

## Open Call for Proposals: Service Delivery Models Supporting Older Adults in Alberta

Healthy Aging Alberta is pleased to announce a **province-wide open call for proposals** to expand three key service delivery models that support older adults in aging well in community:

- **Provincial Social Prescribing for Older Adults**
- **Provincial Assisted Transportation Program**
- **Provincial Community Supports Program**

This **multi-year investment** will expand the reach and impact of these programs across Alberta by funding community-based organizations to implement or enhance local services that address the social determinants of health for older adults.

### Program Descriptions

#### 1. Social Prescribing for Older Adults

This program enables communities to implement a **Link Worker role** who receives formal referrals from healthcare professionals and connects older adults to non-medical supports. Link Workers help navigate community services, facilitate access to social and recreational programs, provide supported referrals to transportation services, and assist with accessing financial benefits.

#### 2. Assisted Transportation

This stream funds community organizations to deliver **accessible and inclusive transportation services** that support older adults in accessing medical appointments, essential services, and social opportunities. Services may include ride coordination, door-to-door support, and volunteer driver programs.

#### 3. Community Supports

This stream supports programming that **coordinates and delivers non-medical supports** to older adults at risk of social isolation or other socioeconomic barriers. Eligible activities may include housekeeping, meal programs, home maintenance, system navigation, social connection, and recreation programming.

Each of these service delivery models is designed to promote the **mental, physical, and social well-being** of older adults, enabling them to remain safely and meaningfully connected to their communities.

### Eligibility and Application Guidelines

- Communities may apply for **one or multiple streams**, provided eligibility criteria for each are met.
- If applying to multiple streams, applicants must explain **how the proposed programs will integrate** or complement existing services.
- Eligible applicants must be **non-profit organizations or registered charities** with a relevant mandate or history of service delivery in the program area.
- Organizations must be able to participate in a **Community of Practice** and implement the **evaluation measures** outlined in the Application Guide.

### Selection Criteria

Selection will be guided by criteria developed jointly by Healthy Aging Alberta and the Government of Alberta. These include:

- A **high proportion of older adults** (55+) in the community.
- A **demonstrated gap in services** or need for expanded programming.
- **Organizational capacity** to launch, evolve, or scale a program under one of the three streams.
- **Strong cross-sector collaboration** between community-based senior serving organizations, municipalities, health providers, and volunteer sectors.

Each stream also includes specific criteria (summarized in the table below).

Criteria	Social Prescribing	Assisted Transportation	Community Supports
High % of seniors in the community	✓	✓	✓
Collaboration across CBSS, municipal, health, and volunteer sectors	✓	✓	✓
Existing or developable relationships with health providers	✓	Optional	✓
Services do not currently exist or are underserved	✓	✓	✓
Accessible programs/services for referral	✓	—	✓
Prioritizes rural, small urban, or equity-deserving populations	—	✓	✓
Ability to explore service/sliding scale models	—	✓	✓

**Note:** Projects in all streams will begin implementation on **April 1, 2026**, and end on **March 31, 2028**.

### Available Funding

- **Social Prescribing:** Up to **\$183,000** per project
- **Assisted Transportation:** Up to **\$185,000** per project
- **Community Supports:** Up to **\$250,000** per project

## Key Dates & Process

Activity	Timeline
Application period opens	<b>September 29, 2025</b>
Regional Community Developers available to support applicants	Sep 29 – Nov 24, 2025
Application deadline	<b>November 24, 2025, at 11:00 PM MST</b>
Application review & adjudication	Nov 24, 2025 – Jan 16, 2026
Notification to successful applicants	<b>January 26, 2026</b>
Funding agreements finalized	Feb 16 – 27, 2026
Program implementation begins	<b>April 1, 2026</b>

## Information Session

We encourage interested organizations to attend a virtual Q&A session hosted on CORE Alberta, **Wednesday, October 22, 2025, at 10:00 AM – 11:30 AM MST**. This session will provide an opportunity to ask questions and learn more about the application process.

[Register Today](#)

## How to Apply

To submit your application or learn more, please visit the Healthy Aging Alberta Application Portal. All applications should be submitted through the Healthy Aging Alberta Application Portal. Funding application templates are provided below so that you can prepare your application in advance of submitting through the portal.

[Apply Now](#)

## Budget Templates

Please download a copy of the respective program budget template. You will upload the budget template through the application portal.

[Social Prescribing](#)

[Assisted Transportation](#)

[Community Supports](#)

For more information or technical assistance, [contact your local Regional Community Developer](#) or email us at [\*\*funding@healthyagingalberta.ca\*\*](mailto:funding@healthyagingalberta.ca). For Social Prescribing, a [Community Implementation Toolkit](#) is available for you to consider throughout your application



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## Provincial Social Prescribing Program April 2026 – March 2028 Funding Application

1. Organizational Information	
Full Legal Organization name:	
Organization Type: (select all that apply)	<input type="checkbox"/> Registered Charity <input type="checkbox"/> FCSS <input type="checkbox"/> Non-profit <input type="checkbox"/> Other <input type="checkbox"/> Municipality
CRA number:	
Primary Contact Person	
Full Name:	
Title:	
Email:	
Phone number:	
Mailing address:	
Legal Signing Authority (If the signing authority for your organization is different than the primary contact listed above)	
Full Name:	
Title:	
Email:	
Phone number:	
<b>Please attach 2 Letters of Support in word or pdf format. Letters of support should:</b> <ul style="list-style-type: none"><li>• demonstrate community awareness and support for your project</li><li>• include named partners, municipalities, or counties where the project will take place</li><li>• be from different organizations</li><li>• come from individuals outside of the organization applying for funding</li></ul>	



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## 2. Project Proposal

### 2a. Project Name:

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### 2b. Description of Community Need

Describe existing services and how a formalized social prescribing program would address the unmet need of older adults in your community.

Consider:

- ★ How referrals from health to community services are currently made
- ★ How seniors navigate the various programs and services available in your community/surrounding communities
- ★ What impact is the unmet need having in your community?

Max: 500 words

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### 2c. Project Description

Describe the major activities proposed for this project, include the following information:

- ★ Where will the Link Worker work? How will they work together with existing professional roles in the sector?
- ★ How will you facilitate referrals from healthcare providers to the Link Worker?

Max: 250 words

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### 2d. Engagement Strategy

Describe how you will work with partners to strengthen the reach and impact of this project. Include:

- Who your current and potential partners are
- Steps you will take to build or formalize partnerships
- Roles partners will play (e.g., population or geography served, services provided)
- How you will engage community partners and older adults
- How you will sustain partnerships beyond this funding period

Max: 300 words

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## 2e. Program Delivery Experience

Please describe your organization's experience and capacity to deliver social prescribing to older adults in your community.

Max: 300 words

## 2f. Program Integration

If you are applying to more than one program stream (Community Supports, Assisted Transportation, Social Prescribing), please describe how you plan to integrate these services. How will this integration enhance coordination, reduce duplication, and increase the overall impact for older adults in your community?

## 3. Project Evaluation

### 3a. Data Collection Capacity

This project requires collecting client-level data via assessments at intake, during check-ins, and at client close. Please describe:

- Your organization's capacity to collect this type of data
- How you will integrate a new assessment tool into your practices

Please view the [current data collection guide here](#)

Max: 300 words

### 3b. Outcomes





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From the [Healthy Aging Framework](#), the **outcomes** for older adults associated with the **Social Prescribing for Older Adults program** are:

- ★ Increased access to information, programs, services, and supports to manage activities of daily living.
- ★ Increased capacity to live independently by enhancing mental wellness.
- ★ Increased capacity to live independently by enhancing physical wellness.
- ★ Reduced risk of isolation and loneliness.
- ★ Increased sense of meaning, purpose, and connection to the larger world.
- ★ Increased capacity to maintain personal safety, security, and the integrity of personal decisions as one ages, and personal circumstances change.

Reflect on the outcomes listed above describe the specific activities your project will undertake to work towards these outcomes.

Max: 200 words

### 3c. Outputs

Reflecting on the **outcomes** above, what are the **outputs** you anticipate from this project? Please include:

- ★ The total number of unique older adults you anticipate supporting annually
- ★ The average number of unique older adults per month
- ★ The number of unique healthcare providers you will receive referrals from each quarter

Max: 100 words

## 4. Project Plan

Use the table below to outline major milestones, activities, and the anticipated completion date. Add rows as needed.

[healthyaging@calgaryunitedway.org](mailto:healthyaging@calgaryunitedway.org)

[corealberta.ca](http://corealberta.ca)



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Milestones	Activities	Completion Date
Example: Expand housekeeping engagement strategy	Newspaper ads, social media posts, posters, senior centre newsletter	July 2026

## 5. Project Budget

5a. Total funds requested:

\$

### 5b. Project Activities Funding Alignment

Describe how requested funding will be used to support the activities outlined in your proposal.

Max: 300 words

### 5c. Funding Sources

List all other confirmed or potential funding sources (cash and in-kind), the amounts, timelines, and which parts of the project they support.

Note: Ensure these are reflected in your budget template.

## Provincial Assisted Transportation Program April 2026 – March 2028 Funding Application



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## 1. Organizational Information

**Full Legal Organization name:**

**Organization Type:**  
(select all that apply)

- ☐ Registered Charity  
☐ Non-profit  
☐ Municipality

- ☐ FCSS  
☐ Other

**CRA number:**

### Contact (primary contact for this application)

**Full Name:**

**Title:**

**Email:**

**Phone number:**

**Mailing address:**

### Legal Signing Authority

(If the signing authority for your organization is different than the primary contact listed above)

**Full Name:**

**Title:**

**Email:**

**Phone number:**

**Please attach 2 Letters of Support in word or pdf format. Letters of support should:**

- demonstrate community awareness and support for your project
- include named partners, municipalities, or counties where the project will take place
- be from different organizations
- come from individuals outside of the organization applying for funding

## 2. Project Proposal

**2a. Project Name:**



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## 2b. Community Need

Provide a description of the transportation needs in your community and explain how your proposed service will address these gaps for older adults. Please consider:

- The demand for expanded or new accessible and affordable transportation options for older adults.
- The barriers to transportation currently experienced by both service providers and clients.
- The social, health, or economic impacts of unmet transportation needs in your community.

Max: 500 words

## 2c. Project Description

Outline the major activities proposed for your transportation project. Include:

- Communities currently served and any new communities you plan to expand into, with rationale.
- The types of trips to be provided (e.g., medical, daily living, social or recreational).
- The service model (e.g., volunteer drivers, shuttle bus, contracted service).
- How service delivery will be coordinated locally.
- Whether the service will provide local trips, long-distance trips, or both, and the destinations typically served.
- Proposed hours and days of operation.
- Costs for clients, including any subsidies or sliding-scale fee structures and how these will be determined.

Max: 750 words



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## 2d. Engagement Strategy

Describe how you will work with partners to broaden the reach and effectiveness of your service. Address:

- Existing and potential community partners, and your approach to building new partnerships.
- How you will engage partners and secure their involvement.
- The role of partners in coordination and service delivery (e.g., serving specific populations or geographic areas).
- Any formal agreements currently in place.
- How you will inform older adults about the availability of your service.

Max: 300 words

## 2e. Program Delivery Experience

Please describe your organization's experience and capacity to deliver assisted transportation services to older adults in your community.

Max: 300 words

## 2f. Program Integration

If you are applying to more than one program stream (Community Supports, Assisted Transportation, Social Prescribing), please describe how you plan to integrate these services. How will this integration enhance coordination, reduce duplication, and increase the overall impact for older adults in your community?

Max: 300 words



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### 3. Project Evaluation

#### 3a. Data Collection Capacity

This project requires collecting monthly data to capture:

- Number of unique riders
- Number of new riders
- Number of rides (in town and out of town)
- Number of rides by reason (medical and non-medical)
- Number of unique riders with mobility aids and under 55 with a mobility challenge
- Number of subsidies distributed and total value

Please describe:

- Your organization's capacity to collect this type of data
- How you will integrate a new assessment tool into your practices

Please view the [current data collection guide here](#).

Max: 300 words

#### 3b. Outcomes

From the [Healthy Aging Framework](#), this program is designed to achieve:

- Increased ability to access appointments, supports, and engagements
- Increased ability to meet basic physical and social needs
- Increased access to safe, appropriate and accessible transportation

Describe the specific activities you will undertake to achieve these outcomes.

Max: 200 words



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### 3c. Outputs

Please list and provide your best estimates for:

- Number of unique riders for duration of funding period (24 months)
- Average number of rides per month (in town and out of town)
- Average number of rides by reason per month (medical and non-medical)

Max: 150 words

### 4. Project Plan

Use the table below to outline major milestones, activities, and the anticipated completion date. Add rows as needed.

Milestones	Activities	Completion Date
Example: Expand transportation engagement strategy	Newspaper ads, social media posts, posters, senior centre newsletter	July 2026



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## 5. Project Budget and Sustainability

**5a. Total funds requested:**

\$

### 5b. Project Activities Funding Alignment

Describe how requested funding will be used to support the activities outlined in your proposal.

Max: 300 words

### 5c. Funding Sources

List all other confirmed or potential funding sources (cash and in-kind), the amounts, timelines, and which parts of the project they support.

Note: Ensure these are reflected in your budget template.

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### 5d. Sustainability

Share your plan for sustaining this project past March 31, 2028. Consider how you will secure ongoing resources—through funding diversification, municipal or community partnerships, volunteer engagement, or cost-recovery models—to maintain service delivery.

Max: 300 words





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## Provincial Community Supports Program April 2026 – March 2028 Funding Application

1. Organizational Information	
Full Legal Organization name:	
Organization Type: (select all that apply)	<input type="checkbox"/> Registered Charity <input type="checkbox"/> FCSS <input type="checkbox"/> Non-profit <input type="checkbox"/> Other <input type="checkbox"/> Municipality
CRA number:	
Primary Contact Person	
Full Name:	
Title:	
Email:	
Phone number:	
Mailing address:	
Legal Signing Authority	
(If the signing authority for your organization is different than the primary contact listed above)	
Full Name:	
Title:	
Email:	
Phone number:	
<b>Please attach 2 Letters of Support in word or pdf format. Letters of support should:</b> <ul style="list-style-type: none"><li>• demonstrate community awareness and support for your project</li><li>• include named partners, municipalities, or counties where the project will take place</li><li>• be from different organizations</li><li>• come from individuals outside of the organization applying for funding</li></ul>	



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## 2. Project Proposal

### 2a. Project Name:

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### 2b. Project Selection

Select the home and community support services that will be delivered by your project from the list below.

☐ **Housekeeping**

☐ **Meal Preparation and/or Delivery**

☐ **Assistance with Grocery Shopping**

☐ **Education and Recreation Programs**

☐ **Social Contact and Companionship**

(friendly caller/visitor programs)

☐ **Social Connections**

(grief and loss groups, adult day programs, mental health, caregiver supports)

☐ **Home Maintenance**

(snow, yard, handyperson, moving support)

☐ **Systems Navigation and Supported Referral**

(outreach services, providing supports to access housing, finance, social programs, tax filing, completing forms, social work support, ethnocultural services, language services, elder abuse, hoarding, etc)

### 2c. Project Description

Describe the major activities your organization will deliver, the communities served, and the older adults who will benefit. Please include:

- The services will you deliver and how they will be delivered
- Where services will take place (communities, neighborhoods, regions)
- Who will benefit (e.g., 55+, lower income, Indigenous, ethnocultural, LGBTQ2S+, caregivers, older adults facing social isolation, mental health challenges, disability, etc.)
- How your project addresses local needs and gaps in services

Max: 750 words

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## 2d. Engagement Strategy

Describe how you will work with partners to strengthen the reach and impact of this project. Include:

- Who your current and potential partners are
- Steps you will take to build or formalize partnerships
- Roles partners will play (e.g., population or geography served, services provided)
- How you will engage community partners and older adults
- How you will sustain partnerships beyond this funding period

Max: 300 words

## 2e. Program Delivery Experience

Please describe your organization's experience and capacity to deliver non-medical home supports to older adults in your community.

Max: 300 words

## 2f. Program Integration

If you are applying to more than one program stream (Community Supports, Assisted Transportation, Social Prescribing), please describe how you plan to integrate these services. How will this integration enhance coordination, reduce duplication, and increase the overall impact for older adults in your community?

Max: 300 words



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### 3. Project Evaluation

#### 3a. Data Collection Capacity

This project requires collecting client-level data at intake, during check-ins, and at project close. Please describe:

- Your organization's capacity to collect this type of data
- How you will integrate a new assessment tool into your practices

Please view the [current data collection guide here](#).

Max: 300 words

#### 3b. Outcomes

From the [Healthy Aging Framework](#), this program is designed to achieve:

- Increased access to information, programs, services, and supports
- Enhanced mental and physical wellness
- Greater capacity to live independently
- Reduced isolation and loneliness
- Increased sense of meaning, purpose, and connection
- Improved personal safety, security, and decision-making capacity

Describe how your project activities will contribute to these outcomes.

Max: 200 words

#### 3c. Outputs

Please provide your best estimates for:

- Number of unique older adults supported
- Number of partnerships developed and sustained

(Partnership = an ongoing intentional relationship, based on trust, with shared risks and rewards)

Max: 100 words

### 4. Project Plan



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Use the table below to outline major milestones, activities, and the anticipated completion date. Add rows as needed.

Milestones	Activities	Completion Date
Example: Expand housekeeping engagement strategy	Newspaper ads, social media posts, posters, senior centre newsletter	July 2026

## 5. Project Budget

5a. Total funds requested:

\$

### 5b. Project Activities Funding Alignment

Describe how requested funding will be used to support the activities outlined in your proposal.

Max: 300 words

### 5c. Funding Sources

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Note: Ensure these are reflected in your budget template.