



## Grant funding application Seniors grant program 2025

**Family and Community  
Support Services**  
101-1101 5 St., Nisku, AB T9E 2X3  
p: 780-979-2385 f: 780-955-4765  
FCSSinfo@leduc-county.com

**Please review the 2025 Seniors Grant funding guidelines prior to completing this application.** Leduc County will support applicants to submit effective applications. If you require assistance, have questions, or would like ideas on how this funding could support your group, please contact Sara Russell, Manager of community support services at 780-955-6424 or [sara@leduc-county.com](mailto:sara@leduc-county.com). Completed applications must be submitted to [fcssinfo@leduc-county.com](mailto:fcssinfo@leduc-county.com).

### Lead community group/not-for-profit organization

|   |   |   |  |             |  |
|---|---|---|--|-------------|--|
| Organization/group name                 |   |   |  |             |  |
| Phone                                   |   | Website   |  |             |  |
| Mailing Address                         |   |   |  |             |  |
| Town/city                               |   | Province  |  | Postal code |  |
| Physical address (if different)         |   |   |  |             |  |
| <input type="checkbox"/> Not for profit | <input type="checkbox"/> For Profit Org | <input type="checkbox"/> Coalition, Committee, Network, Group |  |             |  |
| Not-for-profit number (if applicable)   |   |   |  |             |  |

### Contact information

|                   |  |       |  |
|-------------------|--|-------|--|
| Contact name      |  | Phone |  |
| Contact title     |  | Email |  |
| Alternate Contact |  |       |  |

### Partners

If this is a collaborative project/program/event, please indicate other groups or organizations that will participate and their roles.

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### Community project/program/event summary

Describe the project/program/event that your group is requesting funding for.

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|  |
|--|

Why do you want funding for this project/program/event? How will it benefit Leduc County seniors 55+

Which priority or priorities does this project/program/event link to? (see Grant Guidelines for more examples)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Aging Well<br>The activities clearly contribute to maintaining independence as seniors age.<br>Examples include: <ul style="list-style-type: none"><li>• Information session on scams and frauds</li><li>• Aging and mobility sessions</li><li>• Maintaining memory skills</li></ul> | <input type="checkbox"/> Inclusion and Diversity<br>The activities clearly contribute to learning about different cultures and different lifestyles or promote inclusion of non-mainstream groups.<br>Examples include: <ul style="list-style-type: none"><li>• Learning about diverse communities, ethnicities, cultures, or groups</li><li>• Reducing stigma around aging and promoting positive messages</li></ul> | <input type="checkbox"/> Connection and Engagement<br>The activities clearly contribute to increasing social networks or enhancing connection. Examples include: <ul style="list-style-type: none"><li>• Sessions on digital literacy</li><li>• Enhancing volunteer opportunities and engaging new volunteers</li><li>• Intergenerational activities like a paint night or storytelling</li></ul> |
|---|---|---|

Explain how your project/program/event links to the priority.

This program/project/event must target Leduc County seniors 55+. How many seniors do you estimate your project/program/event will impact and which age categories:

|              |  |             |  |           |  |
|--------------|--|-------------|--|-----------|--|
| Ages 55- 64: |  | Ages 65-79: |  | Ages 80+: |  |
|--------------|--|-------------|--|-----------|--|

How will you know if your event is successful? How will you measure the success of this project/program/event?

## Project/program/event budget

| Revenue   | Amount (\$) |
|---|-------------|
| Association funds   |             |
| Other grants ( <i>please identify the name of the agency and the amount received</i> ): |             |
| Fundraising   |             |
| Amount requested  |             |
| <b>Total revenue</b>  |             |

| Expenditures              | Amount (\$) |
|---------------------------|-------------|
|                           |             |
|                           |             |
|                           |             |
|                           |             |
| <b>Total expenditures</b> |             |

## Grant requirements

|   |                              |  |
|---|------------------------------|--|
| My organization or group reviewed the 2025 grant application guidelines.  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| The project/program/event application included the ideas and feedback of seniors 55+.   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| This is a new project/program/event for seniors 55+ (not ongoing or recurring).   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| This is an ongoing or recurring project but it has a new component. <i>Please explain:</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| My organization or group currently serves Leduc County seniors 55+.   | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| The project/program/event is focused on the priorities of aging well, diversity and inclusion, or connection and belonging. Recreation is not a primary focus.                        | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| My organization or group commits to recognizing Leduc County as a funder for this project/program/event.  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| My organization or group commits to providing project/program/event details to Leduc County prior to the activities taking place and inviting Leduc County to attend (if applicable). | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| The funds requested from Leduc County will be spent within 12 months of being received. <i>If not, please explain why:</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| My organization or group commits to providing a final report at the conclusion of the activities using the final report form and including any photos that can be used                | Yes <input type="checkbox"/> | No <input type="checkbox"/>                              |
| My organization or group has submitted a final report form accounting for previous grants received from Leduc County, if applicable.  | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**Applicant agreement**

By signing below, I declare that:

- I am a duly authorized representative having legal and/or financial signing authority for the above-listed organization.
- Information received in this application is accurate to the best of my knowledge and funding will be used for the project/program/event as intended.
- Leduc County will be recognized as a funding agency prior to, during and upon completion of this project/program/event.
- The project/program/event will benefit seniors in Leduc County.

\_\_\_\_\_  
*Applicant signature*

\_\_\_\_\_  
*Date*

*Your personal information is collected by Leduc County under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purposes for which it is collected. Questions concerning the collection and use of this information can be directed to the Leduc County's FOIP coordinator at FOIP@leduc-county.com.*

**Leduc County use only**

|  |  |              |                          |                             |
|--|--|--------------|--------------------------|-----------------------------|
| Date application received  |  | Received by: |                          |                             |
| Does the application contain all of the required materials and criteria? |  | Yes          | <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization/group have any outstanding reporting?              |  | Yes          | <input type="checkbox"/> | No <input type="checkbox"/> |
| What requirements and/or criteria are incomplete?                        |  |              |                          |                             |