

Blackfalds FCSS is an 80/20 funding partnership between the provincial Children and Youth Ministry and the Town of Blackfalds. This partnership works with the community to support and develop locally driven preventative social support services. Locally FCSS strives to:

- Enhance, strengthen and stabilize family and community life
- Promote volunteerism
- Promote, encourage and facilitate the development of stronger communities &
- Enable local decision making

The Blackfalds FCSS Board is an advisory board of Town Council. Membership consists of 8 Members: 5 Members appointed by Town Council from citizens at large, 1 citizen at large from Lacombe County, and 2 Members appointed from the Council of the Town of Blackfalds.

## Community Group Grant Application

**Purpose:** To provide funding to assist established social service groups, organizations and individuals with expenditures incurred in the operation and the delivery of their existing programs.

**Who May Apply:** Not for profit community groups that support and deliver an activity whose primary focus is social service. Service must be delivered in Blackfalds, AB.

Groups may submit only one grant application per year in all categories.

**Operational grant funding is not intended to provide the basis for permanent operational funding. Applications are reviewed annually, independent of previous grant applications.**

**Applications due:  
March 20, 2026 at 4:30pm**

To request funding, groups must submit a complete application consisting of a fully completed grant application form and the required support documents. The original, signed grant application must be returned to Blackfalds FCSS by the required deadline date. If you require information or assistance, you can reach us by phone at (403) 885-6247. We are located at 5018 Waghorn Street, Blackfalds, AB.

Successful applicants must adhere to reporting timelines and information requirements. **Annual reports and financial statements for groups awarded 2026 grants are due to FCSS office no later than December 31<sup>st</sup>, 2026.**

**Part A - Community Group Information**

1. Organization's Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_
3. President or Principal: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_
4. Treasurer: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_
5. Primary Contact Person: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_
6. Registered Society / Charity Number (if applicable) \_\_\_\_\_
7. How long has your organization been operating in Blackfalds? \_\_\_\_\_
8. Is your organization presently receiving any financial assistance or subsidy from the Town of Blackfalds? If so, please specify.
  
9. Is your organization presently receiving any financial assistance or subsidy from other levels of government or from public agencies? If so, please specify.
  
10. Does your organization qualify for any financial assistance or subsidy from other levels of government or from public agencies? If so, please specify.

11. The following documentation is required in addition to your application:

- List of the current Board Members
- Minutes of the meeting which approved the current Board Members
- Copy of the Bylaws and/or organizational guidelines
- Minutes of the meeting which approved the grant application
- Letters showing community support for your proposed program

12. Please provide the previous year audited financials.

Grant Funding Requested:

**Declaration**

We, the undersigned officers of the organization, certify that this statement contains a full and accurate account of all matters stated herein:

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

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

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

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

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Part B – Purpose and Need**

1. Demonstration of need:

- What service gap(s) has been identified that shows the social service need for this program in our community?
  
  
  
  
  
  
  
  
  
  
- How does this program/service serve to strengthen and support social functioning of the residents of Blackfalds?

2. Organization

- Describe your organization including the type, the purpose, and number of members. Describe the type of program(s) and/or services offered.
  
  
  
  
  
  
  
  
  
  
- What are your organization's goals and objectives for this year?
  
  
  
  
  
  
  
  
  
  
- Does your group have sponsorship or a committee for fundraising? What are your user fees and/or membership dues?
  
  
  
  
  
  
  
  
  
  
- Please list other sources of funding applied for to fund the service/project (even if the application was not successful.)

3. The Project

- a. Describe the issue or priority area your project/program proposes to address.
- b. In which of the following areas does this project/program impact on social sustainability in our community: Who is impacted by this issue? Please describe.
- Help people to develop independence, strengthen coping skill and become more resistant to crisis;
  - Help people to develop an awareness of social needs;
  - Help people to develop interpersonal and 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.
- c. Who is impacted by this issue? Please describe.
- d. In what way are they impacted? Please describe short and long term implications.
- e. What is the impact of not addressing the issue?
- f. How does your project/program plan to address the issue?



**Part C – Program Budget**

<b>Revenue</b>	2026
Fees:	
Grants:	
Community Donations:	
Fundraising:	
<b>Total Revenue</b>	
<b>Expenses</b>	2026
Personnel:	
Materials & Supplies:	
Other Expenses:	
<b>Total Expenses</b>	
<b>FCSS Funding Request</b>	