Joint Application for Funding

Strathmore Family & Community Support Services **&** *Strathmore and Area United Way Partnership*

(***Funding Period:*** *January 1st - December 31st 2026)*

☐ ***Funding Application*** ☐ ***Final Annual Reporting*** (***Please note**: **FINAL ANNUAL REPORTING** is due January 2027)*

Funding applications for Strathmore Family & Community Support Services (FCSS) and Strathmore and Area United Way Partnership grants are accepted until October 31st, 2025.
A final report will be required by January 31, 2027, if your application is successful.
Funds are allocated based on the mandates of both FCSS and the United Way of Calgary and Area.

Strathmore FCSS supports projects that:

- Are preventive in nature,
- Encourage and support volunteerism and collaboration/partnership, and
- Address identified community needs.

United Way of Calgary and Area supports projects that:

- Keep residents safe from abuse,
- Assist vulnerable populations in developing skills to create healthy futures, or
- Develop capacity in the community for programs to become sustainable.

Certification of Compliance
This is to certify that to the best of my knowledge and belief, the information included in this application complies with the requirements and conditions set out in the Family and Community Support Services.

Alberta FCSS Support Services Act and Regulation.
https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx

_____ _____

Print Name ***Title***

_____ _____

Signature *(Agency Signing Authority)* ***Date*** *(YYYY/MM/DD)*

Submit Completed Document to:

Family and Community Support Services
Budd Brazier, Manager, Community & Social Development
1 Parklane Drive
Strathmore, AB, T1P 1K2
(403) 934-9090 or email: *fcss@strathmore.ca*

Organization Information	
Organization Name:	
Program/Project Name:	
Contact Name:	
Position:	
E-mail Address:	
Website:	
Mailing Address:	
Phone Number:	
Funding Request:	$
Is your organization a non-profit?	☐ Yes ☐ No
If yes, what is your Alberta Societies Act Registration Number:	
Is your organization a registered charity with Revenue Canada?	☐ Yes ☐ No
If yes, what is your Charitable Number:	

Tell us about your organization: (Include: Vision, Mission, Mandate) ***(300 characters)***

Please check which of the Strathmore FCSS priorities your program/project will address:

Priority #1

- ☐ Mental Health Supports
- ☐ Senior Supports
- ☐ Child, Youth, and Family Supports

Priority #2

- ☐ Employment
- ☐ Homelessness and Housing Insecurity
- ☐ Other

The personal information requested on this form is collected under the authority of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act, Section 33(c) and is protected under Part 2 of that Act. Please be advised that the information collected is used for (i.e. processing this application) and may be used to conduct ongoing evaluations of services provided by the Town of Strathmore.

Strathmore FCSS Priority Funding Framework Overview

Our Mission

Building inclusive communities, strong families, and resilient individuals in Strathmore through:

- *Prevention*
- *Volunteerism*
- *Collaboration*
- *Community Development*

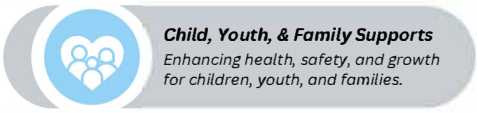
Our Approach

Community Connections:
- *Building relationships and fostering inclusion.*

Collaborative Partnerships:
- *Strengthening services by working with local organizations.*

Volunteerism:
- *Engaging community members to promote pride and support.*

Our Priorities



2025 FCSS Funding Application & Reporting

1. PROGRAM/PROJECT OBJECTIVES

1.1 Program/Project Description (1000 characters)
Provide a brief description of the program you are applying for funding for.

1.2 Statement of Need (750 characters)
What community issue, need or situation are you responding to?
What evidence do you have to support that this is an issue. (i.e. local data, trends, reports?)

1.3 Rationale
Please check up to **three** prevention strategies that apply.

Prevention Strategy #1
☐ Promote and encourage active engagement in the community

Prevention Strategy #2
☐ Foster a sense of belonging

Prevention Strategy #3
☐ Promote social inclusion

Prevention Strategy #4
☐ Develop and maintain health relationships

Prevention Strategy #5
☐ Enhance access to social supports

Prevention Strategy #6
☐ Develop and strengthen skills that build resilience

Given the evidence above, ***how*** will your strategy help you achieve your outcomes. (i.e. best practices, research)
Why will your strategy help you achieve your outcomes? **(750 characters)**

1.4 Program/Project Design
Briefly describe your program/project. **(500 characters)**

How are you going to address the issue, need or situation? **(500 characters)**

What are the actions/steps/activities? How often will these activities take place and for how long?
*Ensure you discuss any risks or complications that my arise, as well as your solutions. **(750 characters)**

1.5 Priority Approaches
How will Strathmore Residents know about your program/project. (i.e. marketing, engagement, etc.?) **(1000 characters)**

1.6 Collaborative and Intentional Partnerships
What existing or new partnerships will you leverage to advance your program/project? **(1000 characters)**

2026 FCSS Funding Application

1.7 Volunteerism
How will Strathmore residents engage in volunteer activities in your program/project? **(750 characters)**

2026 FCSS Funding Reporting

1.8 Was your program/project implemented as planned above? If yes, proceed to the next section of the annual reporting. If not, why? What has changed? How did it go? *(FINAL ANNUAL REPORTING)*
Please note, if you are not able to implement your program/project as stated above. You must get permission from the Town of Strathmore before proceeding.* *(750 characters)***

2. Outcomes and Measures

2.1 Outcomes (750 characters)
What change or impact do you want to achieve?
*Please complete section below, list the program/project outcomes you have identified and are measuring for your program/project.

2.2 Implementation Plan
What activities will be carried out as part of your project and when will each activity take place?

Program Activity	***Tentative Timeline*** *(yearly/monthly)*

2025 FCSS Funding Application & Reporting

2.3 Target Group
Who will be served in your program/project. Check all that apply.

Age Categories

- ☐ All Ages (no specific target)
- ☐ Children (<12)
- ☐ Youth (12-17)
- ☐ Children and Youth (<18)
- ☐ Adults (18+)
- ☐ Seniors, as defined by your program
- ☐ Child or Youth Caregiver
- ☐ Child or Youth and Senior

Community Groups

- ☐ No specific community group
- ☐ Indigenous peoples
- ☐ 2SLGBTQQIA+
- ☐ Newcomers
- ☐ People with Disabilities
- ☐ Racialized people
- ☐ Language minority groups
- ☐ Women/girls
- ☐ Men/boys

2.4 Participant Tracking	***All Individual Anticipated***	***All Individuals Actual***
# of Volunteers		
# of Volunteer Hours		
All Ages (no specific target)		
Children (<12)		
Youth (12-17)		
Children and Youth (<18)		
Adults (18+)		
Seniors, as defined by your program		
Child or Youth Caregiver		
Child or Youth and Senior		
Total Individuals served		

2025 FCSS Funding Application & Reporting

3. ADDITIONAL INFORMATION

Identify Outcome Measurement Tool(s) Used

☐ Self-Report Survey ☐ "Other" Report Survey ☐ Verbal Survey

Outcome Measurement Tool(s) used - when administered

☐ Pre/Post ☐ Reflective Pre/Post ☐ Post-Only

4. PROPOSED AND ACTUAL PROGRAM/PROJECT BUDGET

- **Complete the 2025 Budget Template attached to this application.**
- **Fill in the required Information**
  - Complete all relevant sections of the form
  - Ensure all that all figures are accurate and up to date.
  - If any field is not applicable, please mark it as "N/A".
- **Review Your Entries:** Double-check the information that you have entered for accuracy and completeness.
- **Save Your Completed Budget Form:** Save the form with your changes.
- **Submit the Form:** Make sure the completed PDF budget form is submitted with your application and/or report.

4.1 Program/Project Revenue

Revenue	
Fundraising:	$
Donations/Grants:	$
Fees:	$
Strathmore FCSS and Strathmore Area United Way Partnership Grant:	$
Other: (please specify)	$
Total	$

4.2 Program Budget
***Please provide a detailed budget for your proposed program/project. **Include all sources of potential revenue and areas of expenditure.** Revenue and expenditure must balance.

Expenditure	***FCSS & UW Funding***	***Other Contributions***	***Total Project Budget***
Salaries: (outline positions separately)	$	$	$
	$	$	$
	$	$	$
	$	$	$
Benefits:	$	$	$
Materials/Supplies: (please specify)			
	$	$	$
	$	$	$
Travel:	$	$	$
Training:	$	$	$
Rent/Utilities:	$	$	$
Postage/Courier:	$	$	$
Advertising:	$	$	$
Other: (please specify)			
	$	$	$
Total	$	$	$

2025 FCSS Funding Application & Reporting

4.2 Continued - Additional Budget Page

Expenditure	*FCSS & UW Funding*	*Other Contributions*	*Total Project Budget*
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total	$	$	$ _____

5. ADDITIONAL OUTCOME REPORT

5.1 Additional Outcomes Data *(FINAL ANNUAL REPORTING) (2000 characters)*

Provide any additional outcomes data you have collected from your program/project. (i.e. full data sets, copy of aggregated survey data, referral tracking, etc.)

5.2 Additional Information *(FINAL ANNUAL REPORTING) (2000 characters)*

Provide any additional information that will highlight the success of your program/project. (i.e. demographics, comments on surveys, program statistics, framework, approaches, etc.)

5.3 Impact Stories *(FINAL ANNUAL REPORTING) (2000 characters)*

Provide any success stories of your program/project that describes significant impact for the participants. Include a photo link. (If possible).

5.4 Continuous Quality Improvement *(FINAL ANNUAL REPORTING) (1000 characters)*

Based on your quality improvement and evaluation processes, was the program/project successful? Should the program/project continue?

5.6 Yielded Outcome Measures *(FINAL ANNUAL REPORTING) (1000 characters)*

Did your outcome measures yield the expected results? What improvements can be made to the outcome measurements process? Please explain.

6. DOCUMENTATION REQUIREMENTS

Please ensure the following documents are attached to your application/annual report:

- ☐ List of current agency Board of Directors including name and board position. Please do not include any personal information. (i.e. home phone, address, email, etc.)
- ☐ Most recent audited financial statement (needed for both application and report).
- ☐ Digital and scanned signatures will be accepted; unsigned applications/reports will be returned.
- ☐ Non-profit status.

Submit completed and signed application or annual report by email or direct mail to:

Family and Community Support Services
Budd Brazier, Manager, Community & Social Development
fcss@strathmore.ca
1 Parklane Drive
Strathmore, AB, T1P 1K2

For further assistance, please call (403) 934-9090 or email *fcss@strathmore.ca*

7. DECLARATIONS

Application Declaration:

I declare that all the information in this application is accurate and complete, and that the application 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.

I acknowledge that should this application be approved, I will be required to enter into a funding agreement, on behalf of the aforementioned agency/organization, which will outline the terms and conditions.

Print Name	Authorized Signature	Date

Report Declaration:

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

https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx

Print Name	Authorized Signature	Date