



Irricana Family and Community Support Services

Funding Application **Requests \$3000 and under**

FUNDING PERIOD: January 1 – December 31, 2025

Applications due no later than November 1st, 2024 by 10:00 AM

Email funding application to: bswanson@irricana.com

The mandate of Family and Community Support Services (FCSS) is for communities to design and deliver social programs that are preventive in nature to promote and enhance well-being among individuals, families and communities.

If you need assistance with filling in your applications or you have questions, please email them to Brook Swanson at bswanson@irricana.com

Types of services eligible for funding:

- Services that promote the social development of children and their families;
- Services that enrich and strengthen family life by developing skills so people can function more effectively within their own environment;
- Services that enhance the quality of life of the retired and semi-retired;
- Services to promote, encourage and support volunteer work in the community;
- Services to assist communities to identify their social needs and develop responses to meet those needs;
- Services to inform the public of available services.

Types of services that may not be eligible for funding:

Services provided under a program must not:

- provide primarily for the recreational needs or leisure time pursuits of individuals;
- offer direct assistance, including money, food, clothing or shelter, to sustain an individual or family;
- be primarily rehabilitative in nature; nor duplicate services that are ordinarily provided by a government or government agency.
- Any costs required to sustain an organization that do not relate to direct service delivery under the FCSS program.

Part 1: About Your Organization or Group

Name of Organization: Click or tap here to enter text.
Mailing Address: Click or tap here to enter text.
Primary Contact/Role in Organization: Click or tap here to enter text.
Phone Number/Fax: Click or tap here to enter text.
Email Address: Click or tap here to enter text.
Type of Organization (Please Circle and add in Corresponding Information): Alberta Society Act (Include Registration Number), Charitable Organization (Include #), Government Agency or Other

Part 2 Executive Summary

Please feel free to include any additional attachments.

Agency Purpose and Mandate: Click or tap here to enter text.

Mission Statement:

Click or tap here to enter text.

Vision Statement:

Click or tap here to enter text.

Project Summary: (Please include additional attachments)

Click or tap here to enter text.

Statement of Need: What Community need or issues does this program/project address:

Click or tap here to enter text.

Highlight one or more of the social outcome statements for your program/project

- Individual experiences personal well being
- Individuals are connected with others
- Children and youth develop positively
- Healthy functioning families
- Families have social supports
- The community is connected and engaged
- Community Social issues are identified and addressed

Highlight one or more of the prevention strategies that your program, event or service will help address in the community.

- (1) Promote and encourage active community engagement
- (2) Foster a sense of Belonging
- (3) Promote Social Inclusion
- (4) Develop and Development of Healthy Relationships
- (5) Create access and awareness about social programs and information
- (6) Develop and strengthen skills that build resilience

Overall Goal: What do you hope to achieve with the program or project (overall impact or change)?

Click or tap here to enter text.

What resources are you dedicating to this project/service?

Click or tap here to enter text.

How will you know you succeeded?

Click or tap here to enter text.

Measurement tools (Interviews, surveys, questionnaires, focus groups). Please list your survey methods and outcomes.

Click or tap here to enter text.

What is the target group or population you wish to reach with this project/program? Please Highlight all that apply.

1. Children (birth-12)
2. Teens (13-18)
3. Families
4. Adults
5. Seniors
6. Community

Volunteerism- How will you promote, encourage and facilitate volunteerism. (Please list number of volunteers expected role, and outcome)

Click or tap here to enter text.

What will happen to this project if you only receive part of the funds requested?

Click or tap here to enter text.

Program Budget

Please provide a very detailed budget specific to the program in which you are requesting funding.

10. BUDGET (Resources dedicated specifically to the project you are seeking funding for.)

2025 PROPOSED BUDGET

Ensure all calculations are correct

BUDGET ITEMS	Column 2 Expenses to be funded by [insert FCSS (Project Request)]
Example: Program Supplies	\$500
Example: Travel	\$150
TOTAL	

Final Program Outcomes (This will be required upon completion of your program)

Click or tap here to enter text.

Of Participants Click or tap here to enter text.

Of Volunteers Click or tap here to enter text.

Of Volunteer Hours Click or tap here to enter text.

Total Irricana FCSS Funding Requested: _____

Please provide a "Report Summary Evaluation" within 30 days of completion of your project. The Summary should include a detailed review of project goals, aligned to the final outcomes in your application including a final budget.

All projects must be completed by December 31, 2025.

The final report is due January 15, 2026, **or within 30 days of project completion**. After program commencement please include final information highlighted in gray in the report.

This is to certify to the best of my knowledge, the information included in this grant application is accurate and a proper representation of our organization.

Signature

Date

Name

Position

Please direct all applications to:

Brook Swanson

Irricana FCSS Director and People and Community Coordinator

bswanson@irricana.com

Office Use Only:

- Date Application Received:
- Application Approval: Yes- No (Highlight)
- Total Funded Amount:
- Date Cheque Submitted:
- Completed Final Report Summary Evaluation Received

Signature of Approval: _____

Date of Approval: _____