



Grasslands Regional Family and Community Support Services (FCSS)

Expression of Interest for Grant Funding

Grasslands Regional FCSS is a partnership between the Provincial Government and regional municipalities, including Brooks, Duchess, Rosemary and the County of Newell. The goal of FCSS is to help communities increase the social well-being of individuals, families and community through preventative social programs.

Before you begin your Expression of Interest it is important you review the FCSS Grant Funding FAQ to ensure you meet the funding criteria and understand the funding process. Groups are required to first submit an Expression of Interest (EOI) to determine their eligibility, eligible groups will then be invited to complete an application for funding. Being invited to complete an application does not guarantee FCSS funding.

Grasslands Regional FCSS offers two funding streams, Core Grant Funding and Micro-Grant Funding. Core Grant Funding EOIs are accepted between May 1 and July 31 of each year and there is no maximum on the funding you can request. Micro-Grant EOIs are open all year round and are available in amounts up to a maximum of \$5,000.

To be eligible for funding organizations must be operating on a non-for-profit basis or have the backing of a not-for profit entity who can act as the banker for the funds. Funded programs must benefit those living within Brooks, Duchess, Rosemary and/or the County of Newell. Funded programs and projects must not support any directly religious or political causes. FCSS does not fund leisure and recreation-based programs. For more details on ineligible projects please refer to the FAQ Document.

For more information, please contact Victoria Muhlbeier, with Grasslands Regional FCSS.

Phone: 403-362-4549

Email: grasslandsregional.fcss@telsu.net

Grasslands Regional Family and Community Support Services (FCSS) Expression of Interest for Grant Funding

Organization Name: _____

Name of program you are applying for: _____

Mailing Address: _____

Street Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Website: _____

Is your organization a Registered Society or Not-For-Profit: Yes No

If no, please list the not-for-profit group that will act as banker for the project.

Are you applying for Micro-Grant Funding or Core Funding? _____

Please provide a brief description of your project: (please include target demographics)

What percentage of program participants are expected to be from Brooks, Duchess, Rosemary and/or the County of Newell areas?

- Under 50% 50-75% 76 – 90% 91 – 100%

What FCSS priority does your program target? (please choose the most applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Individuals experience personal well-being | <input type="checkbox"/> Individuals are connected with others | <input type="checkbox"/> Children/Youth Develop Positively |
| <input type="checkbox"/> Families have Social Support | <input type="checkbox"/> The community is connected and engaged | <input type="checkbox"/> Community Social Issues are Identified and Addressed |