

Community Investment Program

2026 Community Sustaining Grant Application Questions

The Community Sustaining Grant provides funding to registered non-profit organizations providing strategic services that align with **three** or more Funding Priorities set by Council.

*****Applications open on September 3, 2025*****

*****Applications will be accepted until 4:30 p.m. MST. on October 14, 2025*****

Before applying:

- Read the CIP Policy and Program Guidelines carefully and request a pre-application meeting with CIP Staff, by emailing CIP@rmwb.ca if you have any questions.
- Ensure that all accounting and reporting for any previous Regional Municipality of Wood Buffalo funding has been completed. Organizations will not be considered for new funding until any outstanding account and reporting requirements have been satisfied.
- All applications must be submitted through the [CIP Grant Portal](#). CIP will notify the organizations primary contact via email when the application is available in the CIP Grant Portal. When you receive notification, [Login](#) to your CIP Grant Portal account to complete the application.

Application Instructions:

- Please complete all mandatory questions. * Asterisk symbol beside an application question means the question is mandatory.
- Please use the **Save Draft** button frequently to prevent any loss of work.
- **Applicant Information** is copied directly from your organization and user profiles and will appear in a read-only state within this form.
If the applicant information displayed is not current, please update your organization and user profiles on your **Home Page** prior to completing and submitting the application.
- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu of the application or contact cip@rmwb.ca.
- If you wish to invite a **grant writer** to collaborate on your application, use the **Invitations** tab located within the left side menu of the application.
- **Applications not Submitted by 4:30 pm on the closing date, will be withdrawn by CIP Staff.**





2026 Community Sustaining Grant – Application Questions

APPLICANT INFORMATION - Tab

Organization Information

This section will automatically populate using the details from the **Organization Profile**, which is located on the **Primary Contact's Home Page**.

If any updates are needed, please go to your Home Page and select **Organization Profile** to make the necessary changes.

Primary Contact

The Primary Contact information is automatically filled in based on the details in **My Profile**, also found on the **Main Contact's Home Page**.

To update this information, navigate to your Home Page and select **My Profile**.

1. ***In the last year, have there been any significant changes to your organization or program?**

Please Select;

☐ Yes

☐ No

- a. ***If yes; please select the change.**

- ☐ Organizational Change (e.g. governance, policies, strategic plan)
- ☐ Leadership Change (e.g. staff or board)
- ☐ Financial Change (e.g. funding, loss/gain of sponsors)
- ☐ Demographics (e.g. changes in the community you serve)
- ☐ Other

- b. ***If other; please explain. 50 Words**

2. ***What is your organization's Mission Statement? 50 Words**
3. ***Please summarize the proposed service(s) that your organization is requesting funding for. 300 Words**
4. ***Please note any restrictions on participating in your organization's programs, projects, services or events. 300 Words**
5. ***Minimum number of board members according to the organization's bylaws:**





6. *Please list your current Board of Directors in the table:

Board of Directors Table

Please list your current board of directors.

Board of Directors

Name	Board Position	Years on Board
+		

7. *Do one or more board representatives or program staff have lived experience or expertise reflective of the demographics your organization serves?

Please Select;

☐Yes ☐No

- a. *If yes; please briefly explain the lived experience or expertise. 300 Words
- b. *If no; please explain how board decisions meet the need of the demographics served by your organization. 300 Words
8. *Provide a brief overview of the organization's strategic priorities. 200 Words
9. *How many operational staff does the organization have? Please provide details in the table.

Operational Staff Table

Operational Staff Information

Operational Staff Information

	Per Organization Chart	Currently Filled
Full Time Positions		
Part Time Positions		



PROGRAM/PROJECT DETAILS - Tab

****Program/Project Details are required for every Service your organization is applying for****

10. *Are you applying for more than one program or project?

If you are unsure, please contact CIP@rmwb.ca for clarification.

Please Select;

☐ Yes

☐ No

11. *Step 1: Click on the **button** to enter the name of your program(s) or project(s).

 **Add Program(s) or Project(s)**

Project(s) - Click on the “+” button to enter in the project name(s)

Project(s)

 Click on the “+” button to enter in the project name(s).

Program/Project Name

Program/Project Name #1

Program/Project Name #2

Program/Project Name #3



Step 2: Click on the **Save Draft** Button – this will automatically populate the name(s) of the programs(s) or projects (s)

Save Draft

 **Submit**

Withdraw

Delete



Example

Step 3: Click on the "Program/Project Details" button below to complete the details of each Program/Project information form.

Program/Project Details	Program/Project: Program/Project Name #1	Status: Draft
Program/Project Details	Program/Project: Program/Project Name #2	Status: Draft
Program/Project Details	Program/Project: Program/Project Name #3	Status: Draft

Step 3: Click on the "Program/Project Details" button to complete the details of each Program/Project.

Program/Project Details	Program/Project: Program/Project Name #1	Status: Draft
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Program/Project Detail Questions

12. *Program, Project or Service Name. 8 Words

13. *Beginning Date - MM/DD/YYYY

14. *Completion Date - MM/DD/YYYY

Note: The term of the grant is January 1 - December 31. The program, project, service or event and all expenditures must occur during this term.

15. * Location services will be provided:

Note: If the grant is approved, the communities served will be included in the Grant Agreement and data collection from all communities will be required. Do not select the rural community if the service is provided to the clients from rural communities through the urban service area.

- | | | |
|--|---|--------------------------------------|
| ☐ Anzac; | ☐ Conklin; | ☐ Draper; |
| ☐ Fort Chipewyan; | ☐ Fort Fitzgerald; | ☐ Fort McKay; |
| ☐ Fort McMurray; | ☐ Gregoire Lake Estates; | ☐ Janvier; |
| ☐ Sapræ Creek Estates | | |



If a Rural Community is selected.

- a. *Please complete the following Program, Project, or Event Delivery Details. Table.

Program/Project/or Event Details			
i Program, Project, or Event Delivery Information:			
Program/Project/ or Event Location	In Person (Yes/No)	Virtually (Yes/No)	Travel Budget Required (Yes/No)
+			

- b. *How does your organization plan to address barriers related to delivering virtual services in rural areas. This may include limited internet access, lack of devices, and limited technical support. 200 Words
- c. *How does your organization plan to combat transportation barriers to provide the program, project, service or event. If applicable. 200 Words
16. * Council approved seven funding priorities. Please indicate which funding priority/priorities are applicable to this application

Please select at least 3 funding priorities for the Community Sustaining and Subsidiary Grant applications. Please select at least 1 funding priority for the Community Impact Grant (Community Programs and Projects or Community Events) application.

- ☐Community support services and wellness;
- ☐Accessibility, inclusion and belonging;
- ☐Hosting events/new business and visitors;
- ☐Partnership and collaboration;
- ☐Rural and Indigenous Communities and Relationships;
- ☐Social participation;
- ☐Value of culture, heritage and regional pride

17. * Describe how the proposed program, project, service or event align with these priorities. 100 Words





- 18.*** In the table below, please identify the total number of unique participants that you anticipate will access the funded program, project, service or event. Please identify the target demographic of the program, project or event in the table below.

Target Demographic Table	
Please identify the target population of the program, project or event in the table below.	
Age	Target Population
Children (0-12 years)	
Youth (13-18 years)	
Adults	
Seniors (65+)	
Families	
Community	
Total	

- 19.*** Please identify the equity deserving population the program, project, service or event will serve.

- ☐ 2SLGBTQIA+
- ☐ Immigrants, refugees and/or newcomers
- ☐ First Nations, Métis, and/or Inuit Peoples
- ☐ Other racialized communities
- ☐ Youth;
- ☐ Seniors;
- ☐ Women and/or girls
- ☐ People experiencing poverty and/or homelessness
- ☐ People living with disabilities
- ☐ People living in rural communities
- ☐ Other

- 20.*** How does your organization ensure that its programs, projects, services or events are accessible and inclusive for anyone who has an interest? Please share examples and success stories of accessibility and inclusivity. 200 Words

- 21.** If applicable, please explain how your program, project, service or event celebrates Indigenous culture, serves Indigenous communities and/or promotes Indigenous healing, language, cultural restoration, or reconciliation. 200 Words



Logic Model

- 22. *Statement of Need:** What social problem or gap do you hope to address by delivering the program, project, service or event? What evidence do you have that this problem or gap exists? 200 Words
- 23. *Broad Strategy:** How will the program, project, service or event address the social problem? (e.g., What approach are you taking that you hope will lead your program, project, service or event to support the social problem?) 200 Words
- 24. *Rationale:** What evidence or research do we have that this strategy will work? To demonstrate for example, "If [my organization] does 'x' program, project, service or event, then [this] change will happen for the target population." 200 Words
- 25. *Inputs:** What resources will be invested to achieve your goal? (e.g., staff labour, venue space, volunteers, computers, etc.) 200 Words
- 26. *Activities:** What activities make up the program, project, service or event? (e.g., workshops, mentorship sessions, etc.) 200 Words
- 27. *Outputs:** What do you deliver? (e.g., # of total participants trained, # of organizations, # of sessions, # of events, etc.). Note, each activity should have outputs. 200 Words

Note: If the program, project, service or event is approved, your outputs may be included in the Grant Agreement and data collection on the outputs is required.

- 28. *Outcomes:** What change do you want to see for the participants by running your program, project, service or event? Organizations are required to identify at least one outcome, that will be measured through the grant period, should the application be approved. 200 Words

Note: If the program, project, service or event is approved, your outcomes will be included in the Grant Agreement and data collection on the outcomes is required.





29. * What tools will you use to measure the outcomes of the program, project, service or event?

Note: If your organization is approved for funding, copies of the measurement tools selected will be requested.

- ☐ Surveys
☐ Focus Groups
☐ Interviews
☐ Observation
☐ Other:

a. If Other: 100 Words

30. * Please provide details of how your program, project, service or event differs from other services being offered in the community. 200 Words

31. * This grant is intended to promote an allied social profit sector within the Municipality. List the community groups or organizations that will be actively involved in the program, project, service or event delivery.

Partnerships Table

i This grant is intended to promote an allied social profit sector within the Municipality. List the community groups or organizations that will be actively involved in the program, project, service or event delivery.

Community Organization or Group		Role
		x
		x
+		

Note: Please be sure to press "Submit" on every program/project/service or event details. Once you "Submit" the program/project/service details, you will not be able to make any changes. Please contact cip@rmwb.ca if you require support.

When you **"Submit"** the Program/Project Details, the status will change from **"Draft"** to **"Completed"**.

Step 3: Click on the "Program/Project Details" button below to complete the details of each Program/Project. Please be sure to submit the current program/project information form before moving onto the next project information form.

Program/Project Details Program/Project: Program/Project Name #1 Status: Completed

Program/Project Details Program/Project: Program/Project Name #2 Status: Draft

Program/Project Details Program/Project: Program/Project Name #3 Status: Draft





If applying for more than one program or project, please move onto the next **Program/Project Details** questions (**Step 3**), and so on, until details are “**Completed**”

Program/Project Details

Program/Project: Program/Project Name #2 Status: Draft

Program/Project Details

Program/Project: Program/Project Name #3 Status: Draft

FINANCES - Tab

32. * Organization's most recent Fiscal Year End date

Please click Save Draft to update the following two questions with this date.
MM/DD/YYYY

33. * Unrestricted Net Assets

Unrestricted Net Assets (accumulated net assets/surplus that the organization has not set aside for a particular purpose or earmarked by a donor for a specific program or project) from your Financial Statements ending: MM/DD/YYYY

\$0.00

34. * Total Operating Expenses

Total Expenses from your Financial Statements Ending: MM/DD/YYYY

\$0.00

35. * What efforts have been made in the past fiscal year to increase the financial support for your organization? 300 Words

36. * Please explain any cost savings initiatives the organization has, or is planning, to implement: 300 Words

37. * Please complete the following budget table:

If there are multiple programs, projects, services or events included in this application, please provide the total budget for all requests in the budget table. Additionally, attach a detailed breakdown of the budget by program, project, service or event on the Attachment tab

\$ Budget

[See Appendix A – Budget Table]



38. * Total Cost of Program, Project, or Service

Total cost includes all costs of the entire program, project or service.

39. * Total Grant Amount Request

For the Community Sustaining Grant, up to 75% of total program, project or service cost.

40. Grant request as percentage of total cost of program, project or service

Click on the Save Draft button to calculate the percentage.

41. * Outline any expected non-financial resources being leveraged for this program, project, service or event to demonstrate community support. 100 Words

42. * Please indicate preferred grant disbursement, if approved.

\$ Grant Disbursement Table

Grant Disbursement

i January/February amount should be no more than 75% of request. Must have minimum 25% to be disbursed between August and December.
There will be no funds released in July, as six-month reports are due by July 31 and require Administrative review prior to August/October disbursements.

	Amount
January/February	\$0.00
April	\$0.00
August	\$0.00
October	\$0.00
Total	\$0.00



ATTACHMENTS - Tab

43. * Upload Strategic Plan

44. Please attach a budget breakdown for each program, project, service or event if there are multiple requests included in this application.

45. * Please attach a Partnership Letter(s) of Support for the proposed program, project, service or event to demonstrate authentic partnership and collaboration.

Applicants may use the **Partnership Letter of Support** Template or submit a customized letter. **[See Appendix B – Partnership Letter of Support Template]**

Each letter should include the following five key elements:

1. Commitment to the partnership and shared initiatives
2. Confirmation of the community need
3. History of prior collaboration or rationale for a new partnership
4. Defined roles, responsibilities, and resource commitments
5. Contact information for the partner organization

Each letter must be signed by an authorized representative of the partner organization.

46. * Please attach signed Financial Statements for the most recent fiscal year end.

Note: Year end date must fall between July 1, 2024, of last year and June 30, 2025, of this year.



DECLARATION - Tab

Declaration: In making this application, I, the undersigned, confirm:

- that I have read the appropriate Grant Guidelines;
- that I understand that this application form and all required attachments must be completed in full and received before 2025-10-14 4:30 p.m. MT;
- that I understand that this application form and any attachments shall be part of the Community Investment Program Approval Committee (CIPAC, Council Appointed) meeting agenda and accessible through all methods that the public meeting agenda is available;
- that I understand the term of the Grant is January 1 to December 31, 2026, and that all expenditures must happen during this term; and
- that I am authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.
- that I understand the personal information collected in this application is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process the application and contact you if needed, during the review of this application. If you have any questions about the collection and use of the personal information you may contact the Manager, Community Partnerships and Initiatives, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at (587)919-5522.

* Acknowledgement

☐ I do hereby certify that to the best of my knowledge, this application contains a full and correct account of all matters stated herein.

* Applicant Name

* Position/Title

* Date - MM/DD/YYYY





Appendix "A" Budget Table

Secured Revenue



Please be advised that regardless of the organization's fiscal year, the funding period of the Grant is January to December.
Include only secured revenue related to the program and / or service contained in this grant request from January to December.
Please list all secured revenue sources separately and describe the sources in the space provided. Do not include this grant application as a source of revenue.

Revenue Sources	Description	Revenue (Jan-Dec)
Please Select		
Casino Revenue		
Donations		
Fundraising		
Government of Alberta Grant		
Government of Canada Grant		
In Kind Revenue		
Memberships		
Miscellaneous Revenue		
Program/Project Event Income (Admissions / Ticket \$		
Sponsorships		
Sponsorships		
Other Grants		
Other		





Revenue in Progress

i Please include all anticipated sources of revenue for the program, project or event.

Revenue Sources	Description	Revenue (Jan-Dec)
Please Select		
Casino Revenue		
Donations		
Fundraising		
Government of Alberta Grant		
Government of Canada Grant		
In Kind Revenue		
Memberships		
Miscellaneous Revenue		
Program/Project Event Income (Admissions / Ticket \$		
Sponsorships		
Other Grants		
Other		





Expenses

- i** Please be advised that regardless of the organization's fiscal year, the funding period of the Grant is January to December. As such, the following content must:
- Include only eligible expenses related to the program and /or service contained in this grant request.
 - Only include anticipated expenses to be incurred from January to December.
 - Please include all the expense related to this program and/or service even if it is fully funded by other funders.
 - Administration Costs (Accounting/Bookkeeping; Bank Fees; Executive Wages and Salaries; Freight, Courier, and Postage; General Business Insurance; Office Supplies and Equipment; Office Rent and Utilities).
- Total Grant Request:

Type of Expense	Description	Total Expenses	Requested RMWB Grant
Please Select ▼		\$0.00	\$0.00 x
Administration Costs ▼			x
Advertising / Marketing Fees ▼			x
Audit Fees ▼			x
Food Costs ▼			x
Gifts for Elders / Honorariums ▼			x
Insurance - Program, Project, Service o ▼			x
Program Materials and Supplies ▼			x
Rent - Venue/Facility/Room/Equipmen ▼			x
Training ▼			x
Transportation and Delivery ▼			x
Volunteer Appreciation ▼			x
Wages/Salaries/Benefits/MERCS ▼			x
Other (Provide Detail) ▼			x
		\$0.00	\$0.00

Shortfall

- i** Total Grant Request cannot be higher than projected shortfall

Shortfall

Total
(Total Secured Revenue - Total Expenses)
\$0.00

Requested RMWB Grant

Total RMWB Grant Request

Amount
Total
\$0.00



CIP funding is intended to promote sustainability and reduce long-term reliance on municipal grants.

Funding Limit: CIP will fund up to 75% of the total eligible expense of the service.

Other Revenue Sources: Applicants must contribute a minimum of 25% of the eligible expenses from other revenue sources. The contribution can be secured or in progress at time of application. It must be directly related to the service and may include:

- Other grants,
- Cash donations,
- Donated labour, materials or services (in-kind support).

Note: If the actual funding exceeds 75% of the total eligible expenses as determined in the final report evaluation, the excess amount may be requested to be returned.



Appendix B – Partnership Letter of Support Template

[Partner Organization Letterhead or Logo]

[Date]

To Whom It May Concern,

Subject: Letter of Support and Partnership for [Project Name]

On behalf of [Partner Organization Name], I am pleased to express our strong support and commitment to partnering with [Lead Applicant Organization Name] in the implementation of [Service, Program or Project Name]. This initiative aligns with our shared mission to [shared mission or objective].

We are committed to working collaboratively with [Lead Applicant Organization Name] to ensure the success of this project. We recognize the pressing need for [briefly describe the issue or need the project addresses] in our community.

[Choose one of the following options:]

- Our organizations have a history of successful collaboration, including [briefly describe past projects or initiatives, outcomes, and impact], which demonstrates our ability to work effectively together.

OR

- While this is a new partnership, we believe it is a natural and strategic fit. Our complementary strengths – [briefly describe each organization's strengths, expertise, coordinated services, etc.] – position us well to deliver this project collaboratively and effectively.

As a committed partner, [Partner Organization Name] will contribute to the project in the following ways:

- Roles and Responsibilities: [Be specific e.g., program delivery, outreach, evaluation, training, etc.]
- Resources Committed: [Be specific e.g., staff time, facilities, in-kind support, funding contributions, etc.]

For any further information or clarification, please contact:

[Name]

[Title]

[Partner Organization Name]

Phone: [Phone Number]

Email: [Email Address]

Website (if applicable): [Website URL]

We look forward to the opportunity to collaborate on this important initiative and are confident in the positive impact it will have on our community.

Sincerely,

[Signature]

[Name]

[Title]

[Partner Organization Name]

