



FCSS Grant Application

Application Deadline: 11:59 p.m., January 12, 2026

*Submit via email to Grants@beaumont.ab.ca or deliver hard copy to the City of Beaumont
City Hall, 5600 49 Street, Beaumont, AB T4X 1A1.

Please note – City Hall is open M-F 8:30 a.m.-12:00 p.m., 1:00 p.m.-4:30 p.m.
and closed Saturdays, Sundays, and holidays.

SUBMIT A SEPARATE APPLICATION FOR EACH PROGRAM/PROJECT REQUESTING FUNDS.
THE APPLICATION FORM HAS BEEN UPDATED. PREVIOUS VERSIONS NO LONGER APPLY.

This personal information is being collected under the authority of Section 33(c) of the *FOIP Act* and will be used to administer funding. All information gathered by the City of Beaumont is protected by the provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact Legislative Services at 780.929.8782.



PART A: GENERAL INFORMATION

ORGANIZATION DETAILS	
Date:	
Organization (Applicant) Name:	
Mailing Address:	
Is the organization a registered charity or non-profit:	<div style="display: flex; justify-content: space-around;"> Yes No </div>
Charitable Number (if applicable):	
Date of Incorporation (if applicable):	
Incorporation Number (if applicable):	
Act Incorporated Under:	
Alberta Registry Number (if applicable):	
Fiscal Year End:	
Website:	
President/Chair/Executive Director:	
Briefly describe the main purpose or mandate of your group.	

CONTACT INFORMATION	
Primary contact (full name and position/title):	
Contact Email:	
Contact Phone:	



BOARD OF DIRECTORS		
Current number of board members:		
Name	Board Position	Years on Board

PART B: ELIGIBILITY

To be eligible to receive an FCSS grant, the program/project must fit the Provincial FCSS mandate and address one or more of the Beaumont FCSS program priorities as outlined below.

Describe how your group/program is of a preventative nature enhancing the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity.



<p>Which of these statements describe your group/program? (please check all that apply)</p>	<p>Helps people develop independence, strengthen coping skills and become more resistant to crisis</p> <p>Helps people develop an awareness of social needs</p> <p>Helps people develop interpersonal group skills enhancing constructive relationships among people</p> <p>Helps people and communities assume responsibility for decisions and actions that affect them</p> <p>Provides supports that help sustain people as active participants in the community</p>
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Please check the applicable priorities addressed by your program/project.	
Children/Youth	Seniors
<p>Youth engagement and acceptance in the community</p> <p>Positive youth development</p>	<p>In-home support services</p> <p>Program and activities which promote seniors' inclusion, connection, mental health and well-being</p>
Adults/Families	
<p>Supports for parents and children 0-6 years to promote positive early childhood development</p> <p>Parenting programs and groups to build capacity and develop skills</p> <p>Skill-building groups and workshops for children 6 – 12 years to enhance social and emotional development</p> <p>Prevention of family violence</p> <p>Promotion of mental health and well-being</p>	



PART C: PROGRAM, SERVICE AND/OR PROJECT DESCRIPTION

Goals

Describe the program or project for which the funding will be used (e.g. support parents in learning more effective communication with their children).

Program/Service Activities

(e.g. provide programs that enhance parent/child communication)

Outputs

(e.g. the number of participants in attendance, the number of programs)



To be eligible for funding, you must demonstrate how your program meets one or more of the following FCSS Provincial Outcomes as outlined below.

Please check the applicable outcome(s) and provide further information.

Improved Social Wellbeing of Individuals

Outcome 1: Individuals experience personal well being

Outcome 2: Individuals are connected with others

Outcome 3: Children and youth develop positively

Improved Social Wellbeing of Community

Outcome 1: The community is connected and engaged

Outcome 2: Community Social issues are identified and addressed

How many people will be directly impacted or will benefit from the project and what age group do they fall into?

Number of people:

0 - 5 years

6 - 12 years

13 - 17 years

18+ years

Seniors

Families



Program/Project Start Date (mm/dd/yyyy)	
Program/Project End Date (mm/dd/yyyy)	
Program/Project occurs on which days and what hours	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____
In what ways does your group utilize and promote volunteerism?	
List the community agencies you are collaborating/partnering with and describe these efforts. If you are not currently partnering with any groups, please describe one partnership effort you will attempt in the upcoming year.	



What fees are being charged for participation in your group's activities?	\$_____ /session \$_____ /month \$_____ /year	
How is your program accessible for those who cannot afford the service?		
Please describe your group's fundraising efforts in the last year, including fundraiser name(s), date(s) and net amount raised.		
FUNDING		
Did you receive any grants in the last calendar year from the FCSS?	Yes	No
Do you have any active City of Beaumont grants?	Yes	No
If yes, have final reports been submitted for previous financial support?	Yes	No
Funding Amount Requested		



If your group is not successful in obtaining funding will the project or program continue? Why?	
<p>How will you acknowledge the City of Beaumont's financial contribution to the project?</p> <p><i>*Note – be prepared to provide examples during grant reporting.</i></p>	<p>Social Media Posts</p> <p>Advertisements (newspaper, posters, banners, signage)</p> <p>Website</p> <p>E-Newsletter</p> <p>News releases</p> <p>On-site signage</p>

PART D: SUPPORTING DOCUMENTATION

Please submit along with your completed application form the following up-to-date information and documentation, if applicable:

- Detailed annual budget (showing total request)
- Copy of previous year's audited or verified annual financial statement
- Copy of promotional brochure
- Any additional information not already shared (maximum 1 page)



DECLARATION

I DECLARE THAT:

I AM MAKING THIS APPLICATION ON BEHALF OF THE ABOVE-MENTIONED ORGANIZATION AS A DULY AUTHORIZED REPRESENTATIVE HAVING LEGAL AND/OR FINANCIAL SIGNING AUTHORITY FOR SAID ORGANIZATION.

- The information contained in this application and supporting documents is true and accurate to the best of my knowledge.
- I understand that this is an application only and does not confer a requirement by the City of Beaumont to provide all, a portion, or any of the requested funding.
- I declare that the monies will be used for the purpose for which the application was approved. If the event is not undertaken, the grant money will be returned.
- I agree to fulfill the commitments of the grant, which include submitting the required final report within one month following the completion of the event identifying the project outcome and an evaluation of the project in relation to its objectives.
- If funding is awarded and accepted, your organization will be required to submit a final report upon completion of the fiscal year that the grant was applied for (including a financial summary).

Signature

Printed Name

Position/Title

Phone Number

Email Address

Deliver one (1) copy of the completed application to:

Grants@beaumont.ab.ca

OR

**City of Beaumont
Attention: FCSS Grant Program
5600 49 Street Beaumont AB T4X 1A1**

EMAILED SUBMISSIONS ARE PREFERRED

