**A close-up of a logo

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2026 Family & Community Support Services (FCSS) Lloydminster**

**Grant Funding Application**

**Submission deadline: Monday, September 29, 2025, at 12:00 pm (noon)**

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| **PROGRAM INFORMATION** |

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| **Program Title** |  |
| **Program Start Date** |  |
| **Program End Date** |  |

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| **Legal Organization Name** |  |
| **Operating Name** *if different from above* |  |
| **CRA Business/Non-profit Number** |  |
| **Mailing Address** |  |
| **Organization Phone Number** |  |

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| **Program Contact** |  |
| **Title/Position** |  |
| **Phone Number** |  |
| **Email Address** |  |
| 1. **Program Overview** | |
| 1. **Program Description and Rationale**   Describe your program, its intended goal(s), and the need it addresses. Explain the issue, service gap, or population need your program targets. Include any relevant statistics, community input, or alignment with policy frameworks (e.g., Social Policy Framework). Describe how you identified this need and why your program is designed as proposed, referencing relevant research, evidence, or organizational experience. | |
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| 1. **Strategy and Approach**   How will your program address the identified need?  Outline your broad strategy, including how the program’s approach aligns with evidence-based or best-practice models. |
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| 1. **Program Design** |
| 1. **Who is your primary target group (i.e. who is the program for)?** |
| Choose an item. |

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| 1. **Choose the primary community group of your intended audience (if applicable):** |
| Choose an item. |

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| 1. **How many participations does your program intend to generate?** Note: Participants are counted for each instance of engagement with the program.   For example:   * If two participants register for a five-session program and attend all sessions, this results in 10 participations (2 participants × 5 sessions). * In a drop-in program, if the same individual attends weekly for 10 weeks, this counts as 10 participations — one for each time they attend, even though it is the same individual. |
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| 1. **Program Activities** What will you do? Describe the program’s key components and how they will be delivered. Include type of activity (e.g., sessions, outreach), frequency, duration, and delivery format (e.g., in-person, virtual). |
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| 1. **Resources and Support** |
| 1. **Resources (Inputs)** What key resources are required to deliver this program? Include staffing, facilities, technology, materials, and other inputs necessary for implementation. |
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| 1. **How will volunteers be incorporated into your program?**   Describe the roles they will play, including the estimated number of volunteers and the total number of hours they will contribute. *Note: Volunteer involvement should directly support the program, not the organization as a whole.* |
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| 1. **Does your organization currently have any volunteer opportunities posted on VolunteerConnector.org?** |
| Yes No |
| ***If no, please explain how volunteers are currently recruited or engaged.*** |
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| 1. **Alignment with FCSS Model** |
| 1. **What level of prevention does your program address (Primary, Secondary, or Tertiary)? Explain why.**   *Services under an FCSS program must “be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.” Section 2.1 (1)(a), FCSS Regulation*   |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **Primary Prevention**   * Prevent the onset of a problem or risk by proactively modifying behaviours and environments. * Promote protective factors in the physical and social environment (including social relationships) * Can include awareness programs, enhancing connections among community organizations and promoting community volunteerism. | | **Secondary Prevention**   * Address issues at an early stage for specific groups or at-risk populations. * Strengthen the capacity of individuals and communities to prevent or reduce risk factors and build resilience. * Can include connecting those in need with appropriate resources and skill development. | | **Tertiary Prevention *(not eligible for FCSS Grant Funding)***   * Address immediate needs with intent to prevent long-term impacts. * Support individuals or groups already affected by social issues by providing direct services. * Direct assistance such as money, food, clothing or shelter. | | |
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| 1. **Select the one Provincial Prevention Priority that best aligns with your program’s goals and intent.**  * Consider the protective factors: Identify the protective factors the program builds for individuals and communities. What are the results of these factors and what situations do they prevent? * Consider the desired goals: What change do you aim to achieve? Now link that change to the bigger picture: how does it help prevent or tie to a prevention priority. * For example: The Neighbourhood Block Party Program builds social connections and a sense of well-being which support positive mental health. The Youth Leadership program helps young people develop skills that will help them find employment later in life. | | | | |
| Homelessness and Housing Insecurity | Mental Health and Addictions | Employment | Family and Sexual violence across the lifespan | Aging Well in the Community |
| **Please explain:** | | | | |
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| 1. **Select all applicable Prevention Strategies for your program. For each selected strategy, choose one related survey question (Q).** | | | | |

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| **Prevention Strategy #1: Promote and encourage active engagement in the community.** | |
| Program Goal | FCSS programs build awareness of community engagement opportunities. |
| Q3.1 | As a result of this program, I have opportunities to engage with my community. |
| Program Goal | Community members know the value of engaging with their community. |
| Q3.2 | This program showed me the importance of being active in my community |
| Q3.3 | This program showed me that it is important to be a part of this community. |
| Program Goal | Community members participate in the community for their own enjoyment, their ownbenefit or for the benefit of the community. |
| Q3.4 | As a result of this program, I contribute more to my community. |
| Q3.5 | As a result of this program, I have become more active in my community. |

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| **Prevention Strategy #2: Foster a sense of belonging.** | |
| Program Goal | Individuals feel a sense of belonging in their community. |
| Q4.1 | As a result of this program, I feel a stronger sense of belonging to my community. |
| Q4.2 | This program helped me feel more connected to my community. |
| Q4.3 | As a result of this program, I feel important to my community. |

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| **Prevention Strategy #3: Promote social inclusion.** | |
| Program Goal | Programs know and respond to community needs. |
| Q5.1 | This program met my needs. |
| Q5.2 | As a result of this program, I have better access to culturally appropriate resources. |
| Program Goal | Community members feel valued and included. |
| Q5.3 | This program was welcoming. |
| Q5.4 | I felt valued in this program. |

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| **Prevention Strategy #4: Develop and maintain healthy relationships.** | |
| Program Goal | Individuals have positive, trusting relationships with family and/or friends. |
| Q6.1 | As a result of this program, I can identify people in my life who really care about me. |
| Q6.2 | As a result of this program, I recognize close relationships that provide me with a sense of emotional security and well-being. |
| Q6.3 | As a result of this program, I can name family and/or friends who help me feel safe, secure and happy. |
| Program Goal | Parents gain skills and knowledge in parenting. |
| Q6.4 | As a result of this program, I have increased confidence in my parenting skills. |
| Q6.5 | I have gained new parenting skills. |
| Program Goal | Individuals have healthy and effective communication strategies within relationships. |
| Q6.6 | As a result of this program, I can communicate effectively with my [child/children/spouse/partner/people in my life]. |
| Q6.7 | As a result of this program, I have a better understanding of how to resolve conflict peacefully. |
| Program Goal | Individuals have opportunities to develop new healthy relationships. |
| Q6.8 | As a result of this program, I am ready to build new relationships with people form my community. |

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| **Prevention Strategy #5: Enhance access to social supports.** | |
| Program Goal | Community members are aware of social supports. |
| Q7.1 | As a result of this program, I know more about what resources are available to [me/to my family]. |
| Q7.2 | As a result of this program, I know more places in the community I can turn to when I need help. |
| Program Goal | Social supports are accessible. |
| Q7.3 | As a result of this program, I have better access to community resources that I need. |
| Program Goal | Community members have a support network. |
| Q7.4 | As a result of this program, I can identify more people I can rely on for support. |

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| **Prevention Strategy #6: Develop and strengthen skills that build resilience.** | |
| Program Goal | Community members have good self-esteem. |
| Q8.1 | As a result of this program, I feel better about myself. |
| Program Goal | Community members feel hopeful. |
| Q8.2 | As a result of this program, I have the ability to improve my life. |
| Q8.3 | As a result of this program, I feel better about my future. |
| Q8.4 | This program helped me make plans for my future. |
| Program Goal | Community members have opportunities to learn and grow |
| Q8.5 | As a result of this program, I know more about [fill in with knowledge from the program]. |
| Q8.6 | I feel better about my ability to [fill in with skill from the program]. |
| Q8.7 | As a result of this program, I have learned new things. |
| Program Goal | Community members are able to overcome challenges or life’s difficulties. |
| Q8.8 | As a result of this program, I am better at handling whatever comes my way. |
| Q8.9 | This program taught me healthy strategies to manage stress. |
| Q8.10 | This program taught me problem solving skills. |

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| 1. **Select one of the eight FCSS Program Types and its appropriate Subtype.** |
| **Mental Health Promotion:** Programs that promote mental health, educate and raise awareness about mental health and addiction topics, and build coping skills among individuals and families. *Note: Mental Health Support from a Family Liaison is included in Community Outreach.* |
| **Choose an item.** |

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| **Home Support:** Programs designed to assist individuals in remaining in their homes, thereby preventing social isolation and reducing the necessity for higher levels of care. These programs offer preventive, nonmedical home support and companionship to community members in their residences, including seniors and individuals with disabilities. |
| **Choose an item.** |

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| **Child-Development and Caregiver:** Programming designed to support the wellbeing and capacity of families through programs/activities for children, youth, and their caregivers or parents. |
| **Choose an item.** |

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| **School-Aged Camps and Drop-In:** Programs intended to help children and youth develop confidence, build social or life skills, develop relationships, or social responsibility. |
| **Choose an item.** |

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| **Skills Building:** Programs that help participants build life skills to develop their independence and resilience, adopt healthy lifestyles, and build protective factors. |
| **Choose an item.** |

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| **Healthy Relationship:** Programs that educate, raise awareness, build social skills and protective factors to prevent violence and encourage constructive interpersonal relationships in the community. *Note: marriage counselling and anger management is under Mental Health Promotion.* |
| **Choose an item.** |

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| **Community Outreach:** Proactive support and assistance offered to individuals or families. This may involve aiding individuals or families in developing their social networks, enhancing their resilience, accessing and navigating available support and resources, or building social and life skills. |
| **Choose an item.** |

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| **Group-Based Social Connection/ Social Well Being:** Build relationships and support networks, foster a sense of belonging, and prevent social isolation. Examples: Social connection programs, Newcomers' programs, peer groups, Community Garden programs, Community Kitchen programs, movement classes for social connection, elder gatherings. |
| **Choose an item.** |

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| 1. **Additional Information** |
| **16. Include additional comments the review committee should be aware of when reviewing your application.** |
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| **PROGRAM BUDGET** |

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| **Sources of Revenue for Proposed Program**  Identify all sources of income, including self-generated revenue, donations, fundraising, registration fees, sponsorships, grants and other funding sources. | **Dollar Amount** |
| **FCSS Lloydminster Grant Funding Request** | **$** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Total Revenue | $ |

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| **Itemized List of Expenditures**  Identify all anticipated expenditures for the proposed program. | **Dollar Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
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|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Total Expenditures | $ |

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| **REQUIRED FOR SUBMISSION** |

Please attach the most recent audited financial statement to the completed and signed grant funding application by the deadline.

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| **DECLARATION OF APPLICANT** |

In making this application, we, the signed Applicant, hereby represent to the City of Lloydminster and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors’ full knowledge and consent. Furthermore, we agree to the following conditions:

* Our FCSS funded program does not involve capital expenditures.
* Our FCSS funded program is not primarily rehabilitative or recreational in nature.
* Our FCSS funded program does not duplicate services that are ordinarily provided by a government or government agency.
* Our organization carries insurance coverage that is $2,000,000.00 or greater.

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Name of Board Member/Executive Director/Designate Signature of Board Member/Executive Director/Designate Date (Month/Day/Year)