



AGENDA

Community Assistance Board

Wednesday, August 20, 2025 - 1:00 PM - Council Chambers and
via Zoom

Page

CALL TO ORDER

ADOPTION OF AGENDA

- 2.1 Adoption of the August 20, 2025 Community Assistance Board Agenda

Proposed Motion: Move to adopt the August 20, 2025 Community Assistance Board Agenda as presented.

ADOPTION OF MINUTES

- 3.1 Adoption of the May 28, 2025 Community Assistance Board Meeting Minutes 4 - 7

Proposed Motion: Move to adopt the May 28, 2025 Community Assistance Board Meeting Minutes as presented.

[05282025 - DRAFT MINUTES - Community Assistance Board](#)

COMMUNITY ASSISTANCE BOARD (CAB) STATEMENT OF EXPENDITURES

- 4.1 2025 YTD Community Assistance Board (CAB) Statement of Expenditures 8

Proposed Motion: Move to accept the 2025 YTD Community Assistance Board (CAB) Statement of Expenditures for information.

[2025 YTD Community Assistance Board \(CAB\) Statement of Expenditures](#)

COMMUNITY ASSISTANCE APPLICATIONS RECEIVED

Chisholm Community Club is seeking \$1,500.00 in funding to support its Beautification of Community Hall Project

Flatbush Community Association is seeking \$800.00 in funding to support its Flatbush Community Craft Day

Gentle Ben Care Society is seeking \$3,000.00 in funding to support its Golden Age Assistance Program

Lesser Slave Lake Multicultural Association is seeking \$1,500.00 in funding to support its Hockey As A Second Language 2025-2026 Program

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) STATEMENT OF EXPENDITURES

- 6.1 2025 YTD Family and Community Support Services (FCSS) Statement of Expenditures 9

Proposed Motion: Move to accept the 2025 YTD Family and Community Support Services (FCSS) Statement of Expenditures for information.

[2025 YTD Family and Community Support Services \(FCSS\) Statement of Expenditures](#)

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS RECEIVED

Aspen View Public School (Smith School) is seeking \$35,490.45 in funding to support its Family School Liaison Worker

Gentle Ben Care Society is seeking \$4,500.00 in funding to support its Golden Age Assistance Program

Lesser Slave Lake Fire Fighter Society is seeking \$7,000.00 in funding to support its Annual Christmas Supper Event

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 34 the Access to Information Act (ATIA) - Information that is or will be available to the public.

COMMUNITY ASSISTANCE APPLICATIONS

9.1 Chisholm Community Hall 10 - 17

Proposed Motion: Move to approve Community Assistance funding to the Chisholm Community Club in the amount of \$_____ to support its Beautification Community Hall Project funded from GL Code 2-71-10-00-735.

[08202025 RFD Chisholm Community Club](#)

[Chisholm Community Club Community Assistance Board Application](#)

9.2 Flatbush Community Association 18 - 25

Proposed Motion: Move to approve Community Assistance funding to Flatbush Community Association in the amount of \$_____ to support its Flatbush Community Craft Day funded from GL Code 2-71-10-00-735.

[08202025 RFD Flatbush Community Association](#)

[Flatbush Community Association Community Assistance Board Application](#)

9.3 Gentle Ben Care Society 26 - 31

Proposed Motion: Move to approve Community Assistance funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program funded from GL Code 2-71-10-00-735.

[08202025 RFD Gentle Ben Care Society](#)

[Gentle Ben Care Society Community Assistance Board Application](#)

9.4 Lesser Slave Lake Multicultural Association 32 - 37

Proposed Motion: Move to approve Community Assistance funding to the Lesser Slave Lake Multicultural Association in the amount of \$_____ to support its Hockey As A Second Language 2025-2026 Program funded from GL Code 27-71-10-00-735.

[08202025 RFD Lesser Slave Lake Multicultural Association](#)

[Lesser Slave Lake Multicultural Association Community Assistance Board Application](#)

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

10.1 Aspen View Public School (Smith School) 38 - 47

Proposed Motion: Move to approve FCSS funding to Aspen View Public Schools (Smith School) in the amount of \$_____ to support its Family School Liaison Worker funded from GL Code 2-51-10-00-735.

[08202025 RFD Aspen View Public School \(Smith School\)](#)

[Aspen View Public School \(Smith School\) FCSS Grant Application](#)

10.2 Gentle Ben Care Society 48 - 57

Proposed Motion: Move to approve FCSS funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program funded from GL Code 2-51-10-00-735.

[08202025 RFD Gentle Ben Care Society](#)

[Gentle Ben Care Society FCSS Grant Application](#)

10.3 Lesser Slave Lake Fire Fighter Society 58 - 67

Move to approve FCSS funding to the Lesser Slave Lake Fire Fighter Society in the amount of \$_____ to support its Annual Christmas Supper Event funded from GL Code 2-51-10-00-735.

[08202025 RFD Lesser Slave Lake Fire Fighter Society](#)

[Lesser Slave Lake Fire Fighter Society FCSS Grant Application](#)

NEXT MEETING

ADJOURNMENT

MINUTES

Community Assistance Board Meeting Municipal District of Lesser Slave River No. 124 May 28, 2025 Council Chambers

MEMBERS PRESENT

Brad Pearson	- Division 2 (Chair)
Murray Kerik	- Reeve
Sandra Melzer	- Division 1
Nancy Sand	- Division 1
Norm Seatter	- Division 2
Lana McCann	- Deputy Reeve, Division 2
Darren Fulmore	- Division 1

MEMBERS ABSENT

IN ATTENDANCE

Barry Kolenosky	- CAO, MDLSR
Sandra Rendle	- Associate Director, Legislative Services, MDLSR (via Teams)
Cristy Paly	- Community Services, Administrative Assistant
Elizabeth Krumes	- Recorder
Joe McWilliams	- Lakeside Leader

CALL TO ORDER Chairperson Pearson called the meeting to order at 10:46 a.m.

ADOPTION OF AGENDA **May 28, 2025, Community Assistance Board Agenda**

MOTION 021-25 CAB
Moved by Councillor Fulmore to adopt the May 28, 2025, Community Assistance Board agenda as presented.

CARRIED

ADOPTION OF MINUTES **February 12, 2025, Community Assistance Board Meeting Minutes**

MOTION 022-25 CAB
Moved by Councillor Melzer to adopt the February 12, 2025, Community Assistance Board Meeting Minutes as presented.

CARRIED

FINANCIAL - CAB **2025 YTD Community Assistance Board (CAB) Statement of Expenditures**

MOTION 023-25 CAB
Moved by Councillor Seatter to accept the 2025 YTD Community Assistance Board (CAB) Statement of Expenditures as presented.

CARRIED

COMMUNITY ASSISTANCE BOARD (CAB) APPLICATIONS

Flatbush Community Association
Project Description: 2025 Flatbush Festival and Rocks Event
Request: \$2,550.00

Flatbush HELP Service Society
Project Description: Seniors Assistance Living Program
Request: \$746.00

Gentle Ben Care Society
Project Description: Golden Age Assistance Program
Request: \$7,000.00

Marten Beach Cottagers Society

Project Description: Canada Day Event and Community Beautification Project
Request: \$625.00

Slave Lake Minor Soccer Association

Project Description: 2025 Soccer Season Program
Request: \$2,355.00

South Shore Children's Association

Project Description: Educational Field Trips and Family Time Event
Request: \$2,450.00

FINANCIAL - FCSS 2025 YTD Family and Community Assistance Board (FCSS) Statement of Expenditure

MOTION 024-25 CAB

Moved by Deputy Reeve McCann to accept the 2025 YTD Family and Community Assistance Board (FCSS) Statement of Expenditures as information.

CARRIED

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

Flatbush HELP Service Society

Project Description: Seniors Assistance Living Program
Request: \$1,600.00

Gentle Ben Care Society

Project Description: Golden Age Assistance Program
Request: \$9,000.00

Gilwood Golf & Country Club

Project Description: Junior Golf Program
Request: \$6,500.00

Lesser Slave Lake Fire Fighter Society

Project Discussion: Annual Christmas Supper
Request: \$7,000.00

Smith School

Project Description: 2nd Indigenous Peoples Day Event
Request: \$1,000.00

McWilliams exited at 11:15 a.m.

CLOSED SESSION CLOSED SESSION Deliberation of Applications

MOTION 025-25 CAB

Moved by Councillor Seatter to go into Closed Session at 11:16 a.m. as per Section 29 of the FOIP Act – Information that is or will be available to the public.

CARRIED

OPEN SESSION MOTION 026-25 CAB

Moved by Councillor Fulmore to return to Open Session at 11:42 a.m.

CARRIED

McWilliams entered at 11:42 a.m.

COMMUNITY ASSISTANCE APPLICATIONS

Flatbush Community Association

MOTION 027-25 CAB

Moved by Deputy Reeve McCann to approve Community Assistance Board Funding to the Flatbush Community Association in the amount of \$2,550.00 for its 2025 Flatbush Festival and Rocks Event.

CARRIED

Flatbush HELP Service Society

MOTION 028-25 CAB

Moved by Councillor Melzer to approve Community Assistance Board funding to the Flatbush HELP Service Society in the amount of \$746.00 for its Senior Assistance Living Program.

CARRIED

Gentle Ben Care Society

MOTION 029-25 CAB

Moved by Councillor Seatter to approve the Community Assistance Board funding to the Gentle Ben Care Society in the amount of \$3100.00 for its Golden Age Assistance Program.

CARRIED

Marten Beach Cottagers Society

MOTION 030-25 CAB

Moved by Councillor Sand to approve Community Assistance Board funding to the Marten Beach Cottagers Society in the amount of \$625.00 for its Canada Day and Community Beautification Project.

CARRIED

Slave Lake Minor Soccer Association

MOTION 031-25 CAB

Moved by Reeve Kerik to approve Community Assistance Board funding to the Slave Lake Minor Association in the amount of \$1000.00 for its 2025 Soccer Season Program.

CARRIED

South Shore Children's Association

MOTION 032-25 CAB

Moved by Deputy Reeve McCann to approve Community Assistance Board funding to the South Shore Children's Association in the amount of \$1225.00 for its Educational Field Trips and Family Time Event.

CARRIED

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

Flatbush HELP Service Society

MOTION 033-25 CAB

Moved by Councillor Melzer to approve FCSS funding to the Flatbush HELP Service Society in the amount of \$1600.00 for its Seniors Assistance Living Program.

CARRIED

Gentle Ben Care Society

MOTION 034-25 CAB

Moved by Councillor Fulmore to approve FCSS funding to the Gentle Ben Care Society in the amount of \$9000.00 for its Golden Age Assistance Program.

CARRIED

Gilwood Golf & Country Club

MOTION 035-25 CAB

Moved by Deputy Reeve McCann that the Gilwood Golf & Country Club be approved for \$1,000.00 in Community Assistance Board funding to support its Junior Golf Program, as long as a completed application is submitted.

CARRIED

Lesser Slave Lake Fire Fighter Society

MOTION 036-25 CAB

Moved by Councillor Seatter that the Lesser Slave Lake Fire Fighter Society's FCSS Funding Application be postponed until we receive additional clarification.

CARRIED

Smith School

MOTION 037-25 CAB

Moved by Councillor Sand to approve FCSS funding to the Smith School in the amount of \$1000.00 for its 2nd Indigenous Peoples Day Event.

CARRIED

ADJOURNMENT

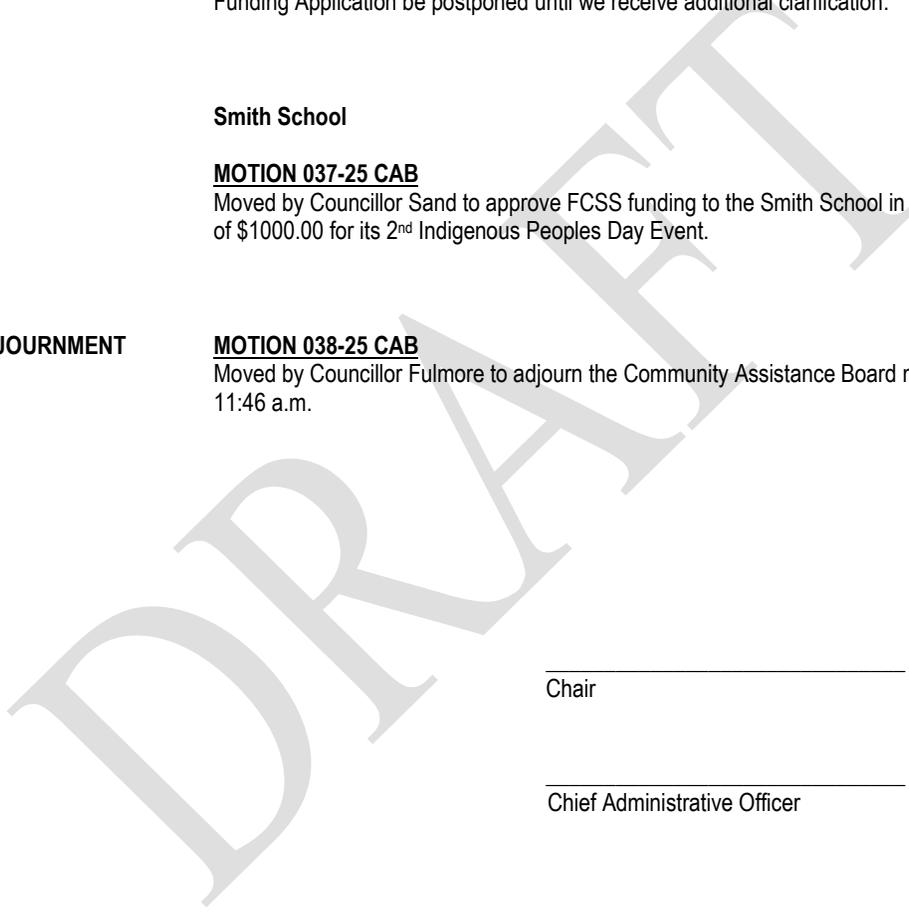
MOTION 038-25 CAB

Moved by Councillor Fulmore to adjourn the Community Assistance Board meeting at 11:46 a.m.

CARRIED

Chair

Chief Administrative Officer



AGENDA ITEM #4.1

YTD Community Assistance Board 2025 Statement of Expenditures

2025 Operational Budget

Community Assistance Board \$40,000.00

1st Quarter Grant Awarded

Chisholm Community Club	\$ 600.00
Flatbush Silver Threads	\$ 1,000.00
Slave Lake Curling Association	\$ 1,630.00
Smith Community Association	\$ 750.00
South Shore Children's Association	<u>\$ 680.00</u>
Total Grants	\$ 4,660.00

Remaining Balance **\$35,340.00**

2nd Quarter Grant Awarded

Flatbush Community Association	\$ 2,550.00
Flatbush HELP Services Society	\$ 746.00
Gentle Ben Care Society	\$ 3,100.00
Marten Beach Cottagers Society	\$ 625.00
Slave Lake Minor Soccer Association	\$ 1,000.00
South Shore Children's Association	<u>\$ 1,225.00</u>
Total Grants	\$ 9,246.00

Remaining Balance **\$26,094.00**

July 8th

Gilwood Golf & Country Club \$1,000.00

Remaining Balance **\$25,094.00**

3rd Quarter Grant Requests

Chisholm Community Club	\$ 1,500.00
Flatbush Community Association	\$ 800.00
Gentle Ben Care Society	\$ 3,000.00
Lesser Slave Lake Multicultural Association	<u>\$ 1,500.00</u>
Total Requests	\$ 6,800.00

Projected Balance If All Grants Are Approved **\$18,294.00**

AGENDA ITEM #6.1

YTD 2025 FCSS Statement of Expenditures

2025 Operational Budget

Provincial Grant		\$85,801.82
MD Contribution		\$24,450.46
2025 Total		\$110,252.28

Grant Awarded

Aspen View - Smith School Family Liaison Program	\$35,490.45	
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1st Quarter Grants Awarded

Canyon Creek Recreation Association	\$ 2,100.00	
Smith Community Association	\$ 625.00	
Smith Early Childhood Intervention Association	\$ 8,300.00	
Smith School	\$ 4,401.00	
Total Grants	\$50,916.45	

Remaining Balance		\$59,335.83
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2nd Quarter Grants Awarded

Flatbush HELP Service Society	\$ 1,600.00	
Gentle Ben Care Society	\$ 9,000.00	
Smith School	\$ 1,000.00	
Total Grants	\$11,600.00	

Remaining Balance

Administrative Costs	\$18,179.00	\$29,556.83
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3rd Quarter Grant Requested

Lesser Slave Lake Fire Fighter Society	\$ 7,000.00	
Gentle Ben Care Society	\$ 4,500.00	
Total Grants	\$11,500.00	

Projected Balance If All Grants Are Approved		\$18,056.83
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Lesser Slave River

Request for Decision

Title:	Chisholm Community Club
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	Community Assistance Board Application

Proposed Motion	<i>Move to approve Community Assistance funding to Chisholm Community Club in the amount of \$_____ to support its Beautification of Community Hall Project funded from GL Code 2-71-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

The Chisholm Community Hall is currently owned by the Chisholm Community Club. It was generously donated by the Swanson Lumber Company in 1983. The land on which the Hall is situated has been under the ownership of the Municipal District (MD) of Lesser Slave River since 1985.

The Chisholm Community Club is seeking funding to support its Beautification of Community Hall Project. This project was initiated in response to concerns raised by the Municipal District (MD), who requested that the site be cleaned and improved.

The total project cost is \$3,000.00. The Chisholm Community Club is requesting **\$1,500.00**. They have not secured any other donation.

The proposed project will include replacing damaged siding, sanding, repainting and general repairs to the exterior of the building. An estimated 100hrs of labor is required which will be donated by community volunteers.

They are requesting funding to cover fuel costs for ongoing grass maintenance, as the property is not currently included in the MD's landscaping schedule and all upkeep is being performed by community volunteers. This arrangement is entirely informal, with no formal agreement in place between the Chisholm Community Club and the MD.

Grant received in the last 5 years:

- 2025 - \$ 600.00 (Operating Costs)
- 2024 - \$1,000.00 (Operating Costs)
- 2023 - \$1,633.88 (Operating Costs)
- 2022 - \$1,295.40 (Operating Costs)
- 2021 - \$1,400.00 (Operating Costs)

Total - \$5,929.28

The final report for the 2025 grant request has been submitted to Administration and meets the final reporting criteria. The Hall has zero rentals in 2025, although bookings are anticipated for the fall. In 2024, four events (baby shower, celebration of life, games night and family gathering) were held at the Hall. The rental fee is \$25.00 per day. There

was no charge for use of the facility; instead, renters contributed by volunteering for yard maintenance. The report did not specify the number of attendees at these events.

A bank statement was submitted that indicated an account balance of \$337.05 as of July 15, 2025.

ALTERNATIVE OPTIONS:

The administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Chisholm Community Club in the amount of \$1,500.00 to support its Beautification of Community Hall Project.
2. Approve an amended amount in Community Assistance funding to Chisholm Community Club.
3. Do not approve any Community Assistance funding to the Chisholm Community Club.

BENEFIT/RISKS:

Benefit: Enhances the visual appeal of the Chisholm Community Hall, encourages community involvement, will prevent further deterioration of the building, potentially avoiding more costly repairs in the future.

Risks: The project heavily relies on volunteers, and continued dependence on unpaid labor may not be sustainable long-term without proper support or recognition.

STRATEGIC ALIGNMENT:

The funding application request aligns with the Community Assistance Board Policy REC-72-02, reflecting the spirit of a 50/50 financial partnership. This project directly supports the Community Values of Fellowship, Volunteerism, and Spirit, as well as the Core Area of Recreation by providing a space that fosters community interaction. The project embodies the objectives outlined in the MD's policy.

FINANCIAL IMPLICATION:

The Community Assistance budget for 2025 is \$40,000. To date, the Community Assistance Board has funded \$14,906.00 with a remaining balance of \$25,094.00.

OTHER CONSIDERATIONS:

NIL

COMMUNICATION STRATEGY:

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

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



Lesser Slave River

Administration

RECEIVED

JUL 29 2025

COMMUNITY ASSISTANCE FUNDING APPLICATION

APPLICANT INFORMATION

Incorporated Society Service Group / Club Individual Other

NAME: Chisholm Community CLUB PHONE:

ADDRESS: MOBILE:

FAX:

E-MAIL:

If this application is from an incorporated society or a service group, provide the following key contact information.

NAME: PHONE:

POSITION: MOBILE:

E-MAIL: FAX:

PROJECT INFORMATION

NAME OF PROJECT: BEAUTIFICATION OF OUR COMMUNITY

DESCRIPTION OF THE PROJECT: PAINT AND SIDING, FOR THE HALL
MOWING AROUND THE COMMUNITY A LOT OF SAID MOWING IS ON MD-PROPERTY AS THE MD. DOES NOT KEEP UP THERE PROPERTY'S TO BE FIRE SAFE IT NEEDS TO BE TAKEN CARE OF. AS A COMMUNITY WE HAVE TAKEN CARE OF SAID PROPERTY FOR YEAR SO IT IS TIME THE MD START HELPING WITH THE COST.



**Lesser Slave River
Administration**

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT BUDGET	
TOTAL PROJECT COST	\$ <u>3000.00</u> (a)
Item <u>PAiLS OF PAiNT (7500x3)</u>	\$ <u>225.00</u>
Item <u>Wood Siding 30x1x8 @ \$1250</u>	\$ <u>375.00</u>
Item <u>SANDing + PAiNT Supplies</u>	\$ <u>300.00</u>
Item <u>GAS For MOWing</u>	\$ <u>250.00</u>
Item <u>Volunteer Hrs To sand + PAiNT</u>	\$ <u>1450.00</u>
LESS CASH CONTRIBUTION	\$ _____ (b)
LESS OTHER GRANTS / DONATIONS	\$ <u>1500.00</u> (c)
LESS PARTNERSHIP FUNDING	\$ _____ (d)
COMMUNITY ASSISTANCE FUNDING REQUEST	\$ <u>1500.00</u> (a - b - c - d)

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

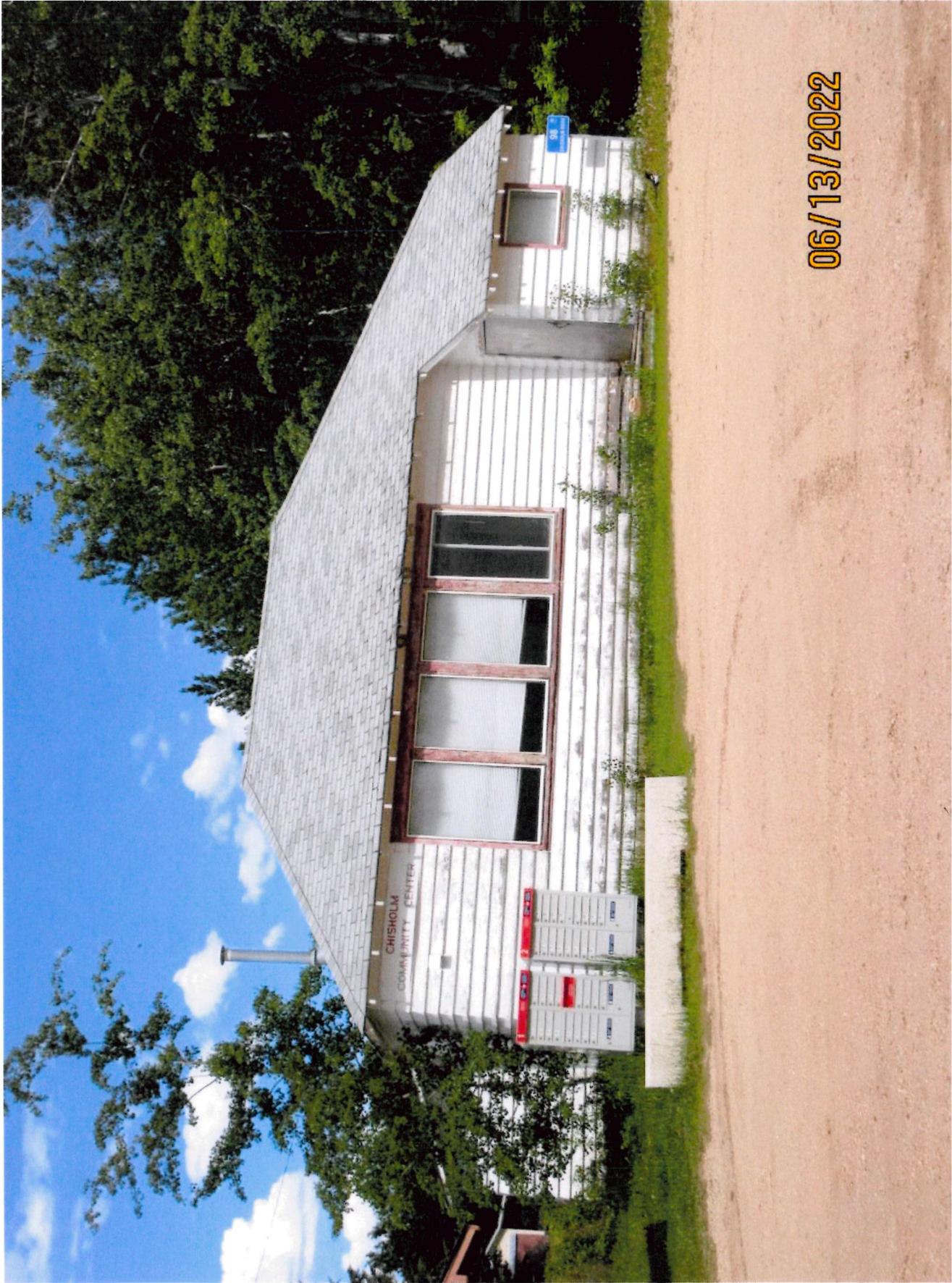
The HALL will be fixed and PAINTED and no longer AN eyesour AS REACO OSCICEN is ASking peple in the COMMUNITY TO cheer up.

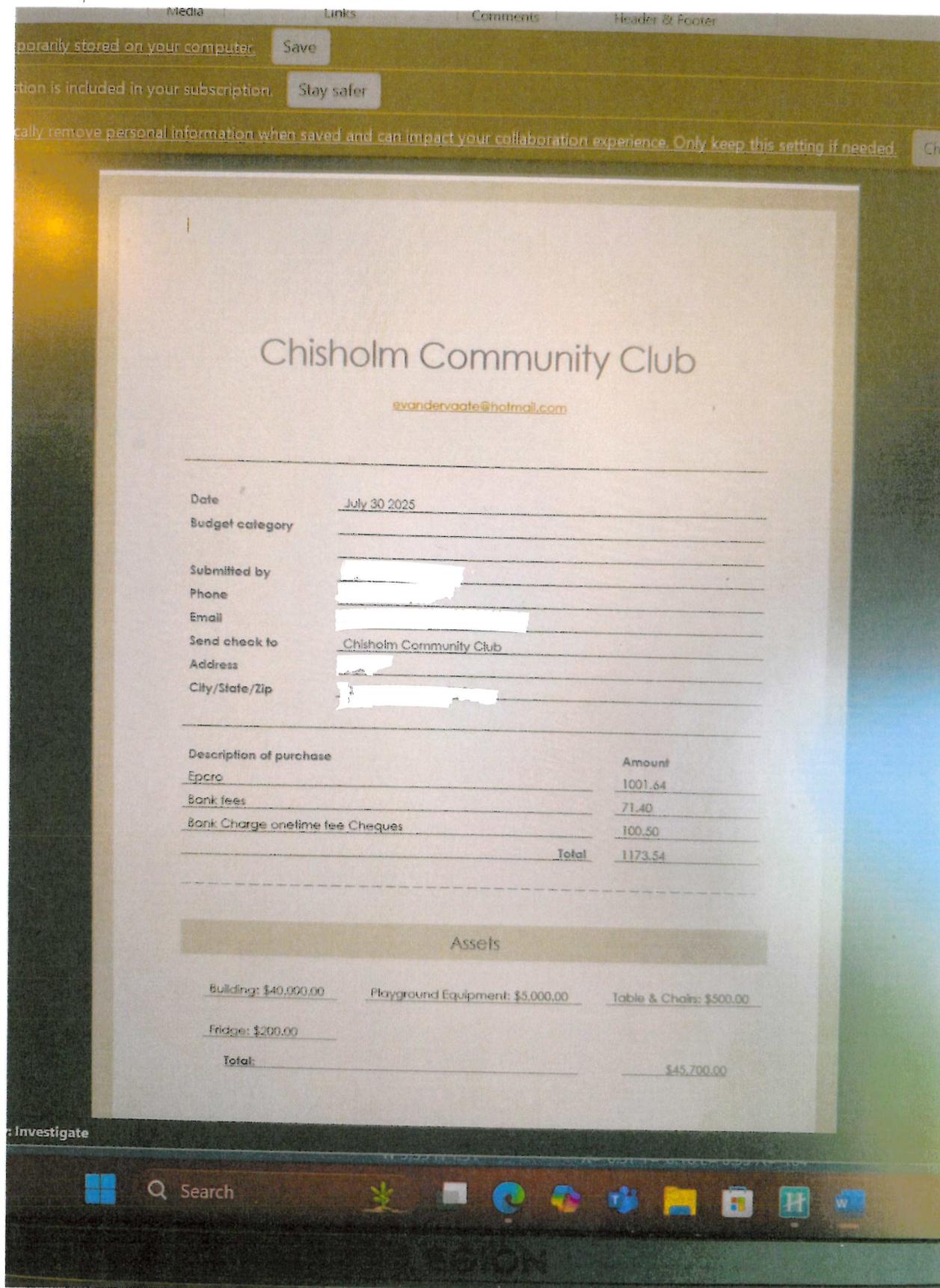
SIGNATURE
I declare the above to be true and any and all Community Assistance funds will be used exclusively for this project.
I agree that a Community Assistance Funding Final Report will be submitted to the Municipal District on or before December 31st.

E. Vanderwaate & Vanderwaate July 29 2025
 APPLICANT'S NAME SIGNATURE DATE

FOR OFFICE USE ONLY

DATE RECEIVED _____	DATE REVIEWED _____
\$ _____	INITIAL _____
FUNDING ALLOCATED _____	







Lesser Slave River

Request for Decision

Title:	Flatbush Community Association (FCA)
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	Community Assistance Board Application

Proposed Motion	<i>Move to approve Community Assistance funding to Flatbush Community Association in the amount of \$_____ to support its Flatbush Community Craft Day funded from GL Code 2-71-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

The FCA has been a longstanding pillar of the Flatbush area, promoting community connection, wellness, and enjoyment for residents of all ages. Through the commitment of volunteers and active community involvement, FCA organizes a variety of successful programs and events, which are primarily self-funded or supported through local contributions. Their aim remains to keep event costs low and accessible.

FCA is seeking **\$800.00** in funding support for its upcoming Flatbush Community Craft Day, scheduled for November 2025. The total cost of the event is estimated at \$5,600.00, with the requested grant specifically earmarked to cover lunch for participants.

This annual event is organized by four dedicated volunteers, each contributing approximately 20–30 hours of their time. The day includes a complimentary breakfast, door prizes (donated by participants), lunch and 4 facilitated craft activities, led by a hired instructor.

Participant History:

2024 - 33 participants at \$120.00 per day

2023 - 40 participants at \$100.00 per day

FCA believes the increased cost in 2024 contributed to a decline in participation. To encourage greater accessibility and turnout in 2025, FCA is partnering with participants to share costs and reduce the registration fee.

Grant received in the last 5 years:

2025 - \$2,550.00 – Flatbush Festival and Rocks Event

2020 - \$1,000.00 – Commemorative Marker

2020 - \$2,400.00 – Christmas Street Lights

Total - \$5,950.00

The final report for the most recent 2025 grant was submitted to administration and has met all reporting criteria. The Flatbush Festival & Rocks Event drew over 300 attendees, despite showing a \$1,153.97 deficit, which FCA absorbed.

Additional programming for 2025 includes a walking program, pickleball, Halloween Spooktacular and Christmas Light Up. FCA does not anticipate requesting additional funding from the Community Assistance Board in 2025.

A bank statement has been submitted that indicated an account balance of \$67,671.45 as of June 23, 2025.

ALTERNATIVE OPTIONS:

The administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Flatbush Community Association in the amount of \$800.00 to support its Flatbush Community Craft Day.
2. Approve an amended amount in Community Assistance funding to Flatbush Community Association.
3. Do not approve any Community Assistance funding to the Flatbush Community Association.

BENEFIT/RISKS:

Benefit: With subsidized costs and donated items, the event is made more affordable, promoting inclusivity across income levels.

Risks: While the association is absorbing deficits, continued reliance on reserves for shortfalls may impact long-term financial health if not offset by fundraising or sponsorships.

STRATEGIC ALIGNMENT:

The funding application request aligns with the Community Assistance Board Policy REC-72-02, reflecting the spirit of a 50/50 financial partnership. The event directly supports the Community Values of Fellowship, Volunteerism, Spirit, as well as the Core Area of Social, by promoting community interaction. The event embodies the objectives outlined in the MD's policy.

FINANCIAL IMPLICATION:

The Community Assistance budget for 2025 is \$40,000. To date, the Community Assistance Board has funded \$14,906.00 with a remaining balance of \$25,094.00.

OTHER CONSIDERATIONS:

NIL

COMMUNICATION STRATEGY:

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

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 15 2025

COMMUNITY ASSISTANCE FUNDING APPLICATION

APPLICANT INFORMATION

Incorporated Society Service Group / Club Individual Other

NAME PHONE

Flatbush Community Association

ADDRESS MOBILE

FAX

E-MAIL

If this application is from an incorporated society or a service group, provide the following key contact information.

NAME PHONE

POSITION MOBILE

President

E-MAIL FAX

PROJECT INFORMATION

NAME OF PROJECT
Flatbush Community Craft Day

DESCRIPTION OF THE PROJECT
The initiative began in the early 2000s with the aim of fostering community engagement and unity. Christmas crafts seemed to be a great event to bring us all together. For many years, it thrived as a popular event, frequently reaching full capacity; however, the onset of the Covid pandemic halted its continuation. In 2023, a dedicated group of volunteers from the Flatbush community took the initiative to revive the event. Our objective is to offer 3-4 craft activities and ensure that registration is open to all interested participants. We collaborated with various community organizations to organize, fund, and facilitate the event's success.

2023-40 participants \$100 for the full day including lunch
2024-33 participants \$120 for the full day including lunch



Lesser Slave River
Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT START DATE

DAY	MONTH	YEAR
15	August	2025

PROJECT COMPLETION DATE

DAY	MONTH	YEAR
15	December	2025

COMMUNITY VALUES REPRESENTED (CHECK ONE OR MORE)

<input checked="" type="checkbox"/> Youth	<input checked="" type="checkbox"/> Seniors	<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Fellowship
<input checked="" type="checkbox"/> Spirit	<input type="checkbox"/> Compassion	<input checked="" type="checkbox"/> Volunteerism	<input checked="" type="checkbox"/> Generosity

DESCRIBE HOW THE PROJECT WILL ADDRESS THESE COMMUNITY VALUES

This event pulls in many volunteers and partnerships to be successful. We have a core group of 4 who usually put in about 20-30 hours each during the planning of this event, and the participants also volunteer during the event. The registration is open to anyone from any community, and we have had many families attend. We also have a raffle, and this includes the participants being able to donate an item to be selected. The participants love to donate, and this is often a highlight of the event. Some are even hand made items!! The MD 124 was also kind enough to donate the rental of the building, and the Flatbush Ladies club made the lunch for discounted rates of

CORE FUNDING AREAS (CHECK ONE OR MORE)

<input type="checkbox"/> Recreation	<input checked="" type="checkbox"/> Social	<input type="checkbox"/> Cultural	<input checked="" type="checkbox"/> Educational	<input type="checkbox"/> Athletic
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DESCRIBE HOW THE PROJECT FITS INTO THE CORE FUNDING AREAS

Community events play a crucial role in fostering social connections and enhancing the sense of belonging among residents. These gatherings provide opportunities for individuals to engage with one another, share experiences, and build relationships, which can lead to a more cohesive and supportive community. It is also an educational opportunity as we are all learning a new skill while being together.

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

Flatbush Community Association Flatbush Ladies Club

Many community members



Lesser Slave River

Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT BUDGET

TOTAL PROJECT COST	\$ <u>5600</u> (a)	
Item <u>Crafts - Participant Portion (\$100x40)</u>	\$ <u>4000</u>	
Item <u>Crafts FCA Portion (\$20x40)</u>	\$ <u>800</u>	
Item <u>Lunch (\$20x40)</u>	\$ <u>800</u>	
Item _____	\$ _____	
Item _____	\$ _____	
LESS CASH CONTRIBUTION	\$ <u>4000</u> (b)	
LESS OTHER GRANTS / DONATIONS	\$ _____ (c)	
LESS PARTNERSHIP FUNDING	\$ <u>800</u> (d)	
COMMUNITY ASSISTANCE FUNDING REQUEST	\$ <u>800</u> (a - b - c - d)	

MEASURABLE OUTCOMES

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

We completed a survey this year and some of the participants completed it. All who completed it stated that the day was very successful and that they would return if it was offered again. Everyone stated that the price was point was fair for what they received as crafts and they also offered suggestions that we will take into account for future planning. We will again ask the participants to volunteer, assist in the costs financially and work with the FCA, and the MD to continue this project

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.

APPLICANT'S NAME J

SIGNATURE _____

DATE July 15, 2025

FOR OFFICE USE ONLY

DATE RECEIVED _____

DATE REVIEWED _____

\$ _____

FUNDING ALLOCATED _____

INITIAL _____

AGENDA ITEM #9.2

This event pulls in many volunteers and partnerships to be successful. We have a core group of 4 who usually put in about 20-30 hours each during the planning of this event, and the participants also volunteer during the event. The registration is open to anyone from any community, and we have had many families attend. We also have a raffle, and this includes the participants being able to donate an item to be selected. The participants love to donate, and this is often a highlight of the event. Some are even handmade items!! The MD 124 was also kind enough to donate the rental of the building, and the Flatbush Ladies club made the lunch for a discounted rate of \$15/person

Your branch address:

10603 100TH AVENUE
WESTLOCK, ALBERTA T7P2J4

Business Banking



FLATBUSH COMMUNITY ASSOCIATION



Your Branch
WESTLOCK
Transit number:

For questions about your statement call
(780) 349-3311

Direct Banking
1-877-262-5907
www.bmo.com

Business Banking statement

For the period ending June 23, 2025



Summary of account

Account	Opening balance (\$)	Total amounts debited (\$)	Total amounts credited (\$)	Closing balance (\$) on Jun 23, 2025
Community Account	69,443.50	3,124.05	1,352.00	67,671.45

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*Terms and conditions apply.

Transaction details

Date	Description	Amounts debited from your account (\$)	Amounts credited to your account (\$)	Balance (\$)
------	-------------	--	---------------------------------------	--------------

Community Account #
Business name:
FLATBUSH COMMUNITY ASSOCIATION

May 24	Opening balance			69,443.50
May 30	Maintenance Fee, FIXED CHARGE \$6.00	6.00		69,437.50
May 30	Statement Fee	4.00		69,433.50
Jun 03	Deposit		1,352.00	70,785.50
Jun 11	Cheque, NO.2308	23.00		70,762.50
Jun 11	Cheque, NO.2305	87.40		70,675.10
Jun 16	Cheque, NO.2306	400.00		70,275.10
Jun 17	Cheque, NO.2311	542.40		69,732.70
Jun 23	Cheque, NO.2313	1,200.00		68,532.70

continued



A member of BMO Financial Group

Transaction details (continued)

Date	Description	Amounts debited from your account (\$)	Amounts credited to your account (\$)	Balance (\$)
Community Account #				(continued)
Jun 23	Cheque, NO.2315	861.25		67,671.45
Jun 23	Closing totals	3,124.05	1,352.00	
Number of items processed		8	1	
Number of cheques or related items enclosed in your statement.....		6		

Important information request

As part of our regulatory ongoing monitoring requirements and continued efforts to safeguard your banking information, we want to ensure your profile information is kept up-to-date and accurate. If there are any changes to your profile information, **and BMO has not yet been advised**, please call us at 1-877-345-7777 or visit your local **BMO branch**.

Please bring applicable documentation depending on the nature of any changes as per below along with the proof of continuity of business (e.g., recent Financial Statement) to your BMO representative or local BMO Branch (proof of continuity is not required for Sole Proprietors):

- **Legal or Trade name change**
 - Articles of Amendment, Trade Name Registration, etc.
- **Directors**
 - Information of all new or changed Directors including:
 - ▶ Name
 - ▶ Occupation (or if self-employed, nature of primary business)
 - Supporting documentation of amendment (e.g., change notice, amend notice, etc.)
- **Beneficial Owners**
 - Information of all Beneficial Owners owning 25% or more of the business including:
 - ▶ Name & Date of Birth
 - ▶ Address
 - ▶ Occupation (or if self-employed, nature of primary business)
 - ▶ Percentage ownership
- **Trustees; Beneficiaries**
 - Information of all Trustees and named Beneficiaries including:
 - ▶ Name
 - ▶ Address
 - Supporting documentation of amendment (e.g., Trust document)

Please note that depending on the nature of any changes, updated account documentation may need to be executed at the branch by the appropriate signing officers and cannot be completed over the phone.

Security Tip

Bank impersonation scams are popping up more and more. Learn how you can help protect yourself and your finances. Visit the Learning Centre at bmo.com/security



Lesser Slave River

Request for Decision

Title:	Gentle Ben Care Society
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	Community Assistance Board Application

Proposed Motion	<i>Move to approve Community Assistance funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program funded from GL Code 2-71-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

Gentle Ben Care Society is a community-focused organization located within the Smith Community Complex. It provides essential support services including handyman work, housekeeping, and travel assistance to individuals facing barriers in accessing care and maintaining safe, livable conditions.

Gentle Ben Care is seeking funding to support its Golden Age Assistance Program particularly for travel assistance and accounting costs. The total project cost is \$3,000.00. They are requesting **\$3,000.00** (\$1,500.00 for each mileage & accounting fees). They have not secured other grants or cash donations but are seeking FCSS Grant funding in the amount of \$4,500.00, are looking to complete a Casino Fundraiser and for Clients to offset some of the costs.

Grant received in the last 5 years:

- 2025 - \$ 3,100.00 (Golden Age Assistance Program)
- 2024 - \$ 3,000.00 (Positive Rural Living for Seniors Project)
- 2023 - \$ 8,000.00 (Driving Seniors Towards a Healthy Lifestyle)
- 2022 - \$ 6,000.00 (Driving Seniors Towards a Healthy Lifestyle)
- 2022 - \$ 3,500.00 (Driving Seniors Towards a Healthy Lifestyle)
- 2021 - \$ 4,800.00 (Helping Seniors Grow)

Total - \$28,400.00 + \$59,730.48 (FCSS Funding) = \$88,130.48

The final report for the last grant request in 2025 has been submitted to Administration and financially it meets the final reporting criteria. However, it did not indicate the number of clients served by the travel assistance program or number of km travelled. Administration did request more information. There was no response prior to the deadline.

A bank statement was submitted that indicated a cash account balance of \$12,296.46 as of June 17, 2025.

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Gentle Ben Care Society in the amount of \$3,000.00 to support its Golden Age Assistance Program.
2. Approve an amended amount in Community Assistance funding to Gentle Ben Care Society.
3. Do not approve any Community Assistance funding to the Gentle Ben Care Society.

BENEFIT/RISKS:

Benefit: Continuance funding to the Gentle Ben Care Society will directly support seniors in the community with essential services.

Risk: Smith and area seniors will not have a reliable, reputable option for assistance.

STRATEGIC ALIGNMENT:

The application does not align with the Community Assistance Board Policy REC-72-02, reflecting the spirit of a 50/50 financial partnership. The program does directly support the Community Values of Seniors, Generosity and Compassion as outlined in the MD's policy.

FINANCIAL IMPLICATION:

The Community Assistance budget for 2025 is \$40,000. To date, the Community Assistance Board has funded \$14,906.00 with a remaining balance of \$25,094.00.

OTHER CONSIDERATIONS:

NIL

COMMUNICATION STRATEGY:

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

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

RECEIVED
JUL 31 2025



Lesser Slave River

Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

APPLICANT INFORMATION

Incorporated Society Service Group / Club Individual Other

NAME
Gentle Ben Care Society

PHONE

ADDRESS

MOBILE

FAX

E-MAIL

If this application is from an incorporated society or a service group, provide the following key contact information.

NAME

PHONE

POSITION
Program Coordinator

MOBILE

E-MAIL

FAX

PROJECT INFORMATION

NAME OF PROJECT
Golden Age Assistance

DESCRIPTION OF THE PROJECT
The Gentle Ben Care Society is kindly requesting funding to help cover costs of transporting clients to and from their appointments, housekeeper and handyman services. We provide these services for people that have no one in the household able to preform these tasks, Some clients are not comfortable driving themselves due to medical reasons so they rely on our society for this support. Our services help people access necessities to allow them to live a fuller life both mentally and physically.



Slave Lake Branch
 Box 420, 300 Main Street N
 Slave Lake, Alberta
 T0G 2A0
 Tel: 1.877.378.8728

GENTLE BEN CARE SOCIETY

number of cheques enclosed: 0
 Member Number:



All in One® Statement
 For the period ending June 30, 2025

Some personal and business banking account service fees are changing effective June 1, 2025, including Basic and Pay-as-You-Go (PAYG) personal accounts and Business Essentials and Business Pay-as-You-Go accounts. Review the updated fee changes at www.servus.ca/news/alerts. If you have questions or want to discuss how these changes may affect you, we're here to help. Visit your branch or give us a call at 1-877-378-8728.



Servus Rewards #0

Profit Share Rewards cash is your reward for being loyal to us. Servus pays Profit Share Rewards cash based on the average balances you hold in your loans and deposits. Profit Share Rewards cash does not include common or investment share dividends, which are separate parts of our Profit Share® program. For more information, see servus.ca.

Date	Description	Withdrawals(\$)	Deposits(\$)	Balance(\$)
Jun 01	Opening Balance			7.19
Total		0.00	0.00	

Community Plan #1

Date	Description	Withdrawals(\$)	Deposits(\$)	Balance(\$)
Jun 01	Opening Balance			176.46
Jun 17	Business Deposit		12,120.00	12,296.46
Total		0.00	12,120.00	

Toll free phone # 1.877.378.8728

<http://www.servus.ca>

PAGE: 1 of 2



Lesser Slave River

Request for Decision

Title:	Lesser Slave Lake Multicultural Association
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	Community Assistance Board Application

Proposed Motion	<i>Move to approve Community Assistance funding to Lesser Slave Lake Multicultural Association in the amount of \$_____to support its Hockey As A Second Language 2025-2026 Program funded from GL Code 2-71-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

The Hockey As A Second Language program is returning for a second season, building on the success of its inaugural year. This unique and engaging initiative is designed to introduce adults and older youth, particularly those who did not grow up with hockey to the fundamentals of skating and hockey in a welcoming, non-intimidating environment.

Run weekly by the Lesser Slave Lake Multicultural Association, the program offers participants a chance to learn how to skate, understand the basics of hockey, and build community connections. It also supplies some basic hockey equipment to remove barriers to participation. There is no cost to participants, although a refundable jersey deposit is being considered for the upcoming season to ensure responsible use of resources.

In its first season, the program exceeded expectations with 15 regular participants, including 5 residents from the MD, and was supported by 5 dedicated volunteers. The Association expects the program to grow in its second year.

The total cost of the project is \$6,000.00. The Association is requesting **\$1,500** in funding. These funds will go toward Jerseys, Ice Time, Hockey Equipment & Media and Sponsorship Materials. They secured \$4,500 in funding from various local donors and supporters, including The Town of Slave Lake, The Kinette Club of Slave Lake and several local businesses.

Grant received in the last 5 years:
2024 - \$1,500.00 (Hockey As A Second Language Program)
Total - \$1,500.00

The final report for the 2024 grant request has been submitted to Administration and meets all reporting requirements. A highlight in the report is the local and national media attention the program received, including a nearly four-minute feature on OMNI TV, broadcast across Canada, which showcased its impact on community inclusion and accessibility in sport.

A bank statement was submitted that indicated an account balance of \$1,277.48 as of June 30, 2025.

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Lesser Slave Lake Multicultural Association in the amount of \$1,500.00 to support its Hockey As A Second Language Program.
2. Approve an amended amount in Community Assistance funding to Lesser Slave Lake Multicultural Association
3. Do not approve any Community Assistance funding to the Lesser Slave Lake Multicultural Association.

BENEFIT/RISKS:

Benefit: Funding the program allows free participation and no equipment cost lowering accessibility barriers.

Risks: Without consistent support, the program may not be sustainable long-term.

STRATEGIC ALIGNMENT:

The application aligns with the Community Assistance Board Policy REC-72-02, reflecting the spirit of a 50/50 financial partnership. The program directly supports the Community Values of Leadership, Fellowship, Volunteerism as well as the Core Areas of Recreational, Social and Athletic. The program embodies the objectives outlined in the MD's policy.

FINANCIAL IMPLICATION:

The Community Assistance budget for 2025 is \$40,000. To date, the Community Assistance Board has funded \$14,906.00 with a remaining balance of \$25,094.00.

OTHER CONSIDERATIONS:

NIL

COMMUNICATION STRATEGY:

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

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



Lesser Slave River
Administration

RECEIVED
JUL 29 2025

COMMUNITY ASSISTANCE FUNDING APPLICATION

APPLICANT INFORMATION

Incorporated Society Service Group / Club Individual Other

NAME: Lesser Slave Lake Multicultural Association PHONE: [REDACTED]

ADDRESS: [REDACTED] MOBILE: [REDACTED]

[REDACTED] FAX: [REDACTED]

[REDACTED] E-MAIL: [REDACTED]

If this application is from an incorporated society or a service group, provide the following key contact information.

NAME: [REDACTED] PHONE: [REDACTED]

POSITION: Organizer, Coordinator MOBILE: [REDACTED]

E-MAIL: [REDACTED] FAX: [REDACTED]

PROJECT INFORMATION

NAME OF PROJECT: Hockey As A Second Language 2025-2026

DESCRIPTION OF THE PROJECT:

This will be the second year that the Lesser Slave Lake Multicultural Association (LSLMA) will be running our Hockey As A Second Language Program, which is a very fun initiative for adults and older youth to get involved in the Lesser Slave Lake area who grew up "unhockeyed". The program provides an non-intimidating space to learn how to skate and the fundamentals of hockey on a weekly basis, as well as some basic equipment to do so.

It will run from late October / early November until Late February, depending on ice time availability at the Multi-Rec Centre in Slave Lake (dates and times to be determined in late August).

Last year, there were approximately 15 regular participants and 5 volunteers in this program from eight different countries and we aim to have at least this many again



Lesser Slave River

Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT START DATE

DAY	MONTH	YEAR
15	October	2025

PROJECT COMPLETION DATE

DAY	MONTH	YEAR
8	March	2026

COMMUNITY VALUES REPRESENTED (CHECK ONE OR MORE)

<input checked="" type="checkbox"/> Youth	<input type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Fellowship
<input checked="" type="checkbox"/> Spirit	<input checked="" type="checkbox"/> Compassion	<input checked="" type="checkbox"/> Volunteerism	<input type="checkbox"/> Generosity

DESCRIBE HOW THE PROJECT WILL ADDRESS THESE COMMUNITY VALUES

The Hockey As A Second Language program covers many of these core community values.

It was really encouraging to see people from different cultural backgrounds, religions, genders, ages, and athletic abilities individually take a risk to learn a difficult task like skating and playing hockey, then all come together as a team to work as teammates and friends. People were forced to be vulnerable with one another about their fears, and share trials and tribulations with one another as they learned these

CORE FUNDING AREAS (CHECK ONE OR MORE)

<input checked="" type="checkbox"/> Recreation	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Cultural	<input checked="" type="checkbox"/> Educational	<input checked="" type="checkbox"/> Athletic
--	--	--	---	--

DESCRIBE HOW THE PROJECT FITS INTO THE CORE FUNDING AREAS

This initiative hits all of these core funding areas:
Although the primary reason is to have area residents get out and learn hockey, there are so many other gears turning that made this a success. for example, cross cultural value sharing, physical exercise, strong friendships being formed, people developing social and economic roots in the community in a fun way.

The below response to the partnerships list.... These are six of our main partners from

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

Canadian Tire	Sixth Avenue Dental
Town of Slave Lake	Alimo's Pizzeria
Kinette Club of Slave Lake	Aurora Physiotherapy



**Lesser Slave River
Administration**

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT BUDGET

TOTAL PROJECT COST	\$ <u>6000</u> (a)
Item <u>Jerseys</u>	\$ <u>1200</u>
Item <u>Ice Time</u>	\$ <u>1500</u>
Item <u>Hockey Equipment</u>	\$ <u>3000</u>
Item <u>media / sponsorship day</u>	\$ <u>300</u>
Item _____	\$ _____

LESS CASH CONTRIBUTION \$ _____ (b)

LESS OTHER GRANTS / DONATIONS \$ 4500 (c)

LESS PARTNERSHIP FUNDING \$ _____ (d)

COMMUNITY ASSISTANCE FUNDING REQUEST \$ 1500 (a - b - c - d)

MEASURABLE OUTCOMES

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

The success of this program is determined by a number of factors:
 -How well the program is attended by participants. The goal is to have at least 15 players signed up. The likelihood is that we will exceed this.
 -How well the media/ sponsorship day is attended by those supporting the program through sponsors and members of the media. Last year the program was covered nationally on OMNI TV and the goal is to have additional large media companies cover

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.

Digitally signed by
 Matthew Holden
 Date: 2025.07.28
 13:36:20 -06'00'

M _____ Matthew Holden _____ July 28, 2025
APPLICANT'S NAME **SIGNATURE** **DATE**

FOR OFFICE USE ONLY

DATE RECEIVED **DATE REVIEWED**

\$ _____
FUNDING ALLOCATED **INITIAL**



P.O. BOX 728 80739
 SLAVE LAKE AB T0G 2A0
 849-3770

LESSER SLAVE LAKE MULTICULTURA

SI

Statement Of: **Account Number:** **From:** **To:**
 Business Account May 30 2025 Jun 30 2025

Account Summary for this Period:

No. of Debits	Total Amount - Debits	No. of Credits	Total Amount - Credits
1	\$3.00	0	\$0.00

Account Details:

Date	Description	Withdrawals/Debits (\$)	Deposits/Credits (\$)	Balance (\$)
05/30/2025	BALANCE FORWARD			1,280.48
06/30/2025	SERVICE CHARGE		3	1,277.48

No. of Debits	Total Amount - Debits	No. of Credits	Total Amount - Credits
1	\$3.00	0	\$0.00

Uncollected fees and/or ODI owing: \$0.00

Please examine this statement promptly.
 This is your official account statement generated by us. Report any errors or omissions within 30 days of receipt electronically of this statement. Please see the terms and conditions of the applicable Scotiabank Financial Services Agreement or Business Banking Services Agreement for your account obligations.
 All service fees and charges may be subject to any applicable sales taxes (GST/PST/QST/HST) or any tax levied by the government thereafter. These taxes will be payable by the customer.
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Lesser Slave River

Request for Decision

Title:	Aspen View Public Schools (Smith School)
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to Aspen View Public Schools (Smith School) in the amount of \$_____ to support its Family School Liaison Worker funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

The Family School Liaison Worker attended Council as a delegation in 2024 to present this funding request. However, at that time, no motion to approve funding for 2025 was made, and as a result, Aspen View has not received the requested funding for the current year. This submission reflects the original request made in the fall of 2024, which remains outstanding.

In the 2024–2025 school year, Smith School enrolled 47 students. The school has been fortunate to receive ongoing financial assistance from the MD, which has helped support the provision of a Family School Liaison Worker (FSLW) within the school. Smith School remains committed to addressing resource gaps caused by geographic isolation and limited access to services, as well as meeting the significant individual needs of its diverse student population. The FSLW plays a vital role in delivering targeted and effective support, fostering positive change for both students and their families.

The total cost of the project is \$67,138.65. The Aspen View Public Schools (Smith School) is requesting funding in the amount of **\$35,490.45**. They have secured other donations of \$31,648.20.

Grants Received in the last 5 years:

- 2024 - \$ 32,648.20 (FSLW)
- 2023 - \$ 29,450.67 (FSLW)
- 2022 - \$ 24,763.05 (FSLW)
- 2021 - \$ 24,763.05 (FSLW)
- 2020 - \$ 24,763.05 (FSLW)
- Total - \$136,388.02

The final report for the last grant summary request in 2024 has been submitted to Administration and meets the final reporting criteria. The 2025-2026 projected enrollment is 40.

ALTERNATIVE OPTIONS:

The administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Aspen View Public Schools (Smith School) in the amount of \$35,490.45 for the Family School Liaison Worker.
2. Approve an amended amount in Community Assistance funding to the Aspen View Public Schools (Smith

- School).
3. Do not approve any Community Assistance funding to the Aspen View Public Schools (Smith School).

BENEFIT/RISKS:

Benefit: Additional support in the classroom.

Risks: If funding is not awarded, there will be a loss of individualized support for students, potentially impacting their academic success and well-being.

STRATEGIC ALIGNMENT:

The funding application aligns with the Family and Community Support Services Program under the Community Outreach and Family School Liaison Workers.

FINANCIAL IMPLICATION:

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. The FCSS Budget for 2025 is \$110,252.28. To date, FCSS has funded \$80,695.45 with the remaining balance of \$29,556.83.

OTHER CONSIDERATIONS:

N/A

COMMUNICATION STRATEGY:

- The Aspen View Public Schools (Smith School) 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.

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



Lesser Slave River
Administration

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

Aspen View Public Schools - Smith School

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

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 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

Smith School - Family School Liaison Worker Position/Program

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

To provide a Family School Liaison Worker to support students and their families through individual support, classroom and group facilitation, and appropriate community and agency referrals.

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.

Students, parents, and staff will report through surveys their satisfaction that students have access to supports and resources to assist them with personal, school, and family challenges.

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 **100**

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

NUMBER OR **98** %

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).

Smith School has been fortunate to receive ongoing assistance from the MD by financially assisting to provide an FSLW within the school. Smith School strives to fill resource gaps created by isolation, service deficits and the significant individual needs of their diverse population. The role of the FSLW is to provide targeted and effective supports to help create positive change for students and their families.

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

- classroom and small group sessions to provide universal supports and strategies to enhance resilience and address issues related to social emotional learning themes
- individual sessions to support students and caregivers, provide appropriate strategies and resources, and provide advocacy through collaboration and connection
- create ways to connect and promote mental health and wellness

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.

When students and families are provided with positive ways to remain connected and strategies and skills to help them remain regulated and healthy under duress, they will better manage social situations and interact positively with their family and community.

When students and families are provided with strategies and supports related mental health, they will be able to contribute to their school and community in a meaningful and healthy manner.



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? **1** Estimated number of hours **25**

Volunteers How many? **5** Estimated number of hours **50**

Funding How many? Estimated number of hours

In-kind services Please list **Professional development, staffing, administrative resources, clinical supervision**

MATERIALS

Workbooks Copying Stationery Other

Partners Who? Please list **Aspen View Public Schools**

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

- supervision by school administration and clinical supervision by AVPS Student Services Consultant
- training and professional development travel costs
- collaboration with school staff, community agencies, and stakeholders.
- collaboration with FCSS from Athabasca, Thorhild, and Smoky Lake

OUTPUTS

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

Sessions/Events How many will be offered? **4** How long will they be? **1.5**

How often will they be offered (once per week, monthly, etc.)? **4 times a year**

Workshops/Classes How many will be offered? **30** How long will they be? **30 min**

How often will they be offered (once per week, monthly, etc.)? **daily, weekly, or monthly depending upon**

Presentations How many will be offered? **8** How long will they be? **45 min**

How often will they be offered (once, series)? **monthly - not Dec or June**

Other services How many will be offered? **Individual** How long will they be? **as required**

How often will they be offered (once, series)? **based on family/student need**

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

- Surveying and/or connecting with families and students to determine need and interest in presentations and activities. Hosting sessions based on the information share. Hosting a presentation for families related to mental health and/or digital citizenship awareness. Funds for this presentation have been secured through another mental health grant.
- Offering afterschool activities for children and youth



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

Students in Grade 1-9 will participate in a mental health survey and this data will be used to support programming at Smith School. Some students will set goals and regularly track their personal growth.

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?

Athabasca FCSS - serving Athabasca County schools
Thorhild FCSS - serving Thorhild Central School
Smoky Lake FCSS - serving H A Kostash and Vilna Schools

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

- Yes
- No

IF NOT, WHY NOT?



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.

The program would be impacted significantly. If partial funding was awarded, then the program hours delivered by the FSLW would be reduced resulting in loss of individual supports for students.

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?

Economic challenges and budgetary constraints continue to impact Education and our Ministry partners. The mental health needs of our students have increased while financial supports have not.

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

Universal supports would be the first priority and individual services to our most vulnerable students would have to be reduced or eliminated.

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.)

Connection, trust, and engagement are vital to supporting the mental health of the students and the families of Smith School. This program has proven itself vital to the school and the children it serves.

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 no.124 | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4888 | Toll-Free 1.866.449.4888 | Fax 780.849.4939

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



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>
Personnel (All wages, CRA, benefits, etc.)	
Wages \$48251.11 (Salary at 26 hours/week for the school year)	
Benefits (35%) 16, 887.54	
Total = \$65,138.65	65138.65
Travel / Training (no mileage fees)	
Conference related to mental health, trauma informed practices, suicide risk assessments,	1000.00
Materials / Supplies	
Supplies - snacks for after school programming or parent presentation	500.00
Facility Costs	
AV will provide office space at Smith School - in kind	
AV will provide administrative costs - in kind	
Photocopying, general office supplies, materials, furniture	500.00
Other	
TOTAL EXPENDITURES	67138.65



Lesser Slave River

Request for Decision

Title:	Gentle Ben Care Society
Date:	8/20/2025
Presented By:	Sandra Rendle, Associate Director, Legislative Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

Gentle Ben Care Society is a community-focused organization located within the Smith Community Complex. It provides essential support services including handyman work, housekeeping, and travel assistance to individuals facing barriers in accessing care and maintaining safe, livable conditions. At the start of 2025, the organization projected serving 50 clients. To date, 36 clients have been served. Administration requested a breakdown of hours and wages, related to the services provided; however, no information was submitted prior to our deadline.

The total project cost is \$32,100.00. The Gentle Ben Care Society is requesting **\$4,500.00** to support its Golden Age Assistance Program. The applications proposed expenditures are as follows:

- Wages: Housekeeping: \$2,500.00, Payroll Burden: \$2,200.00, Coordinator: \$14,500.00 & Drivers \$9,000.00
- Materials: Office Supplies: \$1,000.00
- Facility Costs: Insurance: \$2,000.00 & Telephone: \$900.00

Grant received in the last 5 years:

- 2025 - \$ 9,000.00
- 2024 - \$ 3,000.00
- 2023 - \$15,000.00
- 2022 - \$28,578.28
- 2021 - \$ 4,152.20

Total - \$59,730.48 + \$28,400.00 in CAB Funding = \$88,130.48

In the previous application, Gentle Ben Care Society indicated they had applied for a New Horizons for Seniors Grant in the amount of \$12,600.00. However, their final report did not confirm whether the funding was received. Administration followed up, and it was confirmed they did not receive funding.

They are seeking other funding from CAB for \$3,000.00 and a possible Casino Fundraiser Revenue of \$12,500.00.

The final report for the previous 2025 grant was submitted and meets reporting requirements. The actual budget summary reported the following expenditures:

- Wages: \$14,215.00
- Administration Fees (insurance, bank charges, office supplies, auditor, etc.): \$742.00

- Accounting Fees: \$2,100.00
- Telephone: \$525.00

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Gentle Ben Care Society in the amount of \$4,500.00 to support its Golden Age Assistance Program.
2. Approve an amended amount in Community Assistance funding to Gentle Ben Care Society.
3. Do not approve any Community Assistance funding to the Gentle Ben Care Society.

BENEFIT/RISKS:

Benefit: Continuance funding to the Gentle Ben Care Society will directly support seniors in the community with essential services.

Risk: Smith and area seniors will not have a reliable, reputable option for assistance.

STRATEGIC ALIGNMENT:

This funding application aligns with the goals of the Family and Community Support Services (FCSS) Home Supports Program.

FINANCIAL IMPLICATION:

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. The FCSS budget for 2025 is \$110,252.28. To date, FCSS has funded \$80,695.45 with a remaining balance of \$29,556.83.

OTHER CONSIDERATIONS:

N/A

COMMUNICATION STRATEGY:

- The Gentle Ben Care 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.

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



RECEIVED
JUL 31 2025

Lesser Slave River
Administration

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

July 31, 2025

APPLICANT INFORMATION

REGISTERED NAME OF THE SOCIETY/ORGANIZATION

Gentle Ben Care Society

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

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 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

Golden Age Assitance

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

Our program supports local seniors with housekeeping and handyman services as well as drivers for appointment transportation.

SHORT TERM OUTCOMES (Outcome refers to the change or possitive 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 possitive 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.

Clients will report that the transportation we provide helps relieve strain associated with driving. additionally they will report that through the handyman and housekeeping services we provide, they are better able to maintain their homes and have a positive change in their behavior.

MID TERM OUTCOMES (Outcome refers to the change or possitive 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 **50**

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).

Gentle Ben Care Society was founded in 1980 and is an on-going program. The need for assistance for the seniors and disadvantaged in our community is great. Smith does not have a hospital or pharmacy and the nearest one is one hour away one way. The number of people who rely on our services shows that our program is a necessity.

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

Our program is a resource to the whole community. We will continue to strive ro provide our services to those that require it as the need arises.

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 elderly people are wanting to remain in the area to stay connected and part of the community then Gentle Ben Care Society is able to help alleviate some of the physical and mental stresses. If seniors are looking to relocate to our area, these services might positively influence them to join 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?)

Staff How many? **7** Estimated number of hours **1000**

Volunteers How many? **8** Estimated number of hours **300**

Funding How many? Estimated number of hours

In-kind services Please list **office space at the md complex in smith**

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

We also offer a walking/exercise program at the complex during the winter months. This is free and available to the whole community. It provides people with a safe space for physical activity that they would otherwise not be able to do during the winter.

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)?

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



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

Clients are contacted in the fall to see how our program is helping to support their needs or to determine improvements. With new staff, I follow-up to see if there are any concerns.

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?



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.

If partial funding was received then we would have to cut back on some of the services offered.

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
Casino Fundraiser (amount not confirmed)**

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

Yes No

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

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

Currently clients are allotted two trips and 6 hours for handyman and housekeeping combined per month. If partial funding was received then we would have to cut back on hours and trips.

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.)

Our program not only offers a service that helps offset a great need in our community but also provides employment opportunities which is crucial to a small rural community.

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@mdlsl.ca** to arrange an appointment.

MUNICIPAL DISTRICT OF LESSER SLAVE RIVER no.124 | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4888 | Toll-Free 1.866.449.4888 | Fax 780.849.4939

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



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>
Personnel (All wages, CRA, benefits, etc.)	
housekeeping/handyman	2500
payroll burden	2200
coordinator	14500
drivers	9000
Travel / Training (no mileage fees)	
Materials / Supplies	
office supplies	1000
Facility Costs	
insurance	2000
telephone	900
Other	
TOTAL EXPENDITURES	32100



Lesser Slave River

Request for Decision

Title:	Lesser Slave Lake Fire Fighter Society
Date:	8/20/2025
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 \$_____ to support its Annual Christmas Supper Event funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

This application is a resubmission from the 2nd Intake period, following a request from Council for additional information. Finance has confirmed that \$550.00 was provided to the Society in 2018 for a conference.

The Lesser Slave Lake Fire Society has confirmed they received \$3,500 in funding from the Town of Slave Lake to support the Spring BBQ event held in June in honor of local firefighters.

The Lesser Slave Lake Fire Society also shared that they support a range of initiatives through funding and donations. A few of their ongoing projects include:

- Two \$500 bursaries awarded annually to support local students.
- A \$5,000 donation to the Cadets for the purchase of training gear.
- Participation in Movember, raising funds and awareness for cancer research.
- Support for the Fallen Fighter Initiative – No further details were provided
- Assistance to Search and Rescue, including the provision of First Aid kits and boots.

The Lesser Slave Lake Fire Fighter Society is seeking funding support for their Annual Volunteer Firefighters Christmas Supper. This event aims to bring together volunteer firefighters and Search and Rescue teams from the Lesser Slave River area for an evening of socializing, recognition, supper, and entertainment.

The total cost of the project is \$13,000.00 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 **\$7,000.00**.

Grant received in the last 5 years:

2024 - \$6,000.00 (Annual Volunteer Firefighter Christmas Supper)

Total - \$6,000.00

The final report for the 2024 grant request has been submitted to Administration and meets all final reporting criteria.

Key highlights from the final summary include:

- Approximately 50% of event attendees were residents of the MD of Lesser Slave River.
- The anticipated total event cost was \$11,000.00.
- The actual total cost was \$8,174.00, with the difference primarily due to a lower-than-expected DJ cost.
- The Community Assistance Board contributed \$6,000.00 toward the event.

ALTERNATIVE OPTIONS:

The 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 \$7,000.00 for its 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: The event provides a much-needed opportunity to acknowledge and celebrate the hard work and dedication of Fire Fighters and Search and Rescue teams who tirelessly serve the Lesser Slave River community. It fosters morale, strengthens team cohesion, and reinforces the value of volunteerism in emergency services.

Risks: Partial or no funding may limit the scale or quality of the event, potentially affecting participation or the Society's ability to host similar events in the future.

STRATEGIC ALIGNMENT:

This funding application aligns with the goals of the Family and Community Support Services (FCSS) Program, specifically within the priority area of Community Development & Capacity Building – Volunteerism.

FINANCIAL IMPLICATION:

The funding for this grant is 80% possible due to the annual FCSS Provincial Grant received by the municipality. The FCSS budget for 2025 is \$110,252.28. To date, the Community Assistance Board has fund \$80,695.45 with a remaining balance of \$29,556.83.

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.

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



Lesser Slave River
Administration

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

Aspen View Public Schools - Smith School

TELEPHONE NUMBER

MAILING ADDRESS

FAX NUMBER

EMAIL ADDRESS

CONTACT NAME

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 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

Smith School - Family School Liaison Worker Position/Program

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

To provide a Family School Liaison Worker to support students and their families through individual support, classroom and group facilitation, and appropriate community and agency referrals.

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.

Students, parents, and staff will report through surveys their satisfaction that students have access to supports and resources to assist them with personal, school, and family challenges.

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 **100**

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

NUMBER OR **98** %

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).

Smith School has been fortunate to receive ongoing assistance from the MD by financially assisting to provide an FSLW within the school. Smith School strives to fill resource gaps created by isolation, service deficits and the significant individual needs of their diverse population. The role of the FSLW is to provide targeted and effective supports to help create positive change for students and their families.

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

- classroom and small group sessions to provide universal supports and strategies to enhance resilience and address issues related to social emotional learning themes
- individual sessions to support students and caregivers, provide appropriate strategies and resources, and provide advocacy through collaboration and connection
- create ways to connect and promote mental health and wellness

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.

When students and families are provided with positive ways to remain connected and strategies and skills to help them remain regulated and healthy under duress, they will better manage social situations and interact positively with their family and community.

When students and families are provided with strategies and supports related mental health, they will be able to contribute to their school and community in a meaningful and healthy manner.



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? **1** Estimated number of hours **25**

Volunteers How many? **5** Estimated number of hours **50**

Funding How many? Estimated number of hours

In-kind services Please list **Professional development, staffing, administrative resources, clinical supervision**

MATERIALS

Workbooks Copying Stationery Other

Partners Who? Please list **Aspen View Public Schools**

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

- supervision by school administration and clinical supervision by AVPS Student Services Consultant
- training and professional development travel costs
- collaboration with school staff, community agencies, and stakeholders.
- collaboration with FCSS from Athabasca, Thorhild, and Smoky Lake

OUTPUTS

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

Sessions/Events How many will be offered? **4** How long will they be? **1.5**

How often will they be offered (once per week, monthly, etc.)? **4 times a year**

Workshops/Classes How many will be offered? **30** How long will they be? **30 min**

How often will they be offered (once per week, monthly, etc.)? **daily, weekly, or monthly depending upon**

Presentations How many will be offered? **8** How long will they be? **45 min**

How often will they be offered (once, series)? **monthly - not Dec or June**

Other services How many will be offered? **Individual** How long will they be? **as required**

How often will they be offered (once, series)? **based on family/student need**

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

- Surveying and/or connecting with families and students to determine need and interest in presentations and activities. Hosting sessions based on the information share. Hosting a presentation for families related to mental health and/or digital citizenship awareness. Funds for this presentation have been secured through another mental health grant.
- Offering afterschool activities for children and youth



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

Students in Grade 1-9 will participate in a mental health survey and this data will be used to support programming at Smith School. Some students will set goals and regularly track their personal growth.

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?

Athabasca FCSS - serving Athabasca County schools
Thorhild FCSS - serving Thorhild Central School
Smoky Lake FCSS - serving H A Kostash and Vilna Schools

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

- Yes
- No

IF NOT, WHY NOT?



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.

The program would be impacted significantly. If partial funding was awarded, then the program hours delivered by the FSLW would be reduced resulting in loss of individual supports for students.

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?

Economic challenges and budgetary constraints continue to impact Education and our Ministry partners. The mental health needs of our students have increased while financial supports have not.

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

Universal supports would be the first priority and individual services to our most vulnerable students would have to be reduced or eliminated.

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.)

Connection, trust, and engagement are vital to supporting the mental health of the students and the families of Smith School. This program has proven itself vital to the school and the children it serves.

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 no.124 | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4888 | Toll-Free 1.866.449.4888 | Fax 780.849.4939

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



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>
Personnel (All wages, CRA, benefits, etc.)	
Wages \$48251.11 (Salary at 26 hours/week for the school year)	
Benefits (35%) 16, 887.54	
Total = \$65,138.65	65138.65
Travel / Training (no mileage fees)	
Conference related to mental health, trauma informed practices, suicide risk assessments,	1000.00
Materials / Supplies	
Supplies - snacks for after school programming or parent presentation	500.00
Facility Costs	
AV will provide office space at Smith School - in kind	
AV will provide administrative costs - in kind	
Photocopying, general office supplies, materials, furniture	500.00
Other	
TOTAL EXPENDITURES	67138.65

