

Family and Community Support Services (FCSS)
Foothills Region - 2027 Funding Application
Application Deadline: November 13, 2026



Please ensure you have read the [FCSS Funding Applicant Guide](#) before starting your application.

Submit completed, signed applications along with all required attachments listed on the last page to each municipality you are requesting funding from by the deadline.

Incomplete or late applications will not be accepted.

Who can apply?

There are several requirements outlined below that must be met by applicants. These requirements serve as initial screening criteria for each application. Please go through the following list and ensure you meet each or the following criteria before submitting your application. Your application may be deemed ineligible if you do not meet all the criteria listed below and may not be reviewed by the respective FCSS Committee who makes funding decisions.

The proposed program must:

- ✓ Be delivered by a non-profit, charity, government agency, or fiscally sponsored by one
- ✓ Serve individuals living in the community you're requesting funding from
- ✓ Have the primary intention to provide preventive social services to promote wellbeing¹ (Applicant Guide p.9)
- ✓ Align with at least one FCSS Regulation Service Requirement (Applicant Guide p. 4)
- ✓ Align with at least one FCSS Prevention Priority & Strategy (Applicant Guide p. 19-20)
- ✓ Not be applying for capital funds
- ✓ Not be primarily recreation, leisure, entertainment, sports or party type event
- ✓ Not offer direct assistance including money, food, clothing, or shelter
- ✓ Not be primarily rehabilitative, therapeutic or crisis management in nature
- ✓ Not be a duplication of services filled by any government

Applications should clearly describe:

- The local community needs the program will address.
- Who the program will serve, how it will be delivered.
- How the program provides preventive support.
- The impact the program has on participants and the broader community.
- The role of community partners and volunteers.
- How FCSS funding will be used and whether the program could continue with partial funding.

¹ FCSS defines 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. (Family and Community Support Services Accountability Framework, 2022)

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Agency Information	
Agency Name:	
Executive Director: (if applicable)	
Mailing Address:	
Website:	
Program/Project Name:	
Program Contact Name, Phone & Email:	
Organizational Status: (Please check all that apply and provide relevant registration number (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 (letter of support included) Sponsoring organization name: _____ Sponsoring organization's registration number: _____ _____
Using bullet form, provide: • Agency purpose • How this program aligns with your mandate (200 words max)	

Program/Project Logic Model

Program Overview

Program Name	
Provide a brief description of the program. (2-3 bullets)	
What is the program's preventive goal? (one short sentence)	
Indicate if this program is new, pilot, or ongoing	☐ New ☐ Pilot ☐ Ongoing
For ongoing programs, enter number of years operating:	
For ongoing programs, briefly describe the impact the program has had to date. (2-3 bullets)	
For ongoing programs, what improvements or if any, are planned based on evaluation findings, or emerging community needs? (2-3 bullets)	
Geographic area served:	
Primary Age Groups Served (choose up to two)	☐ Children (<12) ☐ Youth (<12-18) ☐ Adults (18+) ☐ Families ☐ Seniors ☐ All Ages
Community Groups intentionally targeted (choose up to 2)	☐ Indigenous Peoples ☐ Newcomers ☐ People with Disabilities ☐ 2SLGBTQQIA+ ☐ Racialized People ☐ Language Minority Groups ☐ Women/Girls ☐ Men/Boys ☐ No Specific Population

fcss
Family and Community
Support Services

1. What specific social issue or community need does this program address? **(150 words max)**

2. What evidence shows this need exists locally? **(150 words max)**

3. How does this program complement existing community services and avoid duplication?
(100 words max)

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Inputs (Resources)

4. What resources will be used to deliver this program? ***(use bullet form to complete)***

Resource Type	Description (who, how used)
Staff	
Volunteers	
Partnerships	
Facilities	
Promotion/marketing	
Funding Sources	
Other Resources: _____	

5. What amount of FCSS funding is requested? ***(use bullet form to complete)***

****A separate detailed budget must be submitted using the template provided***

Municipality	Amount requested
Diamond Valley	
Foothills County	
High River	
Okotoks	
Total	

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6. Please complete the table below:

Question	Response
What will FCSS funds be used for? List the expenses the FCSS funding will support.	
% of total program budget funded by FCSS	
What would be the impact to the program if you received partial FCSS funding?	
How will you acknowledge FCSS funding?	

Activities

7. In the table below, briefly describe program activities, how often they occur, and the change or outcome you expect to result from the activity.

Activity	Frequency/Duration	Expected Outcome
<i>Describe the activity at a high level. Do not list every individual session, task, or program component</i>	<i>How often will it occur & for how long?</i>	<i>What change or benefit is expected as a result of this activity?</i>

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Outputs

8. Estimate the outputs your program expects to achieve as a result of the activities listed above. ***Details on how FCSS counts these outputs are provided in the FCSS Funding Applicant Guide.***

Output Measure	Diamond Valley	Foothills County	High River	Okotoks	Total
Anticipated Participants served (total engaged)					0
Anticipated Workshops delivered					0
Anticipated Presentations delivered					0
Anticipated Community events held					0
Anticipated Volunteers (unique number)					0
Anticipated Volunteer hours					0
Other: (if applicable)	0	0	0		

Outcomes & Impact

9. Choose up to **two** primary outcomes **participants** will experience as a result of the program:
- ☐ Increased social connection
 - ☐ Improved coping skills that build resilience
 - ☐ Increased awareness of social supports
 - ☐ Increased sense of belonging
 - ☐ Improved relationships
 - ☐ Increased engagement in the community
 - ☐ Increased volunteer engagement
 - ☐ Other: (please describe) _____

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10. How will these **participant** outcomes (changes) contribute to **broader community** outcomes? **(2-3 bullets)**

11. How will you measure whether these outcomes were achieved (describe your evaluation plan)? **(2-3 bullets)**

Sustainability

12. Describe how the program will be maintained over time, including funding diversification, partnerships, volunteer involvement, or other sustainability strategies. **(200 words max)**

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 aligns with current provincial prevention priorities and strategies. **Further information and examples are provided in the applicant guide.**

13. 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

14. Select up to **two** of the following FCSS Provincial Prevention Strategies your program uses to achieve its outcomes:

- ☐ Promote and encourage active engagement
- ☐ Foster Sense of belonging
- ☐ Promote social inclusion
- ☐ Develop and maintain healthy relationships
- ☐ Enhance access to social supports
- ☐ Develop and strengthen skills that build resilience

15. Briefly explain why this program is a preventive FCSS initiative and how it aligns with Provincial FCSS prevention priorities and strategies selected in Questions 12 and 13. **(200 words max)**

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Required Attachments (all applicants)		
☐ List of current Board of Directors (names & roles only)	☐ Most recent audited financial statement (if unavailable, most recent review engagement or compilation engagement financial statements)	☐ Budget (Use provided template)
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 attached all required documents outlined above. I also understand that incomplete applications will not be considered for funding.		
I have attached the program budget document using the template provided.		
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 FCSS outcome measurement requirements, including mandatory survey questions, will be provided by the FCSS funder and incorporated into program reporting requirements.		
Name:		
Authorized Signature:		
Date:		

The personal information is being collected under the authority of section 4 of the *Protection of Privacy Act (POPA)* for the purpose of Foothills Region FCSS Funding Administration. It may be used in an

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automated system to generate content or make decisions, recommendations, or predictions. For questions about the collection, use, or disclosure of your personal information, please contact the relevant municipality's Access and Privacy Office at:

- Town of Diamond Valley: LegislativeServices@DiamondValley.town
- Foothills County: 403-652-2341
- Town of High River: ATIPP@highriver.ca
- Town of Okotoks: accessandprivacy@okotoks.ca

You have reached the end of the application. Please submit your completed application along with the required attachments to each municipality from which funding is requested.

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