



# AGENDA

Community Assistance Board

Wednesday, August 14, 2024 - 1:00 PM - Council Chambers and  
via Zoom

Page

## CALL TO ORDER

### ADOPTION OF AGENDA

- 2.1 Adoption of the August 14, 2024 Community Assistance Board Agenda

*Proposed Motion: Move to adopt the August 14, 2024 Community Assistance Board Agenda as presented.*

### ADOPTION OF MINUTES

- 3.1 Adoption of the May 8, 2024 Community Assistance Board Meeting Minutes 4 - 7

*Proposed Motion: Move to adopt the May 8, 2024 Community Assistance Board Meeting Minutes as presented.*

[05082024 - DRAFT MINUTES - Community Assistance Board](#)

### COMMUNITY ASSISTANCE BOARD (CAB) STATEMENT OF EXPENDITURES

- 4.1 2024 YTD Community Assistance Board (CAB) Statement of Expenditures 8

*Proposed Motion: Move to accept the 2024 YTD Community Assistance Board (CAB) Statement of Expenditures for information.*

[YTD - CAB Statement of Expenditures](#)

### COMMUNITY ASSISTANCE APPLICATIONS RECEIVED

Flatbush Help Service Society

Project Description: Costs associated with Senior Travel Assistance Service

Request: \$1,462.00

### FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) STATEMENT OF EXPENDITURES

- 6.1 2024 YTD Family and Community Support Services (FCSS) Statement of Expenditures 9

*Proposed Motion: Move to accept the 2024 YTD Family and Community Services Statement of Expenditures for information.*

[FCSS Statement of Expenditures](#)

## **FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS RECEIVED**

Flatbush Help Service Society

Project Description: Costs associated with Senior Supports

Request: \$1,438.00

Internal FCSS Program Rugged & Real Suppers

Project Description: Costs associated with Rugged and Real Suppers

Request: \$20,000.00

Lesser Slave Lake Fire Fighter Society

Project Description: Costs associated with Annual Volunteer Firefighters Christmas Supper

Request: \$6,000.00

## **DELIBERATION OF THE BOARD (CLOSED SESSION)**

8.1 Deliberation of CAB and FCSS Applications

*Proposed Motion: Move to go into Closed Session at \_\_\_\_\_ p.m. as per Section 29 of the FOIP Act - Information that is or will be available to the public.*

## **COMMUNITY ASSISTANCE APPLICATIONS**

9.1 Flatbush Help Service Society

10 - 16

*Proposed Motion: Move to approve Community Assistance Board funding to the Flatbush Help Service Society in the amount of \$ \_\_\_\_\_ for Senior Travel Assistance Services.*

[20240814 - RFD Flatbush Help Service Society](#)

[Flatbush Help Service Society Application](#)

[Letter to Council](#)

## **FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS**

10.1 Flatbush Help Service Society

17 - 27

*Proposed Motion: Move to approve FCSS funding to Flatbush Help Service Society in the amount of \$ \_\_\_\_\_ for Senior Assistance program support.*

[20240814 - RFD Flatbush Help Service Society](#)

[Flatbush Help Service Society Application](#)

[Letter to Council](#)

10.2 Internal FCSS Program Rugged & Real Suppers

28 - 29

*Proposed Motion: Move to approve FCSS funding to the Internal FCSS Program in the amount of \$ \_\_\_\_\_ for the Rugged and Real Suppers.*

[08142024 - RFD Rugged and Real Suppers](#)

10.3 Lesser Slave Lake Fire Fighter Society

30 - 39

*Proposed Motion: Move to approve FCSS funding to Lesser Slave Lake Fire*

*Fighter Society in the amount of \$\_\_\_\_\_ for the Annual Volunteer  
Firefighters Christmas Supper.*

[20240814 - RFD - Lesser Slave Lake Fire Fighter Society  
Lesser Slave Lake Fire Fighter Society Application](#)

## **ADJOURNMENT**

# *MINUTES*

## Community Assistance Board Meeting Municipal District of Lesser Slave River No. 124 May 8<sup>th</sup>, 2024 Council Chambers

- MEMBERS PRESENT** Murray Kerik - Reeve  
Sandra Melzer - Division 1  
Brad Pearson - Division 2 (Chair)  
Nancy Sand - Division 1  
Norm Seatter - Division 2  
Lana Spencer - Deputy Reeve, Division 2  
Darren Fulmore - Division 1
- IN ATTENDANCE** Barry Kolenosky - CAO, MD LSR  
Sandra Rendle - Associate Director, Legislative Services, MD LSR  
Marilyn Gladue - Recording Secretary, MD LSR  
Pearl Lorentzen - Lakeside Leader
- CALL TO ORDER** Councillor Pearson called the meeting to order at 1:00 p.m.
- ADOPTION OF AGENDA** **May 8<sup>th</sup>, 2024, Community Assistance Board Agenda**  
  
**MOTION 018-24 CAB**  
Moved by Reeve Kerik to adopt the May 8<sup>th</sup>, 2024, Community Assistance Board agenda as presented. **CARRIED**
- ADOPTION OF MINUTES** **February 14<sup>th</sup>, 2024, Community Assistance Board Meeting Minutes**  
  
**MOTION 019-24 CAB**  
Moved by Councillor Melzer to adopt the February 14<sup>th</sup>, 2024, Community Assistance Board Meeting Minutes as presented. **CARRIED**
- FINANCIAL - CAB** **2024 YTD Community Assistance Board (CAB) Statement of Expenditures**  
  
**MOTION 020-24 CAB**  
Moved by Deputy Reeve Spencer to accept the 2024 YTD Community Assistance Board (CAB) Statement of Expenditures as presented. **CARRIED**
- FINANCIAL - FCSS** **2024 YTD Family and Community Assistance Board (FCSS) Statement of Expenditure**  
  
**MOTION 021-24 CAB**  
Moved by Councillor Sand to accept the 2024 YTD Family and Community Assistance Board (FCSS) Statement of Expenditures as presented. **CARRIED**
- Pearl Lorentzen left the meeting at 1:27 p.m.
- CLOSED SESSION** **CLOSED SESSION Deliberation of CAB AND FCSS Applications**  
  
**MOTION 022-24 CAB**  
Moved by Councillor Sand to go into Closed Session at 1:25 p.m. as per Section 29 of the FOIP Act – Information that is or will be available to the public. **CARRIED**

**COMMUNITY ASSISTANCE BOARD (CAB) APPLICATIONS**

**Flatbush Help Services Society**  
Project Description: Program Support  
Request: \$1,462.00

**Gilwood Golf & Country Club**  
Project Description: Junior Golf Program  
Request: \$5,000.00

**Slave Lake Region Tourism Society**  
Project Description: Beach Fest 2024  
Request: \$4,000.00

**Smith Community Association**  
Project Description: Hamlet Beautification  
Request: \$1,000.00

**Smith Half Century Plus Association**  
Project Description: Operational and Insurance Costs  
Request: \$5,000.00

**Stage North Association**  
Project Description: Beach Fest 2024 Entertainment  
Request: \$2,112.00

**FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS**

**Flatbush Help Services Society**  
Project Description: Program Support  
Request: \$4,700.00

**Smith Community Association**  
Project Description: Celebrating Community Arts and Volunteer Day  
Request: \$625.00

**Smith Community Library**  
Project Description: Babysitting Course  
Request: \$682.50

**Smith School**  
Project Description: Indigenous Peoples Day Celebration  
Request: \$1,000.00

**OPEN SESSION**

**MOTION 023-24 CAB**

Moved by Reeve Kerik to return to Open Session at 1:59 p.m.

**CARRIED**

**Pearl Lorentzen returned to the meeting at 1:59 p.m.**

**COMMUNITY ASSISTANCE APPLICATIONS**

**Flatbush Help Services Society**

**MOTION 024-24 CAB**

Moved by Reeve Kerik to direct Administration to send a letter to the Flatbush Help Services Society requesting information regarding users and a potential partnership with Gentle Ben Care Society.

**CARRIED**

**Gilwood Golf & Country Club**

**MOTION 025-24 CAB**

Moved by Councillor Melzer to approve Community Assistance Board funding to the Gilwood Golf & Country Club in the amount of \$2,500.00 for the Junior Golf Program.

**CARRIED**

**Slave Lake Region Tourism Society**

**MOTION 026-24 CAB**

Moved by Councillor Seatter to approve Community Assistance Board funding to the Slave Lake Region Tourism Society in the amount of \$4,000.00 for Summer Beach Fest 2024.

**CARRIED**

**Smith Community Association**

**MOTION 027-24 CAB**

Moved by Deputy Reeve Spencer to approve Community Assistance Board funding to the Smith Community Association in the amount of \$1,000.00 for Hamlet Beautification.

**CARRIED**

**Smith Hall Century Plus Association**

**MOTION 028-24 CAB**

Moved by Councillor Seatter to direct Administration to send a letter to Smith Hall Century Plus Association stating Community Assistance Board does not fund operational costs and encourage them to reapply for programming costs.

**CARRIED**

**Stage North Association**

**MOTION 029-24 CAB**

Moved by Councillor Sand to direct Administration to send a letter to Stage North Association stating the Beach Fest Entertainment cost is funded through the Slave Lake Region Tourism Society.

**CARRIED**

**FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS**

**Flatbush Help Services Society**

**MOTION 030-24 CAB**

Moved by Councillor Melzer to direct Administration to send a letter to the Flatbush Help Services Society requesting information regarding users and a potential partnership with Gentle Ben Care Society.

**CARRIED**

**Smith Community Association**

**MOTION 031-24 CAB**

Moved by Councillor Seatter to approve Family and Community Support Services (FCSS) funding to the Smith Community Association in the amount of \$625.00 for Celebrating Community Arts and Volunteer Day.

**CARRIED**

**Smith Community Library**

**MOTION 032-24 CAB**

Moved by Councillor Sand to approve Family and Community Support Services (FCSS) funding to the Smith Community Library in the amount of \$682.50 for a Babysitting Course.

**CARRIED**

**Smith School**

**MOTION 033-24 CAB**

Moved by Councillor Fulmore to approve Family and Community Support Services (FCSS) funding to the Smith School in the amount of \$1,000.00 for Indigenous Peoples Day Celebration.

MINUTES  
Municipal District of Lesser Slave River No. 124 – Community Assistance Board  
May 8, 2024

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**CARRIED**

**ADJOURNMENT**

**MOTION 034-24 CAB**

Moved by Councillor Fulmore to adjourn the Community Assistance Board meeting at 2:05 p.m.

**CARRIED**

\_\_\_\_\_  
Chief Administrative Officer

\_\_\_\_\_  
Chair

DRAFT

# AGENDA ITEM #4.1

YTD Community Assistance Board 2024 Statement of Expenditures at July 31, 2024

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**2024 Operational Budget**

Community Assistance Board **\$40,000.00**

**Grants Issued**

**1<sup>st</sup> Quarter Grants Issued**

Chisholm Community Club	\$1,000.00
PACO Agricultural Society	\$4,639.45
South Shore Children’s Association	<u>\$2,365.00</u>
<b>Total Grants Issued in 1<sup>st</sup> Quarter</b>	<b>\$8,004.45</b>

**2nd Quarter Grants Issued**

Gilwood Golf & Country Club	\$2,500.00
Slave Lake Region Tourism Society	\$4,000.00
Smith Community Association	<u>\$1,000.00</u>
<b>Total Grants Issued in 2<sup>nd</sup> Quarter</b>	<b>\$7,500.00</b>

**Balance Remaining 2024** **\$24,495.55**

**3<sup>rd</sup> Quarter Grants Requested**

Flatbush Help Service Society **\$1,462.00**

**Remaining Balance if Granted** **\$23,033.55**

# AGENDA ITEM #6.1

YTD 2024 FCSS Statement of Expenditures at July 31, 2024

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## 2024 Operational Budget

Provincial Grant	\$85,801.82
MD Contribution	<u>\$21,450.46</u>
<b>Total</b>	<b>\$107,252.28</b>

## Approved 2023 Carry Forward

Provincial Grant	\$11,032.27
MD Contribution	<u>\$2,758.07</u>
<b>Total</b>	<b>\$13,790.34</b>

**2024 TOTAL** **\$121,042.62**

## Grants Requested

### 1<sup>st</sup> Quarter Grants Requested

Aspen View Public Schools – Smith	\$ 32,548.20 (approved Nov 15/23)
CCRA - Family Day Chili Cook Off	\$ 340.00
CCRA - Senior Cribbage	\$ 636.00
CCRA – Mother’s/Father’s Day Events	<u>\$ 581.00</u>
<b>Total Grants Requested in 1<sup>st</sup> Quarter</b>	<b>\$ 34,105.20</b>

**Firefighter Appreciation Dinner (Direct Delivered)** **\$ 13,000.00**

### 2<sup>nd</sup> Quarter Grants Requested

Smith Community Association	\$ 625.00
Smith Community Library	\$ 682.50
Smith School	<u>\$ 1,000.00</u>
<b>Total Grants Requested in 1<sup>st</sup> Quarter</b>	<b>\$ 2,307.50</b>

**Administration Costs YTD** **\$18,688.00**

**2024 Remaining Balance** **\$52,941.92**

### 3<sup>rd</sup> Quarter Grants Requested

Flatbush Help Service Society	\$ 1,438.00
Lesser Slave Lake Fire Fighters Society	\$ 6,000.00
Internal Rugged and Real Dinners	\$20,000.00

**Remaining Balance if Granted** **\$25,503.92**



**Lesser Slave River**

## Request for Decision

Title:	<b>Flatbush Help Service Society</b>
Date:	8/14/2024
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	Community Assistance Board Application

Proposed Motion	<i>Move to approve Community Assistance funding to the Flatbush Help Service Society in the amount of \$_____ for Senior Travel Assistance Services.</i>
Administration's Recommendation(s)	As proposed.

**BACKGROUND:**

Flatbush Help Service Society has applied for Community Assistance grant funding for their seniors and persons with disabilities travel assistance service.

The total project cost is \$2,852.00. The Flatbush Help Service Society is requesting **\$1,462.00**. They have secured a cash contribution of \$1,390.00.

FCSS Grants Received in the last 5 years:

2022 \$	1,350.00
2021 \$	750.00
Total \$	2,100.00

The final report for the last grant request in 2022 has been submitted to Administration and meets the final reporting criteria.

The Flatbush Help Service Society was denied their request for funding in the last quarter. A letter was sent to them requesting a complete list of users and detailed records of the services provided. Records from 2022-2024 have been submitted with details of the services provided with the client names redacted.

The letter also requested for the Flatbush Help Service Society to reach out to the Gentle Ben Care Society in Smith and inquiry regarding the possibility of combining the services for both communities.

It was also requested that the Flatbush Help Service Society attend a delegation meeting on August 14, 2024. Attached is the letter they have submitted on why they were unable to attend today's meeting.

**ALTERNATIVE OPTIONS:**

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Flatbush Help Service Society in the amount of \$\_\_\_\_\_ for Senior Travel Assistance Services.

2. Approve an amended amount in Community Assistance funding to the Flatbush Help Service Society.
3. Do not approve any Community Assistance funding to the Flatbush Help Service Society.

**BENEFIT/RISKS:**

Benefit: Continuance of the Flatbush Help Service Society funding will provide seniors and persons with disabilities with a travel assistance service.

Risks: Not providing funding may cause seniors and persons with to move away from the community.

**STRATEGIC ALIGNMENT:**

This application does not but is very close to aligning with 50/50 financial partnership between the Municipal District and their organization. The financial split is a 51/49.

**FINANCIAL IMPLICATION:**

The Community Assistance Board remaining balance after the second intake is \$24,495.55.

**OTHER CONSIDERATIONS:**

N/A

**COMMUNICATION STRATEGY:**

- The Flatbush Help Service Society will receive a letter indicating the Board's decision.
- Notice of Community Assistance Board grant recipients will be posted on the MD's website and reported to our stakeholders next year in the annual report.

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Prepared By: Cristy Paly, Community Services, Administrative Assistant  
Reviewed By: Sandra Rendle, Associate Director, Legislative Services  
Approved By: Barry Kolenosky, Chief Administrative Officer





Lesser Slave River  
Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

**PROJECT START DATE**

DAY MONTH YEAR  
 1 1

**PROJECT COMPLETION DATE**

DAY MONTH YEAR  
 31 12

**COMMUNITY VALUES REPRESENTED (CHECK ONE OR MORE)**

Youth       Seniors       Leadership       Fellowship  
 Spirit       Compassion       Volunteerism       Generosity

**DESCRIBE HOW THE PROJECT WILL ADDRESS THESE COMMUNITY VALUES**

FHSS has provided services to Seniors showing compassion to them which improved their spirit of independence and self worth.

**CORE FUNDING AREAS (CHECK ONE OR MORE)**

Recreation       Social       Cultural       Educational       Athletic

**DESCRIBE HOW THE PROJECT FITS INTO THE CORE FUNDING AREAS**

FHSS has provided the needed services which has enabled seniors and others to remain independent and able to participate in their community in a social and cultural way.

**PROJECT PARTNERSHIPS**  
 List any and all partner organizations, businesses and individuals that will help bring this project to completion.

CLIENT USER FEES  
 (CASH CONTRIBUTION)



**Lesser Slave River  
Administration**

**COMMUNITY ASSISTANCE FUNDING APPLICATION**

**PROJECT BUDGET**

TOTAL PROJECT COST \$ 2852.00 (a)

- Item MILEAGE @ .60/Km \$ \_\_\_\_\_
- Item 10 TRIPS to EDM @ 200.00 \$ \_\_\_\_\_
- Item 10 TRIPS to WESTLOCK @ 85.20 \$ \_\_\_\_\_
- Item \_\_\_\_\_ \$ \_\_\_\_\_
- Item \_\_\_\_\_ \$ \_\_\_\_\_

LESS CASH CONTRIBUTION \$ 1390.00 (b)

LESS OTHER GRANTS / DONATIONS \$ \_\_\_\_\_ (c)

LESS PARTNERSHIP FUNDING \$ \_\_\_\_\_ (d)

COMMUNITY ASSISTANCE FUNDING REQUEST \$ 1462.00 (a - b - c - d)

**MEASURABLE OUTCOMES**

Explain how the success of the project will be determined or measured.

REPEAT CLIENTS OF HELP SERVICE SOCIETY  
AND CLIENT FEEDBACK.

**SIGNATURE**

I declare the above to be true and any and all Community Assistance funds will be used exclusively for this project.  
I agree that a Community Assistance Funding Final Report will be submitted to the Municipal District on or before December 31st.

ROSE HERDMAN Rose Herdman July 23/24  
APPLICANT'S NAME SIGNATURE DATE

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ DATE REVIEWED \_\_\_\_\_

\$ \_\_\_\_\_

FUNDING ALLOCATED \_\_\_\_\_ INITIAL \_\_\_\_\_

**ATB** Financial

**Deposit Account Statement**

Statement date July 7, 2024  
Transit number  
Customer number  
Page number 1 of 1

FLATBUSH HELP SERVICES SOCIETY



Your ATB Financial Branch

If you have any questions, contact us at  
1 800 332-8383 or visit us at  
[www.atb.com](http://www.atb.com)

**A summary of Deposit Account  
Community Spirit Account**

Your balance forward on Jun 7, 2024		\$2,384.50
Money out of your account (0 items)	-	\$0.00
Money into your account (0 items)	+	\$0.00
<b>Your closing balance on Jul 7, 2024</b>	<b>=</b>	<b>\$2,384.50</b>

Find an error? Give us a call or drop by a branch. We'll take care of it.

To MD # 124 Board

RECEIVED  
JUL 23 2024

This is in regards to the meeting in Slave Lake on August 14/ 24  
Of the three members of our board one is working that day,  
one is house sitting out of the area , and one's husband  
will be recovering from surgery and will not be able to attend.

One issue that we would like to point out in regards  
to having Smith service the clients of Flatbush  
is the extreme cost of mileage of anyone driving from Smith  
to cut lawn or snowblow, or take client to Westlock or Edmonton  
for medical trips. not to mention the hourly wage  
of the time involved to drive from Smith to clients residence,  
This is a cost that FCSS does not cover so CAP funding will be required.  
We are hoping you will consider our application and  
get back to us in short order.  
Thank you for this opportunity to voice our concerns and opinions.

Rose Herdman Secretary July 19 2024

FLATBUSH HELP SERVICE SOCIETY



**Lesser Slave River**

## Request for Decision

Title:	<b>Flatbush Help Service Society</b>
Date:	8/14/2024
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to the Flatbush Help Services Society in the amount of \$ _____ for Senior Assistance program support.</i>
Administration's Recommendation(s)	As proposed.

**BACKGROUND:**

The Flatbush Help Services Society has been providing clients, predominantly seniors, with light housekeeping, light yard maintenance, minor home repairs and snow shoveling that are eligible activities for FCSS grant funding. Other eligible grant criteria are insurance and office supplies. It is a non-profit organization that assists individuals to remain in their own homes and in the communities where they are valued. Their service includes the Flatbush region spanning from the east to west borders of the municipality.

FBHS has a Board of three volunteers who donate approximately 250 hours per year to provide coordination of services, follow up on services, all clerical and accounting duties. They forecast 4-8 clients in 2024.

The total cost of this project is \$4,900.00. The Flatbush Help Service Society is requesting FCSS funding in the amount of **\$1,438.00** for Wages, WCB, Insurance, Clerical Supplies and PPE. FBHS has also applied for CAB funding in the amount of \$1,462.00 and anticipates collecting \$2,000.00 in client fees to help project costs.

FCSS Grants Received in the last 5 years:

2022 \$ 5,400.00  
2021 \$ 4,750.00  
 Total \$10,015.00

The Flatbush Help Service Society was denied their request for funding in the last quarter. A letter was sent to them requesting a complete list of users and detailed records of the services provided. Records from 2022-2024 have been submitted with details of the services provided with the client names redacted.

The letter also requested for the Flatbush Help Service Society to reach out to the Gentle Ben Care Society in Smith and inquiry regarding the possibility of combining the services for both communities.

It was also requested that the Flatbush Help Service Society attend a delegation meeting on August 14, 2024. Attached is a letter they have submitted on why they were unable to attend today's meeting.

## **ALTERNATIVE OPTIONS:**

Administration recognizes three alternatives for the Board to consider:

1. Approve FCSS funding to the Flatbush Help Services Society in the amount of \_\_\_\_\_ for Senior Assistance program support.
2. Approve an amended amount in FCSS funding to the Flatbush Help Services Society.
3. Do not approve any FCSS funding to the Flatbush Help Services Society.

## **BENEFIT/RISKS:**

Benefit: The benefit to the municipality is the people who have come to rely on the services of FBHS and new clients will continue to be assisted and be able to remain in their homes as MD of Lesser Slave River residents.

Risks: NIL

## **STRATEGIC ALIGNMENT:**

The funding application aligns with the FCSS Program. The activities listed in this grant application fall under those eligible as one of the FCSS Act strategies of "providing support that helps sustain people as active participants in the community"

## **FINANCIAL IMPLICATION:**

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. The FCSS remaining balance after the second intake is \$52,941.92

## **OTHER CONSIDERATIONS:**

N/A

## **COMMUNICATION STRATEGY:**

- The Flatbush Help Services Society will receive a letter indicating the Board's decision.
- Notice of FCSS grant recipients will be posted on the MD's website and reported to our stakeholders next year in the annual report.

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Prepared By: Cristy Paly, Community Services, Administrative Assistant  
Reviewed By: Sandra Rendle, Associate Director, Legislative Services  
Approved By: Barry Kolenosky, Chief Administrative Officer



**Lesser Slave River  
Administration**

RECEIVED  
JUL 23 2024

**FCSS GRANTS TO GROUPS FUNDING APPLICATION FORM**

BEFORE APPLYING FOR THIS GRANT, YOUR PROGRAM OR PROJECT MUST BE ELIGIBLE FOR FCSS FUNDING.

You must be a member of an incorporated not-for-profit organization or charity to submit an application for this funding opportunity. Applications will not be accepted from private individuals or for-profit entities.

It is very important to us that our applicants submit a strong application for funding and realize that some of the terms and contents of this package may be confusing for some. If you are unsure about any portion of this application package, or you would like assistance in completing this application, please call our office to set up an appointment at 780.681.3929.

**APPLICATION DEADLINE**

**APPLICANT INFORMATION**

REGISTERED NAME OF THE SOCIETY/ORGANIZATION

FLATBUSH HELP SERVICE SOCIETY

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

ROSE HERDMAN

DATE OF INCORPORATION

MAY 12, 1989

INCORPORATION NO.

5040 274 26

**TYPE OF SUPPORT**

PLEASE INDICATE WHICH TYPE OF SUPPORT YOU ARE APPLYING FOR

- Special Project (short term and not part of the regular operational costs of the organization)
- Operation Grant (on-going operational costs, required for offsetting the deficits of providing an existing service)

**STRATEGIC DIRECTIONS**

WHICH ONE OF THE FOLLOWING STRATEGIES UNDER THE FCSS ACT BEST FITS YOUR PROPOSED PROGRAM/PROJECT/EVENT?

Check only the strategy that best applies to your program/project/event. If none of the strategies indicated below apply, stop filling in this application form and contact FCSS support staff, at 780.681.3929 for consultation.

- Helps people to develop independence, strengthen coping skills and become more resistant to crisis.
- Helps people to develop an awareness of social needs.
- Helps people develop interpersonal and group skills, which enhance constructive relationships among people.
- Helps people and communities to assume responsibility for decisions and actions, which affect them.
- Provides support that help sustain people as active participants in the community.



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

EXECUTIVE SUMMARY

NAME OF PROGRAM/PROJECT/EVENT

FLATBUSH HELP SERVICE SOCIETY  
PLEASE PROVIDE A SHORT DESCRIPTION OF THE PROPOSED PROGRAM/PROJECT/EVENT

To Aid Seniors, PWD, and temporarily incapacitated persons to remain in their own homes and be independent and able to participate in our community.

SHORT TERM OUTCOMES (Outcome refers to the change or positive difference)

WHAT SORT OF POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS? (Check one only)

- Participants will show an increase in knowledge (Knowledge: an increase in facts, state of knowing, or information)
Participants will show a positive change in attitude (Attitude: a feeling or emotion toward a fact or state)
Participants will show a positive change in values (Values: beliefs of a person or social group in which they have an emotional investment, either for or against something)
Participants will show a positive change in behaviour (Behaviour: To act or react in a particular way)

INDICATORS OF SUCCESS (Outcome refers to the change or positive difference)

WHAT WILL YOUR PARTICIPANT GAIN FROM PARTICIPATING IN YOUR PROGRAM/PROJECT/EVENT AND HOW DID YOU KNOW?

An example of an indicator of Success statement might be, "Clients will report that they have an increased knowledge of positive parenting skills" or "Clients will report that as a result of attending the (insert name of program/project/event here) they now have more ways to cope with stress." Please link this answer to the Short Term Outcome statement that you chose above.

Participants will demonstrate gratitude that as a result of having assistance from FHSS providers, that they feel appreciated by community members.

MID TERM OUTCOMES (Outcome refers to the change or positive difference)

This section is for programs that are offered on a long term basis or are offered continuously. For shorter programs/projects/events, this sort of outcome may not apply. If there isn't one that suits, you don't need to check anything, just move on to the next section.

WHAT SORT OF LONGER TERM POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS?

If applicable, please check the option that best applies to your long term program/project:

- Participants will show a positive change in overall behavior (Behavior: To act or react in a particular way)
Participants will show a positive change in condition (Condition: Social circumstances in a community or locality [e.g.: bullying, family violence, substance abuse, etc.])
The above Mid Term Outcomes do not apply to our program/project/event. This is acceptable and will not negatively affect your application.



**Lesser Slave River  
Administration**

**FCSS GRANTS TO GROUPS APPLICATION FORM**

**TARGET GROUP**

WHAT AGE GROUP(S) WILL YOUR PROGRAM SERVE? (Check all that apply)

Children (0-5 years)    Youth (6-12 years)    Teens (12-18 years)     Adults (19-25 years)     Adults (25-65 years)     Senior (65+)

WHICH OF THE PROVINCIALLY IDENTIFIED VULNERABLE POPULATIONS WILL YOUR PROGRAM SUPPORT? (Check all that apply)

Immigrants    Children/Youth     Senior Citizens     Aboriginals     Working Poor     Lone Parent  
 PDD (Persons with development disabilities)

PLEASE PROVIDE AN ESTIMATED NUMBER OF PARTICIPANTS: **4-8**

PROVIDE A NUMBER OR PERCENTAGE OF PARTICIPANTS THAT ARE LESSER SLAVE RIVER (MD 124) RESIDENTS

NUMBER                      OR    **100**    %

NOTE: Actual participant numbers will be gathered in your final evaluation. Please keep track of these requested participant numbers for reporting later on.

**OUTCOME MEASURES**

STATEMENT OF NEED: What is the overall issue your program/project/event is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For example: local groups are requesting activities/ services/programs in their own communities).

*Seniors I have an ongoing need for someone to assist them with help in and around their homes and accompaniment to medical and necessary appointments. Temporarily incapacitated persons with no local family, have a need for someone to assist them with short term help.*

STRATEGY: What approaches will your program/ project/event use to address this issue?

*Light house keeping service  
Yard work  
snow shoveling, Light handyman  
Appointment accompaniment*

RATIONALE: Explain why you believe this strategy or approach will work. Hint: The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we provide a local nursery school more children will attend and be better prepared to interact outside the family unit." Include evidence-based research if possible.

*If FHSS can provide the services that have been requested then the client can continue to live in their home rather than move to seniors communal lodging away from the community and continue to be a functioning member of our community.*



**Lesser Slave River  
Administration**

**FCSS GRANTS TO GROUPS APPLICATION FORM**

**INPUTS**

WHAT RESOURCES ARE YOU AND/OR YOUR GROUP DEDICATING TO THIS PROGRAM/PROJECT/EVENT?  
(Staff, money, materials, partners, volunteers, in-kind services?)

<input checked="" type="checkbox"/> Staff	How many? <b>4</b>	Estimated number of hours <b>200</b>
<input checked="" type="checkbox"/> Volunteers	How many? <b>3</b>	Estimated number of hours <b>250</b>
Funding	How many?	Estimated number of hours
In-kind services Please list		

**MATERIALS**

Workbooks      Copying       Stationery      Other

Partners      Who? Please list **MD of Lesser Slave River, Clients**

IF YOU HAVE OTHER INPUTS THAT YOU WILL BE PROVIDING TO THE PROGRAM, PLEASE LIST THEM HERE

*All aspects of managing the program are provided by the volunteer executive members; 1/ coordinate drivers, 2/ service delivery 3/ clerical 4/ book keeping 5/ billing and receivables 6/ client home visits for service assessment and reviews 7/ prepare applications for funding and final reporting to the MD.*

**OUTPUTS**

WHAT SERVICES WILL YOUR ORGANIZATION/GROUP BE PROVIDING? (Sessions/events, workshops/classes, presentations, etc.)

Sessions/Events      How many will be offered?      How long will they be?

How often will they be offered (once per week, monthly, etc.)?

Workshops/Classes      How many will be offered?      How long will they be?

How often will they be offered (once per week, monthly, etc.)?

Presentations      How many will be offered?      How long will they be?

How often will they be offered (once, series)?

Other services      How many will be offered?      How long will they be?

How often will they be offered (once, series)? **As often as requested by clients**

PLEASE ADD ANY ADDITIONAL OUTPUTS YOU MAY BE PROVIDING TO THIS PROGRAM/PROJECT

*During the past and foreseeable future, it may be necessary to call and check on clients and other local seniors and shut-ins. We are doing our best to prevent feelings of isolation for our seniors and others.*



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

DATA COLLECTION MEASUREMENT TOOLS

WHAT TOOLS WILL YOU USE TO MEASURE YOUR SUCCESS?

Should your organization wish to use surveys for a data collection/measurement tool FCSS can provide one for your use or assist you in making one suitable for your purposes.

Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)

Post (End of Program) Survey only (for programs that only last 2-3 sessions)

Pre and Post Interviews with clients/participants (for programs that last more than 3 sessions)

Post Interview with clients/participants, only (for programs that only last 2-3 sessions)

Checklist (participants are monitored through the program and, their milestones are checked off as being learned or achieved)

Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)

Other

Please explain what other form of measurement you will be using to measure positive difference

Observation/interviews of clients after services have been received.

NOTE: If your application is approved, FCSS will be providing your group with a specific question to include in your Measurement Tool (Surveys, checklist, interview, etc.). Or we may ask to see the surveys that you currently use and choose one question from those surveys that we would like the data from. We ask that you collect the results from these questions and provide the data back to us on your Evaluation Form. FCSS gathers these results to report the effectiveness of our funded programs to the Human Services Ministry. You will also be asked to include a blank copy of your Measurement Tool with your Grant Evaluation. We will not require copies of the actual surveys that were completed by your participants but a summary of the data will need to be included in your final evaluation.

COORDINATION AND COMMUNICATION

ARE THERE OTHER GROUPS OR ORGANIZATIONS IN REGION THAT OFFER SIMILAR SERVICES TO YOUR PROGRAM/PROJECT/EVENT?

Yes  No

IF YES, WHAT ARE THE NAMES OF THESE ORGANIZATIONS AND THE PROGRAM THAT MAY BE SIMILAR TO YOURS?

WILL YOUR ORGANIZATION BE PARTNERING (NETWORKING, SHARING INFORMATION, SHARING FUNDING, SHARING CLIENTS/PARTICIPANTS) WITH THE ABOVE ORGANIZATION(S)?

Yes  No

IF NOT, WHY NOT?

There are no other organizations in Flatbush area that offer comparable service.



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

SHOULD YOU RECEIVE PARTIAL FUNDING FOR YOUR PROGRAM/PROJECT/EVENT, WHAT WOULD PARTIAL FUNDING REALISTICALLY MEAN FOR YOUR OVERALL PLANS? WHAT PORTIONS OF YOUR PLAN WOULD IT AFFECT?

NOTE: Programs/projects/events are not always awarded their full amount through Grants to Groups and the funding amount is dependent on the number of groups applying during the current funding cycle.

Without funding FHSS home services will have to be discontinued.

WOULD YOUR PROGRAM/PROJECT/EVENT BE ABLE TO BE OFFERED WITH PARTIAL FUNDING?

Yes  No

HAVE YOU SOUGHT OUT ADDITIONAL FUNDING FROM OTHER FUNDING SOURCES FOR THIS PROGRAM/PROJECT/EVENT?

Yes  No

IF YES, FROM WHAT SOURCES? (Please remember to list these sources on the budget sheet attached)

Community Assistance Board Grant - MD Client fees

IF YES, HAVE ANY OF THESE FUNDING SOURCES BEEN CONFIRMED?

Yes  No

IF YOU HAVE NOT SOUGHT OUT ADDITIONAL FUNDING SOURCES, WHY NOT?

Have submitted an application to Community Assistance Board.

IF YOU DO NOT RECEIVE FULL FUNDING, HOW WILL YOU PRIORITIZE YOUR PROGRAMMING? WHAT PARTS MIGHT NOT GET DONE?

Home services won't be able to be offered to the extent they have been previously.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP YOUR APPLICATION.

Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

Without assistance from FHSS, long time resident seniors living in their own homes would have to prematurely relocate to another community and likely communal lodging.

NOTE: Thank you for your information thus far. Please also ensure that you fill in the attached budget summary included on the next page of this application. You must use the budget format that is attached. Other financial information will not be necessary for this grant application, unless requested by Family and Community Support Services. Family and Community Services will be contacting you should further clarification be required. Please ensure that your contact information on the first page of this application is the best way to contact you. To avoid any delays in processing, ensure that the contact person listed is the person best suited to address any questions regarding the application. The information must be accurate and printed clearly.

Lesser Slave River FCSS support staff are available should you wish to make an appointment to have assistance filling out this application or the final evaluation. Please call 780.681.3929 or email community@mdlsr.ca to arrange an appointment.

MUNICIPAL DISTRICT OF LESSER SLAVE RIVER 124 | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4880 | Toll-Free 1.866.449.4880 | Fax 780.849.4030

BOX 93, FLATBUSH AB T0G 0Z0 | Tel 780.681.3929 | Toll-Free 1.866.681.3929 | Fax 780.681.3336





**Lesser Slave River  
Administration**

**FCSS GRANTS TO GROUPS APPLICATION FORM**

**PROPOSED BUDGET**

NOTE: Applicants must use this form only; Alternate budget spreadsheets will **NOT** be accepted. Please add as much detail as possible on this spreadsheet. The Proposed Budget must balance, which means the Total Expenditures must equal the Total Revenue.

PROPOSED EXPENDITURE	AMOUNT
<i>Provide all budget details below</i>	<i>Provide all expenditure amounts</i>
<b>Personnel</b> (All wages, CRA, benefits, etc.)	
WAGES	2500.00
WCB	200.00
INSURANCE	1600.00
INSURANCE EXTENSION	200.00
<b>Travel / Training</b> (no mileage fees)	
<b>Materials / Supplies</b>	
CLERICAL SUPPLIES	
PERSONAL PROTECTIVE EQUIPMENT (mask, sanitizer, disinfectant)	200.00
	200.00
<b>Facility Costs</b>	
<b>Other</b>	
<b>TOTAL EXPENDITURES</b>	0 4900.00

To MD # 124 Board

RECEIVED  
JUL 23 2024

This is in regards to the meeting in Slave Lake on August 14/ 24  
Of the three members of our board one is working that day,  
one is house sitting out of the area , and one's husband  
will be recovering from surgery and will not be able to attend.

One issue that we would like to point out in regards  
to having Smith service the clients of Flatbush  
is the extreme cost of mileage of anyone driving from Smith  
to cut lawn or snowblow, or take client to Westlock or Edmonton  
for medical trips. not to mention the hourly wage  
of the time involved to drive from Smith to clients residence,  
This is a cost that FCSS does not cover so CAP funding will be required.  
We are hoping you will consider our application and  
get back to us in short order.  
Thank you for this opportunity to voice our concerns and opinions.

Rose Herdman Secretary July 19 2024

FLATBUSH HELP SERVICE SOCIETY



**Lesser Slave River**

## Request for Decision

Title:	Internal FCSS Program Rugged & Real Suppers
Date:	08/14/2024
Presented By:	Sandra Rendle
Attachments:	None.

Proposed Motion	<i>Move to approve FCSS funding for an internal FCSS Program expenditure of up to the amount of \$_____ for the Rugged and Real Suppers.</i>
Administration's Recommendation(s)	As Proposed.

**BACKGROUND:**

FCSS departments across Alberta are encouraged to do what they can to facilitate events to aid in raising individual social well-being through community social connections. Events that provide the opportunity for people to socialize with friends and neighbours are eligible for FCSS funding. An internal (staff-facilitated) delivered MD FCSS event, would be most welcome and appreciated by our residents going into the holiday season. This would be an excellent opportunity for building a community connection outside of normal day-to-day business.

As we have several defined communities and hamlets in our region, we would like to facilitate three in-person suppers, on three different dates within our municipality. We would like to see general attendance be limited to MD residents. I would opt to make the exception of extending this invitation to all MDLSR employees and families regardless of where they reside.

**Dates & Locations 4:00 - 7:00 PM (Supper served at 5:00 p.m.)**

<b>Saturday, November 9</b>	<b>Widewater Community Complex</b>
<b>Saturday, November 16</b>	<b>Smith Community Complex</b>
<b>Saturday, November 23</b>	<b>Flatbush Community Complex</b>

**ALTERNATIVE OPTIONS:**

Administration recognizes three alternatives for the Board to consider:

1. Approve FCSS funding to Internal FCSS Program Rugged and Real in the amount of \$\_\_\_\_\_ for the Rugged and Real Suppers.
2. Approve an amended amount in FCSS funding to Internal FCSS Program Rugged and Real Suppers.
3. Do not approve any FCSS funding to the Internal FCSS Program Rugged and Real Suppers.

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**BENEFIT/RISKS:**

The risk of unutilized FCSS funding having to be returned to the province can be negated by hosting these suppers. The benefit of the three locations is that the municipality has the potential to equally support the well-being of all our residents, regardless of the community they reside in/near.

**STRATEGIC ALIGNMENT:**

To align with FCSS funding criteria, the back of all tickets provided at the door will have a check-off "Yes, Somewhat or No" survey response to a question i.e. "The MDLSR Rugged and Real Supper enhanced my/my family's feeling of well-being". This will capture data for FCSS provincial reporting outcomes and accurate collection of participation numbers for provincial reporting.

**FINANCIAL IMPLICATION:**

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. The FCSS balance after the second intake is \$52,941.92.

Proposed Budget for "MDLSR Rugged & Real Suppers"

Considerations going into the per-person cost:

\*Advertising, catering, PPE, other supplies, janitorial, non-profit partner contributions, plus

20% contingency fund

Estimated total meal recipients 500-700

Per person cost considering above listed\* @ \$25

**Total Proposed Expenditure Budget \$20,000**

**OTHER CONSIDERATIONS:**

N/A

**COMMUNICATION STRATEGY:**

Blanket the MD with a mailbox flyer with contact information to RSVP for the event. Prior to the flyer, we will use the website, social media and Leader Page, advertising the 3 dates and locations and letting people know to watch for the flyer. Individuals and families would register and then be provided a ticket for the one location that best suits them. Offering a door prize entry for those who RSVP by a specific date, could encourage early uptake and we could pre-draw to be able to give out the prizes each night. Suggested prizes of \$25 gift certificates appropriate to the locations of Winks, Smith and Flatbush stores as prizes along with a piece of MD swag, like a travel mug.

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Prepared By: Cristy Paly, Administrative Assistant, Community Services

Reviewed By: Sandra Rendle, Associate Director, Legislative Services

Approved By: Barry Kolenosky, Chief Administrative Officer

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**Lesser Slave River**

## Request for Decision

Title:	<b>Lesser Slave Lake Fire Fighter Society</b>
Date:	8/14/2024
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to the Lesser Slave Lake Fire Fighter Society in the amount of \$_____ for the Annual Volunteer Firefighters Christmas Supper.</i>
Administration's Recommendation(s)	As proposed.

**BACKGROUND:**

This event seeks to host all the Fire Fighters & Search and Rescue within Lesser Slave River. The evening will provide the opportunity to gather in a social environment while enjoying a supper and entertainment.

The total cost of the project is \$11,000.00 which includes Entertainment, Designated Driver, Decorations, Venue Rental and Catering Costs.

The Lesser Slave Lake Fire Fighter Society is requesting funding in the amount of **\$6,000.00** for the cost of the Catering (\$5,000) and Decorations/Activities (\$1,000.00).

**ALTERNATIVE OPTIONS:**

Administration recognizes three alternatives for the Board to consider:

1. Approve FCSS funding to the Lesser Slave Lake Fire Fighter Society in the amount of \$\_\_\_\_\_ for the Annual Volunteer Firefighters Christmas Supper.
2. Approve an amended amount in FCSS funding to the Lesser Slave Lake Fire Fighter Society.
3. Do not approve any FCSS funding to the Lesser Slave Lake Fire Fighter Society.

**BENEFIT/RISKS:**

Benefit: Acknowledged appreciation to the Lesser Slave Lake Fire Fighter Society for the dedication and service they provide throughout the year.

Risks: NIL

**STRATEGIC ALIGNMENT:**

The funding application aligns with the Family and Community Support Services Program promoting volunteer support and recognition in the community.

**FINANCIAL IMPLICATION:**

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. FCSS remaining balance after the second intake is \$52,941.92

**OTHER CONSIDERATIONS:**

N/A

**COMMUNICATION STRATEGY:**

- The Lesser Slave Lake Fire Fighter Society will receive a letter indicating the Board's decision.
- Notice of FCSS grant recipients will be posted on the MD's website and reported to our stakeholders next year in the annual report.

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Prepared By: Cristy Paly, Community Services, Administrative Assistant  
Reviewed By: Sandra Rendle, Associate Director, Legislative Services  
Approved By: Barry Kolenosky, Chief Administrative Officer



**Lesser Slave River  
Administration**

RECEIVED  
JUN 14 2024

**FCSS GRANTS TO GROUPS FUNDING APPLICATION FORM**

**BEFORE APPLYING FOR THIS GRANT, YOUR PROGRAM OR PROJECT MUST BE ELIGIBLE FOR FCSS FUNDING.**

You must be a member of an incorporated not-for-profit organization or charity to submit an application for this funding opportunity. Applications will not be accepted from private individuals or for-profit entities.

It is very important to us that our applicants submit a strong application for funding and realize that some of the terms and contents of this package may be confusing for some. If you are unsure about any portion of this application package, or you would like assistance in completing this application, please call our office to set up an appointment with Sandra Rendle, FCSS support staff member, at 780.681.3929.

**APPLICATION DEADLINE**

**APPLICANT INFORMATION**

REGISTERED NAME OF THE SOCIETY/ORGANIZATION

LESSER SLAVE LAKE FIRE FIGHTER SOCIETY

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

CHRIS WELSH

DATE OF INCORPORATION

INCORPORATION NO.

**TYPE OF SUPPORT**

PLEASE INDICATE WHICH TYPE OF SUPPORT YOU ARE APPLYING FOR

- Special Project (short term and not part of the regular operational costs of the organization)
- Operation Grant (on-going operational costs, required for offsetting the deficits of providing an existing service)

**STRATEGIC DIRECTIONS**

WHICH ONE OF THE FOLLOWING STRATEGIES UNDER THE FCSS ACT BEST FITS YOUR PROPOSED PROGRAM/PROJECT/EVENT?

Check only the strategy that best applies to your program/project/event. If none of the strategies indicated below apply, stop filing in this application form and contact Sandra Rendle, FCSS support staff, at 780.681.3929 for consultation.

- Helps people to develop independence, strengthen coping skills and become more resistant to crisis.
- Helps people to develop an awareness of social needs.
- Helps people develop interpersonal and group skills, which enhance constructive relationships among people.
- Helps people and communities to assume responsibility for decisions and actions, which affect them.
- Provides support that help sustain people as active participants in the community.



**Lesser Slave River  
Administration**

**FCSS GRANTS TO GROUPS APPLICATION FORM**

**EXECUTIVE SUMMARY**

NAME OF PROGRAM/PROJECT/EVENT

Annual Christmas supper

PLEASE PROVIDE A SHORT DESCRIPTION OF THE PROPOSED PROGRAM/PROJECT/EVENT

Gathering of all the fire fighters within Lesser Slave River to socialize and appreciate all the fire fighters by providing supper, including search and rescue

**SHORT TERM OUTCOMES** (Outcome refers to the change or positive difference)

WHAT SORT OF POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS? (Check one only)

- Participants will show an increase in knowledge (Knowledge: an increase in facts, state of knowing, or information)
- Participants will show a positive change in attitude (Attitude: a feeling or emotion toward a fact or state)
- Participants will show a positive change in values (Values: beliefs of a person or social group in which they have an emotional investment, either for or against something)
- Participants will show a positive change in behaviour (Behaviour: To act or react in a particular way)

**INDICATORS OF SUCCESS** (Outcome refers to the change or positive difference)

WHAT WILL YOUR PARTICIPANT GAIN FROM PARTICIPATING IN YOUR PROGRAM/PROJECT/EVENT AND HOW DID YOU KNOW?

An example of an Indicator of Success statement might be, "Clients will report that they have an increased knowledge of positive parenting skills" or "Clients will report that as a result of attending the (insert name of program/project/event here) they now have more ways to cope with stress." Please link this answer to the Short Term Outcome statement that you chose above.

Knowing there is support from fellow fire fighters, being able to gather in a social environment and able to interact with others besides on calls. Interacting with search and rescue members

**MID TERM OUTCOMES** (Outcome refers to the change or positive difference)

This section is for programs that are offered on a long term basis or are offered continuously. For shorter programs/projects/events, this sort of outcome may not apply. If there isn't one that suits, you don't need to check anything, just move on to the next section.

WHAT SORT OF LONGER TERM POSITIVE CHANGE WILL YOUR PROGRAM/PROJECT/EVENT CREATE IN YOUR PARTICIPANTS?

If applicable, please check the option that best applies to your long term program/project:

- Participants will show a positive change in overall behavior (Behavior: To act or react in a particular way)
- Participants will show a positive change in condition (Condition: Social circumstances in a community or locality (e.g., bullying, family violence, substance abuse, etc.))
- The above Mid Term Outcomes do not apply to our program/project/event. This is acceptable and will not negatively affect your application.



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

TARGET GROUP

WHAT AGE GROUP(S) WILL YOUR PROGRAM SERVE? (Check all that apply)

- Children (0-5 years) Youth (6-12 years) Teens (12-18 years) Adults (18-25 years) Adults (26-85 years) Senior (65+)

WHICH OF THE PROVINCIALLY IDENTIFIED VULNERABLE POPULATIONS WILL YOUR PROGRAM SUPPORT? (Check all that apply)

- Immigrants Children/Youth Senior Citizens Aboriginals Working Poor Lone Parent

POD (Persons with development disabilities)

PLEASE PROVIDE AN ESTIMATED NUMBER OF PARTICIPANTS 150

PROVIDE A NUMBER OR PERCENTAGE OF PARTICIPANTS THAT ARE LESSER SLAVE RIVER (MD 124) RESIDENTS

NUMBER OR 100 %

NOTE: Actual participant numbers will be gathered in your final evaluation. Please keep track of these requested participant numbers for reporting later on.

OUTCOME MEASURES

STATEMENT OF NEED: What is the overall issue your program/project/event is meaning to change or influence? How do you know it is needed? Provide supporting data/evidence of this need. (For example: local groups are requesting activities/ services/programs in their own communities).

Appreciation of all the Fire fighters for the year. Fire fighters that attend, really appreciate having an evening that is catered to them to socialize including search and rescue members as they help during some calls.

STRATEGY: What approaches will your program/ project/event use to address this issue?

Hosting the annual christmas supper.

RATIONALE: Explain why you believe this strategy or approach will work. Hint: The best way to answer this question is by putting it into an "If...Then..." Statement. For example: "If we provide a local nursery school more children will attend and be better prepared to interact outside the family unit." Include evidence-based research if possible.

If we provide annual Christmas supper the Fire fighter know they are appreciated for all the work they do in the year, along with members from search and rescue.



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

INPUTS

WHAT RESOURCES ARE YOU AND/OR YOUR GROUP DEDICATING TO THIS PROGRAM/PROJECT/EVENT? (Staff, money, materials, partners, volunteers, in-kind services?)

Staff	How many?		Estimated number of hours	
Volunteers	✓ How many?	15	Estimated number of hours	30
Funding	✓ How many?	above catering	Estimated number of hours	
In-kind services	Please list			

MATERIALS

Workbooks	Copying	Stationery	Other
Partners	Who? Please list		

IF YOU HAVE OTHER INPUTS THAT YOU WILL BE PROVIDING TO THE PROGRAM, PLEASE LIST THEM HERE

OUTPUTS

WHAT SERVICES WILL YOUR ORGANIZATION/GROUP BE PROVIDING? (Sessions/events, workshops/classes, presentations, etc.)

Sessions/Events	How many will be offered?	1	How long will they be?	3 to 4 hours
How often will they be offered (once per week, monthly, etc.)?				
Workshops/Classes	How many will be offered?		How long will they be?	
How often will they be offered (once per week, monthly, etc.)?				
Presentations	How many will be offered?		How long will they be?	
How often will they be offered (once, series)?				
Other services	How many will be offered?		How long will they be?	
How often will they be offered (once, series)?				

PLEASE ADD ANY ADDITIONAL OUTPUTS YOU MAY BE PROVIDING TO THIS PROGRAM/PROJECT

The gathering of the fire fighters and search and rescue members.



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

DATA COLLECTION MEASUREMENT TOOLS

WHAT TOOLS WILL YOU USE TO MEASURE YOUR SUCCESS?

Should your organization wish to use surveys for a data collection/measurement tool FCSS can provide one for your use or assist you in making one suitable for your purposes.

- Pre Survey (Beginning of Program) and Post Survey (End of Program) Surveys (for programs that last more than 3 sessions)
- Post (End of Program) Survey only (for programs that only last 2-3 sessions)
- Pre and Post interviews with clients/participants (for programs that last more than 3 sessions)
- Post Interview with clients/participants, only (for programs that only last 2-3 sessions)
- Checklist (participants are monitored through the program and their milestones are checked off as being learned or achieved)
- Stories of Success (Clients submit stories about how the course or workshop has created a positive difference for them)

Other *Listening to the fire fighters and search and rescue members response to the event.*  
 Please explain what other form of measurement you will be using to measure positive difference  
*Allowing members to comment at a meeting to see what they would like to have.*

**NOTE:** If your application is approved, FCSS will be providing your group with a specific question to include in your Measurement Tool (Surveys, checklist, interview, etc.). Or we may ask to see the surveys that you currently use and choose one question from those surveys that we would like the data from. We ask that you collect the results from these questions and provide the data back to us on your Evaluation Form. FCSS gathers these results to report the effectiveness of our funded programs to the Human Services Ministry. You will also be asked to include a blank copy of your Measurement Tool with your Grant Evaluation. We will not require copies of the actual surveys that were completed by your participants but a summary of the data will need to be included in your final evaluation.

COORDINATION AND COMMUNICATION

ARE THERE OTHER GROUPS OR ORGANIZATIONS IN REGION THAT OFFER SIMILAR SERVICES TO YOUR PROGRAM/PROJECT/EVENT?

Yes  No

IF YES, WHAT ARE THE NAMES OF THESE ORGANIZATIONS AND THE PROGRAM THAT MAY BE SIMILAR TO YOURS?

WILL YOUR ORGANIZATION BE PARTNERING (NETWORKING, SHARING INFORMATION, SHARING FUNDING, SHARING CLIENTS/PARTICIPANTS) WITH THE ABOVE ORGANIZATION(S)?

Yes  No

IF NOT, WHY NOT?

*No other organization or group involved.*



Lesser Slave River Administration

FCSS GRANTS TO GROUPS APPLICATION FORM

SHOULD YOU RECEIVE PARTIAL FUNDING FOR YOUR PROGRAM/PROJECT/EVENT, WHAT WOULD PARTIAL FUNDING REALISTICALLY MEAN FOR YOUR OVERALL PLANS? WHAT PORTIONS OF YOUR PLAN WOULD IT AFFECT?

NOTE: Programs/projects/events are not always awarded their full amount through Grants to Groups and the funding amount is dependent on the number of groups applying during the current funding cycle.

Helping to provide an appreciation supper for all members to attend.

WOULD YOUR PROGRAM/PROJECT/EVENT BE ABLE TO BE OFFERED WITH PARTIAL FUNDING?

Yes No

HAVE YOU SOUGHT OUT ADDITIONAL FUNDING FROM OTHER FUNDING SOURCES FOR THIS PROGRAM/ PROJECT/EVENT?

Yes No

IF YES, FROM WHAT SOURCES? (Please remember to list these sources on the budget sheet attached)

IF YES, HAVE ANY OF THESE FUNDING SOURCES BEEN CONFIRMED?

Yes No

IF YOU HAVE NOT SOUGHT OUT ADDITIONAL FUNDING SOURCES, WHY NOT?

No additional funding sources offer funds towards this style of event.

IF YOU DO NOT RECEIVE FULL FUNDING, HOW WILL YOU PRIORITIZE YOUR PROGRAMMING? WHAT PARTS MIGHT NOT GET DONE?

Cut back on entertainment and decorations to make sure there are funds for the supper.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP YOUR APPLICATION.

Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

NOTE: Thank you for your information thus far. Please also ensure that you fill in the attached budget summary included on the next page of this application. You must use the budget format that is attached. Other financial information will not be necessary for this grant application, unless requested by Family and Community Support Services. Family and Community Services will be contacting you should further clarification be required. Please ensure that your contact information on the first page of this application is the best way to contact you. To avoid any delays in processing, ensure that the contact person listed is the person best suited to address any questions regarding the application. The information must be accurate and printed clearly.

Lesser Slave River FCSS support staff member is available should you wish to make an appointment to have assistance filling out this application or the final evaluation. Please call 780.681.3929 or email sandra.rendle@mdlar.ca to arrange an appointment.

MUNICIPAL DISTRICT OF LESSER SLAVE RIVER INC. 124 BOX 722, SLAVE LAKE AB T0G 2A0 Tel 780.848.4886 Toll-Free 1.800.448.4886 Fax 780.949.4839

BOX 93, FLATBUSH AB T0G 0Z0 Tel 780.681.3929 Toll-Free 1.866.681.3929 Fax 780.681.3936



