

2027 Chestermere Family & Community Support Services Grant Stream

PROPOSAL COVER PAGE

Please ensure that you **provide full, complete, concise and clear answers** to the questions on this form. Failure to provide the required information may result in your application being ineligible. Missing or unclear information may result in the application being delayed or rejected.

If you have attachments (e.g. insurance certificate), please label your attachments according to the section on this form to which you are including.

City of Chestermere Grant Overview

The City offers multiple community funding streams designed to support a wide range of initiatives. While the application questions are similar, each grant serves a different purpose.

Community Grant	FCSS or United Way Grant
<p>Applications should enhance local amenities in sports and recreation, arts, culture, history and the social well-being of the residents of Chestermere. Project applications should provide benefit to Chestermere residents and facilitate local activities which engage a broad section of the community.</p>	<p>The City of Chestermere has an application process for the administration of United Way & Chestermere Partnership Funding and Family and Community Support Services (FCSS). These streams contribute to effectively allocating resources and achieving desired social outcomes through social prevention programs.</p>
<p>Previously Funded Examples</p> <ul style="list-style-type: none"> • Art Workshops • Senior’s Programs • Family Activities • Cultural Celebrations • Recreational Activities 	<p>Previously Funded Examples</p> <ul style="list-style-type: none"> • Afterschool Children program • Outreach Program for Women in Crisis • Volunteer Mentorship program • Teen Leadership program

Still Unsure?

City staff are available to assist applicants in determining the most appropriate grant program **before submission**.

Staff Contact Information

grants@chestermere.ca

(403) 207-7079

Name of Community Agency or Organization:	
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Application Checklist		Provide an explanation if attachments are missing
Proposal Materials		
<input type="checkbox"/>	Signed Proponent Commitment Statement	
<input type="checkbox"/>	Sections 1 – 7 including complete budget	
Appendices		
<input type="checkbox"/>	Certificate of Incorporation, Charitable Status, and/or Business Licence	
<input type="checkbox"/>	Audited Financial Statement, Review Engagement or letter from a financial institution providing information pertaining to the financial stability of the organization.	
<input type="checkbox"/>	Board of Directors or Officers, including any vacancies and organizational chart.	
<input type="checkbox"/>	Insurance Certificate	
<input type="checkbox"/>	Proof of Practice Permit with applicable professional governing body, if applicable	
<input type="checkbox"/>	Fee Policy, if applicable	

Proposals should be concise, succinct, and must include all of the applicable attachments listed above. If your organization is applying for multiple projects, you **must** complete separate applications.

Please note, an SOI was not required to apply for an FCSS General Call grant.



PROPONENT COMMITMENT STATEMENT

Declaration	
1. If successful, the grant recipient will execute their project/program in 2027.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If successful, the grant recipient commits to working with City of Chestermere staff on program evaluation and monitoring.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. The grant recipient will maintain the following insurance requirements for the full term of the grant: 'general liability insurance, in accordance with Alberta's <i>Insurance Act</i> , in an amount not less than TWO MILLION DOLLARS (\$2,000,000.00) inclusive per occurrence, insuring against bodily injury, personal injury and property damage, including loss of use thereof and shall include a standard form cross liability clause (naming the City as an additional insured on the policy).'	Yes <input type="checkbox"/> No <input type="checkbox"/>

Certification

I hereby certify that the responses I have made to all of the 'Proponent Commitment Statement' on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, if any of the information I provide is inaccurate, or if I have indicated 'No' to any of the above statements I will not have met all of the mandatory requirements for this proposal and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I hereby acknowledge that I have the authority to make this certification on behalf of the organization referenced below.

Signature _____

Date

Print Name

2027 Chestermere Family and Community Support Services (FCSS) Grant Proposal
Funding Period: January 1, 2027 – December 31, 2027

SECTION 1: ORGANIZATIONAL PROFILE

Name of Applicant (Service Provider):				
Legal Name of Applicant (if different):				
Mailing Address:		City/Town:	Province:	Postal Code:
Primary Project Contact (include Name and Position):		Telephone Number:	Fax Number:	
		E-mail Address:		
Organization type (please check all that apply): <input type="checkbox"/> Non-Profit Sector <input type="checkbox"/> Not-for-Profit Sector <input type="checkbox"/> Charitable Organization				
Business / Charitable Number (Canada Revenue Agency):		GST Rebate Number: Rebate Percentage:		Incorporation Number:
Location of Project (if different from mailing address of applicant):				
Have you been a recipient of grant funding from the City of Chestermere in the past/current? (Community Grants, FCSS/United Way Grants, Vitality Grants)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Provide a brief history of your organization, including its mission, mandate, and experience delivering social preventative programs (max. 300 words).				

SECTION 2: PROJECT OVERVIEW

Name of Proposed Initiative:	
Total Amount of Grant Request:	

1. Program Description
Provide as many relevant details as necessary in the appropriate boxes for the proposed project.

<p>(a) Description</p> <p><i>Clearly describe the project and what will be delivered through this funding.</i></p>	
<p>(b) Key Activities</p> <p><i>What are the main activities or actions that will be carried out to deliver the project?</i></p>	
<p>(c) Outcomes</p> <p><i>What is the intention of the project and what change does it aim to achieve?</i></p> <p><i>Example: Improve participant access to support as measured by referral follow-through rates</i></p>	
<p>(d) Location(s)</p> <p><i>Where will the project or activities take place (including specific facilities, neighbourhoods, or</i></p>	



<i>community spaces)?</i>	
<p>2. How will your organization assess the effectiveness or success of this program? <i>Describe how outcomes will be measured, including method of collecting data and quantitative indicators where applicable (e.g., number of individuals/families served, changes in skills, behaviours, or access to support). Reporting on outcomes and participation data will be required (max. 300 words).</i></p>	
<p>3. Client Capacity refers to the total number of unique program participants that are expected to be served. In the section below, indicate where applicable, the projected number of Chestermere program participants this initiative may support.</p>	
# of Unique Individuals:	
# of Unique Families:	
<p>How will you collect unique participant data? <i>(Max. 50 words)</i></p>	

SECTION 3: ALIGNMENT WITH COMMUNITY NEEDS

Applicants are encouraged to build on information provided in earlier sections and do not need to restate details already described unless new information is being introduced. Responses in this section should support and reinforce the program outcomes and evaluation measures described in Section 2.

1. Select the primary target population your initiative will be developed for:	
<input type="checkbox"/> Children (0 to 5 years)	<input type="checkbox"/> Adults
<input type="checkbox"/> Children/Youth (6 to 12 years)	<input type="checkbox"/> Seniors
<input type="checkbox"/> Youth (13 to 18 years)	<input type="checkbox"/> Families
2. Are there projects of a similar nature being offered in the community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, describe how your program differs and fills a gap (Max. 150 words):</i> <ul style="list-style-type: none"> • <i>What similar services exist?</i> • <i>What is missing or insufficient?</i> • <i>How is your program different (target group, delivery model, accessibility, prevention focus)?</i> 	
3. Primary FCSS Provincial Prevention Priority (select ONE) <i>Definitions of each priority can be found in the FCSS Information Package labeled as "FCSS Framework" Appendix I.</i>	
<input type="checkbox"/> Homelessness and housing insecurity <input type="checkbox"/> Mental health and addictions <input type="checkbox"/> Employment <input type="checkbox"/> Family and sexual violence across the lifespan <input type="checkbox"/> Aging well in the community	



4. FCSS Prevention Strategy (select up to TWO)

- Promote and encourage active engagement in the community
- Foster a sense of belonging
- Promote social inclusion
- Develop and maintain healthy relationships
- Enhance access to social supports
- Develop and strengthen skills that build resilience

a. Explain HOW your program delivers prevention through the strategy(ies) selected above
(Max. 300 words).

*What protective factors does it build? How does it support early intervention or reduce future service needs? **Please note, alignment with the FCSS Framework is required to be eligible.** Please refer to the FCSS Information Package labeled as "FCSS Framework" Appendix I.*

<p>5. Describe the local community need this project responds to, how participants and/or the broader community will benefit (<i>Max. 300 words</i>). <i>Please reference at least one of the City Social Strategic documents listed in the Information Package (Appendices IV and V). Where applicable, reference relevant priorities or findings.</i></p>	
<p>Evidence sources (check at least one):</p>	<p><input type="checkbox"/> Social Wellbeing Framework (2025) <input type="checkbox"/> Council Strategic Plan (2026–2029)</p>
Empty space for the main response	

SECTION 4: SAFETY, EQUITY AND INCLUSION

<p>1. Please describe how your program will actively promote inclusivity, ensuring broad access and removing barriers for marginalized or underrepresented groups. Please include specific examples.</p>
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Examples include how your project is addressing physical or formatting accessibility, cost barriers, cultural barriers, etc.

2. State what safety practices will be/are in place for participants, personnel, and volunteers. Please include specific examples.

Examples include staff screening, training, incident protocols, supervision, etc.

SECTION 5: COMMUNITY ENGAGEMENT AND EMPOWERMENT

1. List formal and informal collaborative partnerships and describe how they would contribute to the successful service delivery of this initiative.



Projected number of volunteer hours specific for this project .	
How will you recruit, train and recognize volunteer contributions to this project and what type of volunteer roles will be available (<i>max. 200 words</i>)?	

SECTION 6: ORGANIZATIONAL CAPACITY AND ACCOUNTABILITY

If you were not awarded the total amount of your grant request, would you still be able to run this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>If yes, indicate the minimum amount of grant funding that would allow you to still be able to run this project and how you would adjust programming.</p> <p>Please note that you will be required to submit a revised budget sheet for the amount of the awarded grant.</p>	\$
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Please list any other funding planned for this project, secured, unsecured and including in kind contributions. (Add additional lines as required)

Proposed Funding Source (i.e. grants, fundraising, membership fees, etc.).	Amount	Secured, unsecured, or in kind

Please complete the budget outline on the next page. Replace the red text with a detailed breakdown for all expenditures related to the funding requested through this proposal. Do not include expenditures that will be applied to alternate funding sources. Amounts should be broken down separately within the Expenditure Category column and an overall total listed within the Annualized Expenditure column.



Service/Program Name:		
EXPENDITURE CATEGORY	<u>ANNUALIZED EXPENDITURE</u>	<u>ADDITIONAL DETAILS</u> <i>Use this space to provide explanations for certain expenses, if necessary.</i>
SERVICE DELIVERY STAFFING COSTS		
Direct Service Delivery Staffing Salaries (please include benefits and list positions separately including proposed funded FTE per position)	\$	
'OTHER' SERVICE DELIVERY COSTS		
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel, etc.	\$	
PROGRAM COSTS		
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property), advertising/promotion, space rental fees, equipment rental, etc.	\$	
FACILITY COSTS		
Rental/lease, supplies, 'other'	\$	
ADMINISTRATIVE EXPENSES (Not to exceed 10% of overall funding request)		
Administrative Staffing Salaries (please include benefits and list positions separately including proposed funded FTE per position)	\$	



<p>Include office expenditures (supplies, telecommunications, IT support), legal fees, advertising, staff recruitment, accounting/ audit fees, bank charges, consultant fees, organizational memberships, shared support service costs, etc. (Please refer to DEFINITIONS in the information package for eligibility details)</p>		
<p>'OTHER' COSTS NOT IDENTIFIED (please specify)</p>		
	\$	
	\$	
	\$	
	\$	
<p>TOTAL BUDGET (total amount of grant request)</p>	\$	

SECTION 7: ADDITIONAL INFORMATION

Please provide any additional information you deem relevant to the delivery of your initiative. This can include, but is not limited to, information on the following (*Max. 300 words*):

- Sustainability
- Innovation and creativity
- Other relevant information

By submitting this Proposal, I/We agree to comply with the requirements stated in this proposal.

DECLARATION

The Service Provider further declares that it has complied in every respect with all the instructions, that it has received and read all addenda, and that it has satisfied itself fully relative to all matters and conditions with respect to the general conditions of the agreement and all relevant information to which this proposal pertains.

Respectfully submitted,

Signature of Authorized Employee / Board Member

Printed Name

Signature of Board Chair / Chief Signing Officer

Printed Name

Firm/Service Provider/Organization

Telephone #

Address

Fax #

Email

Date

Congratulations - your proposal is now complete.

Please do not forget to add required attachments prior to submission.

PROPOSAL DEADLINE: 4:00 p.m., MONDAY, JULY 13, 2026

You will receive a confirmation of the application being received within 5 business days.