project Description \_\_\_\_\_

1. What services were provided with the grant funds and did they differ from your original application?

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2. Did you achieve the objectives included in your application?

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3. How many participants were involved? \_\_\_\_\_

Number of participants from Yellowhead County? \_\_\_\_\_

4. What support did you receive from local business, industry, service groups and users (eg. funding, donations of service, volunteer work)?

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5. Please report on how you did for **one** of the following (as identified in your application)

Individuals experience personal well-being.

Individuals are connected with others

Children and youth develop positively.

Healthy functioning within families

Families have social supports.

The community is connected and engaged.

Community social issues are identified and addressed.

How did you measure this? \_\_\_\_\_

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What were your results?

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6. How did you acknowledge the Yellowhead County grant contribution?

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7. Financial Accounting (To be filled in after project is complete)

EXPENSES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

REVENUES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET PROFIT (LOSS)	\$ _____

Signed at \_\_\_\_\_ Alberta, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairperson

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Printed Name