2026 Family & Community Support Services and United Way 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.

Name of Community Agency or Organization:	

Application Checklist		**Provide an explanation if attachments are missing**
Proposal Materials		
☐	Signed Proponent Commitment Statement	
☐	Part A, Section 1 – 2	
☐	Part B, Sections 1 – 6 including complete budget (additional Part B's to be completed as required)	
Appendices (one copy may be provided for all Part B submissions)		
☐	Certificate of Incorporation, Charitable Status, and/or Business Licence	
☐	Audited Financial Statement, Review Engagement or letter from a financial institution providing information pertaining to the financial stability of the organization.	
☐	Board of Directors or Officers, including any vacancies and organizational chart.	
☐	Insurance Certificate	
☐	Proof of Practice Permit with applicable professional governing body, if applicable	
☐	Fee Policy, if applicable	

Proposals should be concise, succinct, and must include all of the applicable attachments listed above. If an agency or organization is applying for multiple projects, one Part A section is required with corresponding Part B sections e.g. if an agency is applying for 2 projects, one Part A and two Part B sections should be submitted.

PROPONENT COMMITMENT STATEMENT

Declaration	
1. If successful, the grant recipient will execute their project/program in 2026.	**Yes** ☐ **No** ☐
2. If successful, the grant recipient commits to working with City of Chestermere staff on program evaluation and monitoring.	**Yes** ☐ **No** ☐
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 *Insurance Act*, 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** ☐ **No** ☐

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

2026 FCSS & United Way / Chestermere Partnership Grant Proposal
Funding Period: January 1, 2026 – December 31, 2026

PART A, SECTION 1: LOCATION IDENTIFICATION

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): ☐ Non-Profit Sector ☐ Not-for-Profit Sector ☐ 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):			

PART A, SECTION 2: ORGANIZATIONAL PROFILE

1. Provide a brief history of your organization, including information on how long your organization has been in existence.
2. Include your organization's mission, vision and/or mandate.

Note: If applicant is proposing to deliver multiple services/programs, they must complete a Part B for <u>EACH</u> unique service/program including separate budget sheets.

PART B, SECTION 1: EFFECTIVENESS AND FEASIBILITY

Name of Proposed Initiative:	
Total Amount of Grant Request:	

1. Outlined what the program is. What are the main objectives and goals of this initiative and what change or outcomes do you want to achieve?
2. How does the proposed initiative fit within your organization's mission/vision/mandate?

3. How will your organization assess the effectiveness or success of the program/project?
4. Highlight your organization's ability to collect data and implement evaluation practices. Based on your project intent, the following information may be requested for reporting purposes: number of individuals, families, information and referrals, volunteers, volunteer hours; community development initiatives; short stories; and outcomes.
5. 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.

# of Unique Individuals:		# of Volunteers:	
# of Unique Families:		# of Community Development Participants:	

PART B, SECTION 2: ALIGNMENT WITH COMMUNITY NEEDS

1. Select the primary target population your initiative will be developed for and what is the determined need?
☐ Children (0 to 5 years) ☐ Adults ☐ Children/Youth (6 to 12 years) ☐ Seniors ☐ Youth (13 to 18 years) ☐ Families
2. Are there projects of a similar nature being offered in the community? If so, how will this project complement, enhance or differ from those currently operating?
3. The Social Investment Framework (SIF) guides the collective work and impact of social initiatives in Chestermere. The proposed initiative must contribute to the overarching goals and priority outcomes of the SIF, and support the long-term advancement of equity and social inclusion. Please identify which priority outcome this initiative is most closely aligned with and briefly describe how it contributes to the SIF. Refer to the **Appendix (City of Chestermere Social Investment Framework) of the Information Package**.

4. How does the proposed project fit within the FCSS or United Way mandate? Refer to **the Appendix (FCSS and United Way Funding Criteria and Guidelines) of the Information Package**.

PART B, SECTION 3: SAFETY, EQUITY AND INCLUSION

1. Please describe how your program will actively promote inclusivity, ensuring broad access and removing barriers for marginalized or underrepresented groups.
2. State what safety practices will be/are in place for participants, personnel, and volunteers.

PART B, SECTION 4: 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. Describe any complementary efforts, including other multi-sector collaborations in the community that could potentially enhance or align with the proposed project. (Add additional lines as required)	
Name of collaborative partner	Description

2. Volunteers	
Projected number of volunteers specific for **this project.**	
Projected number of volunteer hours specific for **this project**.	
How will you recruit, train and recognize volunteer contributions to this project?	

PART B, SECTION 5: ORGANIZATIONAL CAPACITY AND ACCOUNTABILITY

If you were not awarded the total amount of your grant request, would you still be able to run this initiative?	☐ Yes ☐ No
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. Please note that you will be required to submit a revised budget sheet for the amount of the awarded grant.	$

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 below budget outline. <u>Replace</u> 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</u> EXPENDITURE**
SERVICE DELIVERY STAFFING COSTS	
Direct Service Delivery Staffing Salaries (please include benefits and list positions separately including proposed funded FTE per position)	**$**Click or tap here to enter text.
'OTHER' SERVICE DELIVERY COSTS	
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel, etc.	**$**Click or tap here to enter text.
PROGRAM COSTS	
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property), advertising/promotion, space rental fees, equipment rental, etc.	**$**Click or tap here to enter text.
FACILITY COSTS	
Rental/lease, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, 'other'	**$**Click or tap here to enter text.
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) 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**)	**$**Click or tap here to enter text.
'OTHER' COSTS NOT IDENTIFIED (please specify)	

	$Click or tap here to enter text.
	$Click or tap here to enter text.
	$Click or tap here to enter text.
	$Click or tap here to enter text.
TOTAL BUDGET (total amount of grant request)	**$**Click or tap here to enter text.

PART B, SECTION 6: 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: • 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 <u>add required attachments</u> prior to submission.

PROPOSAL DEADLINE: 4:00 p.m., MONDAY, JULY 28, 2025

Note: If applicant is proposing to deliver multiple initiatives, they must complete* Part B Additional Programs and Budget Sheet Templates *for <u>EACH</u> unique service/program. An additional single Part B application can be requested through grants@chestermere.ca.