



FCSS Youth Community Impact Project

Microgrant Application Form

This grant is intended to support youth in gaining hands-on experience with opportunities to make a meaningful impact in their own communities.

SUBMISSION REQUIREMENTS:

Applications will be accepted until all the funds have been disbursed. All submissions must include the following requirements:

- Grant requests must be **between \$250 and \$1000**
- Projects must be feasible and ready to begin within 1 month from notification
- Projects must take place between June 1, 2025 and December 15, 2025
- Projects must be completed with a submitted evaluation by January 15, 2026
- Youth (12+) within the FCSS Red Deer & District region are eligible to apply
- Youth applications must have the support of an adult

FOCUS CRITERIA: (check all that apply)

- ☐ Mental Health/Relationship Building – opportunity for people to connect and get to know each other better through various activities. Examples: peer support group, art night, social event, coffee chats
- ☐ Skill Development /Sharing –opportunity for youth to share their skills or talent or knowledge with others. Examples: mini-market, art show, STEM Session, music night
- ☐ Community Connection & Pride – opportunity to connect with neighbours or improve your neighbourhood. Examples: community clean-up, block party, community soccer game
- ☐ Other _____

SUBMISSION:

Please submit your completed Grant Application, along with signature, to be considered for funding.

- E-MAIL to fcss@reddeer.ca: or
- HAND-DELIVER IN A SEALED ENVELOPE ATTN: FCSS Youth Community Impact Project, City of Red Deer, Culture Services Centre 5205, 48 Avenue, Red Deer, AB T4N 6X3

PART A / Project Details

Youth Contact Information

Full Name: _____

Address: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Parent, Guardian and/or other supportive adult:

Name: _____ Phone: _____

Email Address: _____

Project Name: _____

Project Community or Location: _____

Project Start Date (mm/dd/yyyy): _____ Project End Date (mm/dd/yyyy): _____

1. What is your idea? Please share what you plan to do? Where? When? How?

2. Who will help you with your project? What will they contribute? Or What will they do?

3. What difference do you hope your project will make in your neighbourhood/community?

4. Please complete the Project Budget Table below with the expenses you are seeking funds for. Please note the grant cannot be used for wages.

Project Budget

Item/Activity Example: facility rental, food, equipment, supplies, marketing, decoration etc.	Total Cost of Item/Activity
Total Costs	

5. Total amount of Grant request: _____ (Up to a maximum of \$1000)

PART B / Agreement

By signing and submitting this application, you are agreeing to the following terms and conditions:

1. The applicant must expend the funds received in accordance with their application.
2. The applicant must complete the reports identified in the Application Guide in accordance with the deadline stated.
3. Notify the FCSS Program Specialist if any change occurs that may result in inability of the applicant to deliver the project identified in the application.
4. Any unspent funds allocated through this program to the successful project will be returned.
5. The personal information on this form is collected under the authority of the Municipal Government Act (Section 3) and is protected under the provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of administering the grant only. If you have any questions about the collection, use and protection of this information, please contact the City of Red Deer, FCSS Program Specialist at 403-309-8411, by mail at 5008 Red Deer, AB T4N 3T4 or in person at 5205 – 48 Avenue, Red Deer, Alberta.

PART C / Authorization

This application must be signed by the youth primary contact and their parent or supportive adult.

By signing below, I confirm that all information submitted within this application, including Part A and Part B, is true, complete and accurate to the best of my knowledge.

Primary Contact

Full Name _____ Signature _____ Date _____

Parent or Guardian (if under the age of 18 years)

Full Name _____ Signature _____ Date _____