



AGENDA

Community Assistance Board

Wednesday, November 12, 2025 - 1:00 PM - Council Chambers and
via Zoom

Page

CALL TO ORDER

ADOPTION OF AGENDA

- 2.1 Adoption of the November 12, 2025 Community Assistance Board Agenda

Proposed Motion: Move to adopt the November 12, 2025 Community Assistance Board Agenda as presented.

APPOINTMENT OF COMMUNITY ASSISTANCE BOARD CHAIRPERSON

- 3.1 Appointment of Community Assistance Board Chairperson
Call for Nominations

Proposed Motion: Move to appoint _____ as Community Assistance Board Chairperson.

- 3.2 Appointment of Community Assistance Board Vice-Chairperson
Call for Nominations

Proposed Motion: Move to appoint _____ as Community Assistance Board Vice-Chairperson.

ADOPTION OF MINUTES

- 4.1 Adoption of the August 20, 2025 Community Assistance Board Meeting 4 - 6

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

[08202025 - DRAFT MINUTES - Community Assistance Board](#)

POLICIES

- 5.1 Community Assistance Board Policy 7 - 9

Proposed Motion: Move to adopt the Community Assistance Board Policy for information.

[REC-72-02 Community Assistance Board 2021](#)

- 5.2 Family and Community Support Services (FCSS) Program Overview 10

Proposed Motion: Move to adopt the FCSS Program Overview for information.

[FCSS Program Overview](#)

COMMUNITY ASSISTANCE BOARD (CAB) STATEMENT OF EXPENDITURES

- 6.1 2025 YTD Community Assistance Board (CAB) Statement of Expenditures 11

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 BOARD APPLICATIONS RECEIVED

Flatbush Silver Threads Association is seeking \$1,100.00 in funding to support its Floor Curling Events
Gentle Ben Care Society is \$3,000.00 in funding to support its Golden Age Assistance Program

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) STATEMENT OF EXPENDITURES

- 8.1 2025 YTD Family and Community Support Services (FCSS) Statement of Expenditures 12

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

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

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATION RECEIVED

Aspen View Public Schools (Smith School) is \$35,490.45 in funding to support its Family School Liaison Worker Position/Program for 2025-2026

Flatbush Silver Threads Association is seeking \$1,500.00 in funding to support its Christmas Party for Seniors

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

MDLSR Agricultural Service Board is seeking \$5,452.82 in funding to support its 21st Annual Fall Social Event

DELIBERATION OF THE BOARD (CLOSED SESSION)

- 10.1 Deliberation of CAB and FCSS Applications

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

COMMUNITY ASSISTANCE BOARD APPLICATIONS

- 11.1 Flatbush Silver Threads Association 13 - 18

Proposed Motion: Move to approve Community Assistance Board funding to the Flatbush Silver Threads Association in the amount of \$_____ to support its Floor Curling Events.

[11122025 RFD Flatbush Silver Threads Association](#)

[Flatbush Silver Threads Association Community Assistance Board Grant Application](#)

11.2 Gentle Ben Care Society 19 - 25

Proposed Motion: Move to approve Community Assistance Board funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program.

[11122025 RFD Gentle Ben Care Society](#)

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

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

12.1 Aspen View Public Schools (Smith School) 26 - 35

Proposed Motion: Move to approve Family and Community Support Services funding to the Aspen View Public Schools (Smith School) in the amount of \$_____ to support its Family School Liaison Worker Position/Program for 2025-2026.

[11122025 RFD Aspen View Public School \(Smith School\)](#)

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

12.2 Flatbush Silver Threads Association 36 - 45

Proposed Motion: Move to approve Family and Community Support Services funding to the Flatbush Silver Threads Association in the amount of \$_____ to support its Christmas Party for Seniors.

[11122025 RFD Flatbush Silver Threads Association](#)

[Flatbush Silver Threads Association FCSS Grant Application](#)

12.3 Gentle Ben Care Society 46 - 55

Proposed Motion: Move to approve Family and Community Support Services funding to the Gentle Ben Care Society in the amount of \$_____ to support its Golden Age Assistance Program.

[11122025 RFD Gentle Ben Care Society](#)

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

12.4 MDLSR Agricultural Service Board 56 - 65

Proposed Motion: Move to approve Family and Community Support Services funding to the MDLSR Agricultural Service Board in the amount of \$_____ to support its 21st Annual Fall Social Event.

[11122025 RFD MDLSR Agricultural Service Board](#)

[MDLSR Agricultural Service Board FCSS Grant Application](#)

NEXT MEETING

ADJOURNMENT

MINUTES

Community Assistance Board Meeting Municipal District of Lesser Slave River No. 124 August 20, 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
Darren Fulmore - Division 1
- MEMBERS ABSENT** Lana McCann - Deputy Reeve, Division 2
- IN ATTENDANCE** Barry Kolenosky - CAO, MDLSR
Chris Valaire - Assistant CAO, MDLSR
Cristy Paly - Community Services, Administrative Assistant, MDLSR
Marilyn Gladue - Recording Secretary, MDLSR
Joe McWilliams - Lakeside Leader
- CALL TO ORDER** Chairperson Pearson called the meeting to order at 12:30 p.m.
- ADOPTION OF AGENDA** **August 20, 2025, Community Assistance Board Agenda**

MOTION 039-25 CAB
Moved by Councillor Fulmore to adopt the August 20, 2025, Community Assistance Board agenda as presented.

CARRIED
- ADOPTION OF MINUTES** **May 28, 2025, Community Assistance Board Meeting Minutes**

MOTION 040-25 CAB
Moved by Reeve Kerik to adopt the May 28, 2025, Community Assistance Board Meeting Minutes as amended:

- Correction to MOTION 031-25 CAB – “Soccer” Association vs. “Minor”

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

MOTION 041-25 CAB
Moved by Councillor Melzer to accept the 2025 YTD Community Assistance Board (CAB) Statement of Expenditures as presented.

CARRIED

COMMUNITY ASSISTANCE BOARD (CAB) APPLICATIONS

Chisholm Community Hall
Project Description: Beautification of Community Hall Project
Request: \$1,500.00

Flatbush Community Association
Project Description: Flatbush Community Craft Day
Request: \$800.00

Gentle Ben Care Society
Project Description: Golden Age Assistance Program
Request: \$3,000.00

Lesser Slave Lake Multicultural Association

Project Description: Hockey as a Second Language 2025-2026 Program
Request: \$1,500.00

**FINANCIAL - FCSS
Expenditure**

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

MOTION 042-25 CAB

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

CARRIED

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

Aspen View Public School

Project Description: Family School Liaison Worker
Request: \$35,490.00

Gentle Ben Care Society

Project Description: Golden Age Assistance Program
Request: \$4,500.00

Lesser Slave Lake Fire Fighter Society

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

McWilliams exited at 12:48 p.m.

CLOSED SESSION

CLOSED SESSION Deliberation of Applications

MOTION 043-25 CAB

Moved by Reeve Kerik to go into Closed Session at 12:48 p.m. as per Section 34 of the ATIA Act – Information that is or will be available to the public.

CARRIED

OPEN SESSION

MOTION 044-25 CAB

Moved by Councillor Melzer to return to Open Session at 1:00 p.m.

CARRIED

McWilliams entered at 1:00 a.m.

COMMUNITY ASSISTANCE APPLICATIONS

Chisholm Community Hall

MOTION 045-25 CAB

Moved by Councillor Sand to approve Community Assistance Board Funding to the Chisholm Community Club in the amount of \$1,500.00 for the Beautification Community Hall Project funded from GL Code 2-71-10-00-735.

CARRIED

Flatbush Community Association

MOTION 046-25 CAB

Moved by Councillor Melzer to approve Community Assistance Board funding to the Flatbush Community Association in the amount of \$800.00 for its Flatbush Community Craft Day funded from GL Code 2-71-10-00-735.

CARRIED

Gentle Ben Care Society

MOTION 047-25 CAB

Moved by Councillor Seatter to **DECLINE** the Community Assistance Board funding to the Gentle Ben Care Society in the amount of \$3,000.00 for its Golden Age Assistance Program due to lack of financial documentation.

CARRIED

Lesser Slave Lake Multicultural Association

MOTION 048-25 CAB

Moved by Reeve Kerik to approve Community Assistance Board funding to the Slave Lake Minor Association in the amount of \$1,500.00 for its Hocky As A Second Language 2025-2026 Program funded from GL Code 2-71-10-00-735.

CARRIED

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS) APPLICATIONS

Aspen View Public School (Smith School)

MOTION 049-25 CAB

Moved by Councillor Fulmore to approve FCSS funding to Aspen View Public Schools (Smith School) in the amount of \$35,490.45 to support its Family School Liaison Worker for the 2024-2025 School Year to be funded from GL 2-51-10-00-735.

CARRIED

Gentle Ben Care Society

MOTION 050-25 CAB

Moved by Councillor Seatter to **DECLINE** FCSS funding to the Gentle Ben Care Society in the amount of \$4,500.00 for its Golden Age Assistance Program due to lack of financial and user fees information.

CARRIED

Lesser Slave Lake Fire Fighter Society

MOTION 051-25 CAB

Moved by Councillor Melzer to approve FCSS funding to Lesser Slave Lake Fire Fighter Society in the amount of \$3,500.00 to support its Annual Christmas Supper Event funded from GL Code 2-51-10-00-735.

CARRIED

ADJOURNMENT

MOTION 052-25 CAB

Moved by Councillor Fulmore to adjourn the Community Assistance Board meeting at 1:04 p.m.

CARRIED

Chair

Chief Administrative Officer



Lesser Slave River

TITLE: COMMUNITY ASSISTANCE BOARD

EFFECTIVE DATE: November 10, 2021

POLICY NUMBER: REC-72-02 (Supersedes I.4)

STATEMENT:

The Municipal District supports, encourages and values recreational, social, cultural, educational, and athletic opportunities, initiatives, and programming throughout the municipality.

The Municipal District believes these opportunities, initiatives and programs provide a basis for the physical and mental health of its citizens, development of its youth, stability for its seniors and over-all community fellowship, generosity, compassion, and spirit.

The Municipal District believes in the volunteer spirit of local not-for-profit community organizations and the partnerships that can be made with them. These partnerships are founded on the sharing of human and financial resources.

The Municipal District will facilitate funding assistance for community opportunities, initiatives and programming. The Municipal District Community Assistance Board will be responsible to vet, prioritize and allocate programming dollars to not-for-profit community organizations, individuals and other community groups.

PURPOSE:

To clearly define the membership, roles and responsibilities of the Municipal District Community Assistance Board and to define the process for not-for-profit community organizations, individuals and other community groups to access the programming funds.

1.0 Council

- 1.1 Council will facilitate funding assistance to not-for-profit organizations, community groups and individuals.
- 1.2 Council authorizes the Community Assistance Board to allocate these funds towards community opportunities, initiatives and programming within the Municipal District.

2.0 Community Assistance Board

- 2.1 The Council for the Municipal District is the Community Assistance Board.
- 2.2 The Community Assistance Board will meet four times per year (February, May, August and November) to vet, prioritize and allocate funds towards community opportunities, initiatives and programming.
- 2.3 When the budget is fully allocated, the Community Assistance Board will stop accepting applications for community assistance funding.
- 2.4 The Community Assistance Board will provide strategic direction.

3.0 Eligibility for Community Assistance Funds

- 3.1 Eligibility to access community assistance funding include not-for-profit societies, community groups, clubs and individuals that offer a direct benefit to the citizens of the Municipal District and align with the following Municipal District's community values:
 - 3.1.1 Youth
 - 3.1.2 Seniors
 - 3.1.3 Leadership
 - 3.1.4 Fellowship
 - 3.1.5 Generosity
 - 3.1.6 Compassion
 - 3.1.7 Volunteerism
 - 3.1.8 Spirit
- 3.2 Community assistance funding will be focused on the provision of opportunities, initiatives and programming in the following core areas:
 - 3.2.1 Recreation
 - 3.2.2 Social
 - 3.2.3 Cultural
 - 3.2.4 Educational
 - 3.2.5 Athletic
- 3.3 Applicants must fill out an Application for Community Assistance Funding form and submit to the Municipal District prior to one of the following dates:
 - 3.3.1 January 31st
 - 3.3.2 April 30th
 - 3.3.3 July 31st
 - 3.3.4 October 31st

- 3.4 Applicants must provide their most recent statement of financial position. Further, the applicant must allow the statement of financial position to be viewed at a public meeting.
- 3.5 Applications that align with the spirit of a 50/50 financial partnership between the Municipal District and their organization (and their partners) will be given preference for funding.
- 3.6 Applicants that have received community assistance funding must send in a Community Assistance Funding Final Report to the Municipal District prior to December 31st of the year the funding was received.
- 3.7 Failure to submit a Community Assistance Funding Final Report will disqualify an applicant's standing to apply for additional community assistance funding (until such time that a Community Assistance Funding Final Report is submitted).
- 3.8 Receipt of community assistance funding does not imply that funding will be provided for subsequent applications or in subsequent years.

4.0 Ineligible Organizations

- 4.1 The following entities are ineligible for Community Assistance funding;
 - 4.1.1 For-profit entities
 - 4.1.2 Religious entities
 - 4.1.3 Registered Charities

5.0 Responsibilities

- 5.1 The Chief Administrative Officer (or designate) will be the liaison between the Community Assistance Board and not-for-profit community organizations, individuals, and other community groups.
- 5.2 The Chief Administrative Officer (or designate) will be the Administrator for the Community Assistance Board.
- 5.3 The Chief Administrative Officer (or designate) will be responsible to carry out the direction and decisions as set by the Community Assistance Board.

MOTION: 392-21

DATE: Nov. 10, 2021.



Chief Administrative Officer



Reeve

Family and Community Support Services (FCSS) Program Overview

The FCSS program strengthens the well-being of Albertans, families, and communities by supporting **preventive social programs** that help people build healthy lifestyles, develop resilience, and address challenges before they become crises.

Examples of local FCSS initiatives include:

- Connecting residents with community and social support
 - Encouraging and supporting volunteerism
 - Building life and relationship skills through mentoring and education
 - Supporting children, families, and seniors to remain active and connected in their communities
 - Helping individuals and communities take responsibility for their well-being
-

Funding

FCSS operates through a shared **80/20 funding partnership** between the **Government of Alberta** and participating **municipalities or Métis Settlements**.

- The province contributes up to **80%** of funding, and municipalities or Métis Settlements provide **at least 20%**.
 - Local governments determine community priorities and allocate funds, either by delivering programs directly or through grants to community agencies.
 - The MD has recently signed a new three-year FCSS agreement, effective January 2026.
-

Program Eligibility

Eligible activities must be *preventive* and may include programs that:

- Identify and address community social needs
- Promote volunteerism and public awareness of local support
- Strengthen families and enhance the social development of children and seniors

Ineligible activities include programs that:

- Focus only on recreation or leisure
 - Provide basic living support (such as food, clothing, or shelter)
 - Focus solely on rehabilitation or duplicate existing government services
-

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 Awarded

Chisholm Community Club	\$ 1,500.00
Flatbush Community Association	\$ 800.00
Lesser Slave Lake Multicultural Association	<u>\$ 1,500.00</u>
Total Requests	\$ 3,800.00

Remaining Balance **\$21,294.00**

4th Quarter Grant Requests

Flatbush Silver Threads Association	\$1,100.00
Gentle Ben Care Society	<u>\$3,000.00</u>
Total Requests	\$4,100.00

Projected Balance If All Grants Are Approved **\$17,194.00**

AGENDA ITEM #8.1

YTD 2025 FCSS Statement of Expenditures

2025 Operational Budget

Provincial Grant		\$85,801.82
MD Contribution		<u>\$24,450.46</u>
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	<u>\$ 4,401.00</u>	
Total Grants	\$50,916.45	
Remaining Balance		\$59,335.83

2nd Quarter Grants Awarded

Flatbush HELP Service Society	\$ 1,600.00	
Gentle Ben Care Society	\$ 9,000.00	
Smith School	<u>\$ 1,000.00</u>	
Total Grants	\$11,600.00	
Remaining Balance		\$47,735.83

3rd Quarter Grant Awarded

Lesser Slave Lake Fire Fighter Society	<u>\$ 3,500.00</u>	
Total Grants	\$ 3,500.00	
Remaining Balance		\$44,235.83

Administrative Costs

\$ 18,179.00	\$26,056.83
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4th Quarter Grant Requested

Aspen View – Smith School (2025-2026) Payment 1	\$ 14,196.20	
Flatbush Silver Threads	\$ 1,500.00	
Gentle Ben Care Society	\$ 4,500.00	
MDLSR Agricultural Service Board	<u>\$ 5,452.82</u>	
Total Grants	\$ 25,649.02	

Projected Balance If All Grants Are Approved		\$407.81
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Lesser Slave River

Request for Decision

Title:	Flatbush Silver Threads Association
Date:	11/12/2025
Presented By:	Cristy Paly, Community Services, Administrative Assistant
Attachments:	Community Assistance Board Application

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

BACKGROUND:

The Flatbush Silver Threads hosts seniors' floor curling events once a month for the months of October through May every year. These events are each attended by approximately 60 participants for a yearly total of 450 participants.

An entry fee is paid by each participant. Out of the entry fees prize monies are paid out to the winning teams at the end of each event. A hot meal and snacks are provided by the Flatbush Silver Threads. The cost to the Flatbush Silver Threads is approximately \$275.00 per event, for a yearly cost of \$2,200.00

The total project cost is \$2,200.00. The Flatbush Silver Threads is requesting **\$1,100.00**. They have not secured any other donation.

Grant received in the last 5 years:
 2025 - \$1,000.00 – Floor Curling Events
 2023 - \$4,695.00 – Eavestrough
 2022 - \$1,741.00 – Floor Refinishing
 2021 - \$3,253.00 – Utility Bills
 Total - \$10,689.00

The final report for the 2025 grant has been submitted to Administration and meets the final reporting criteria. The Flatbush Silver Threads successfully achieved their goal of hosting monthly curling events for seven months, engaging in a total of 450 participants from Flatbush, Dapp, Fawcett, and Westlock. In addition, the group participated in floor curling activities within these neighboring communities. As of October 23, 2025 the Associations account balance was \$8,750.56.

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Flatbush Silver Threads Association in the amount of \$1,100.00 to support its Floor Curling Events.
2. Approve an amended amount in Community Assistance funding to Flatbush Silver Threads Association.
3. Do not approve any Community Assistance funding to the Flatbush Silver Threads Association.

BENEFIT/RISKS:

Benefit: These events encourage physical activity, which is essential for maintaining health and well-being, especially during the winter & spring months when outdoor activities are limited. It also provides a platform to socialize and interact with peers.

Risks: Not providing funding could result of an increase of entry fee costs which may deter some seniors from participating, ultimately affecting the overall success of these events.

STRATEGIC ALIGNMENT:

The funding application aligns with the Community Assistance Board Policy REC-72-02, demonstrating a 50/50 financial partnership and supporting the community values of Seniors, Fellowship, and Volunteerism. It also reflects the Social and Athletic core areas by fostering community engagement through an interactive event, directly supporting the objectives outlined in the Municipal District's policy.

FINANCIAL IMPLICATION:

The Community Assistance budget for 2025 is \$40,000. To date, the Community Assistance Board has funded \$18,706.00 with a remaining balance of \$21,294.00.

OTHER CONSIDERATIONS:

NIL

COMMUNICATION STRATEGY:

- The Flatbush Silver Threads 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, Community Services, Administrative Assistant

Reviewed By:

Approved By: Barry Kolenosky, Chief Administrative Officer



**Lesser Slave River
Administration**

RECEIVED
OCT 29 2025

COMMUNITY ASSISTANCE FUNDING APPLICATION

APPLICANT INFORMATION

Incorporated Society Service Group / Club Individual Other

NAME: Flatbush Silver Threads Association PHONE: [REDACTED]

ADDRESS: [REDACTED] MOBILE: [REDACTED]

FAX: [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: Secretary MOBILE: [REDACTED]

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

PROJECT INFORMATION

NAME OF PROJECT: Floor Curling Events

DESCRIPTION OF THE PROJECT:

Flatbush Silver Threads Association is organizing Floor Curling events on a monthly basis for the months of October, 2025 through to May, 2026. These events are each attended by approximately 60 participants (14 to 16 teams of 4) for a yearly total of around 450.

An entry fee is paid by each participant which covers prize monies paid out to winning teams at the end of each event. We provide a hot meal and snacks throughout the day.

The cost to Flatbush Silver Threads is now approximately \$275 per event, due to the rising cost of groceries, for a yearly total of \$2200.00.



Lesser Slave River

Administration

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT START DATE

DAY	MONTH	YEAR
01	October	2025

PROJECT COMPLETION DATE

DAY	MONTH	YEAR
01	June	2026

COMMUNITY VALUES REPRESENTED (CHECK ONE OR MORE)

<input type="checkbox"/> Youth	<input checked="" type="checkbox"/> Seniors	<input type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Fellowship
<input 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

These events promote activities that seniors, even of advanced age and ability, can take part in. They are a great time of socializing and encourage physical activity. Even though we are somewhat remote, teams come from as far away as Edmonton to take part. All of the events are done by volunteers from Silver Threads.

CORE FUNDING AREAS (CHECK ONE OR MORE)

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

The floor curling games are fun time of competition and camaraderie. They provide a time of social interaction for seniors.

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

MD#124



**Lesser Slave River
Administration**

COMMUNITY ASSISTANCE FUNDING APPLICATION

PROJECT BUDGET	
TOTAL PROJECT COST	\$ <u>2200</u> (a)
Item <u>Floor Curling Events</u>	\$ <u>1100</u>
Item _____	\$ _____
LESS CASH CONTRIBUTION	\$ <u>1100</u> (b)
LESS OTHER GRANTS / DONATIONS	\$ _____ (c)
LESS PARTNERSHIP FUNDING	\$ _____ (d)
COMMUNITY ASSISTANCE FUNDING REQUEST	\$ <u>1100</u> (a - b - c - d)

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

Flatbush Silver Threads will continue to offer these events and already have had a tournament that was fully attended with 16 teams and we foresee the same attendance for the upcoming year.

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.

Carol Stockman *Carol Stockman* October 28 2025
APPLICANT'S NAME **SIGNATURE** **DATE**

FOR OFFICE USE ONLY

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

Chequing

Overview Statements

Current balance \$8,750.56	Available balance \$8,750.56
Additional account details	
<div style="display: flex; justify-content: space-around;"> TRANSFER MANAGE </div>	

Transactions

[DOWNLOAD](#)

Showing: Oct 01, 2025 ... Oct 26, 2025 All transactions

Date ↓	Description ↑↓	Money out ↑↓	Money in ↑↓	Balance
Oct 23, 2025	Branch transaction		+ \$1,436.20	\$8,750.56
Oct 17, 2025	NO.754	- \$47.83 ✓		\$7,314.36
Oct 02, 2025	NO.752	- \$75.06 ✓		\$7,362.19
Oct 02, 2025	NO.753	- \$57.40 ✓		\$7,437.25
Oct 01, 2025	BILL PAYMENT FEE	- \$1.50 ✓		\$7,494.65
Oct 01, 2025	BRANCH BILL PAYMENT EPCOR AB	- \$206.30 ✓		\$7,496.15

1-6 of 6



Lesser Slave River

Request for Decision

Title:	Gentle Ben Care Society
Date:	11/12/2025
Presented By:	Cristy Paly, Administrative Assistant, Community 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 secured a Casino Grant of \$32,200.00. They are also seeking FCSS Grant funding in the amount of \$4,500.00.

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 + \$86,330.48 (FCSS Funding) = \$114,730.48

The final report for the 2025 grant has been submitted to Administration and meets the final reporting criteria.

As per Council's request, Gentle has provided additional information since the last grant meeting. A detailed breakdown of services has been submitted to Administration.

As of September 30, 2025, Gentle has assisted 21 clients in total:

- Transportation Services – Served 10 clients, providing 205 hours of service. Paid \$3,676.25 in wages and received \$1,857.38 from clients.
- Handyman Services – Served 7 clients, providing 91.5 hours of service. Paid \$1,538.50 in wages and received \$823.50 from clients.
- Housekeeping Services – Served 4 clients, providing 16.5 hours of service. Paid \$314.50 in wages and received \$148.50 from clients.

Year-to-date coordinator wages: \$6,300.00

A bank statement dated August 1st was submitted. Unfortunately, due to the postal strike, a more recent bank statement was not available at this time. However, Gentle Ben Care Society provided a Profit and Loss Statement indicating a cash account balance of \$2,668.24.

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 intent of a 50/50 financial partnership. However, the program is consistent with the Community Assistance Board Policy REC-72-02 and directly supports 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 \$18,706.00 with a remaining balance of \$21,294.00.

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:

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: 780-805-4914

ADDRESS: PO Box 155, Smith, Ab, T0G 2B0 MOBILE: FAX:

E-MAIL: gentlebencare@outlook.com

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

NAME: Suzie Friesen PHONE: 780-805-4914

POSITION: Program Coordinator MOBILE:

E-MAIL: gentlebencare@outlook.com 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

number of cheques enclosed: 0
 Member Number: 7293053

GENTLE BEN CARE SOCIETY
 PO BOX 155
 SMITH AB T0G 2B0



All in One® Statement
 For the period ending August 31, 2025

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(\$)
Aug 01	Opening Balance			7.19
	Total	0.00	0.00	

Community Plan #1

Date	Description	Withdrawals(\$)	Deposits(\$)	Balance(\$)
Aug 01	Opening Balance			6,807.24
	Total	0.00	0.00	

Toll free phone # 1.877.378.8728

<http://www.servus.ca>

PAGE: 1 of 2

Gentle Ben Care Society

Profit & Loss

1 September through 15 October 2025

Income

Program fees \$432

Total Income \$432

Expenses

Housekeeping \$255

Insurance \$1256

Office supplies \$23

Payroll burden \$329

Bookkeeping \$300

Mileage \$918

Drivers \$715

Coordinator \$700

Telephone \$75

Total Expenses \$4571

Sept 1 2025 bank balance \$6807.24

Oct 15 2025 bank balance \$2668.24



Lesser Slave River

Request for Decision

Title:	Aspen View Public Schools (Smith School)
Date:	11/12/2025
Presented By:	Cristy Paly, Administrative Assistant, Community 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 Position/Program funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

In the 2025–2026 school year, Smith School enrolled 37 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 Position/Program 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:

- 2025 - \$ 35,490.45 (FSLW)
- 2024 - \$ 32,648.20 (FSLW)
- 2023 - \$ 29,450.67 (FSLW)
- 2022 - \$ 24,763.05 (FSLW)
- 2021 - \$ 24,763.05 (FSLW)
- Total - \$147,115.42

ALTERNATIVE OPTIONS:

The administration recognizes three alternatives for the Board to consider:

1. Approve FCSS funding to the Aspen View Public Schools (Smith School) in the amount of \$35,490.45 for the 2025-2026 Family School Liaison Worker Position/Program with the 1st funding payment of \$14,196.20 to be paid in the current intake and the 2nd payment of \$21,294.25 to be paid following the 1st intake of 2026.
2. Approve an amended amount in FCSS funding to the Aspen View Public Schools (Smith School).
3. Do not approve any FCSS 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 \$84,195.45 with the remaining balance of \$26,056.83.

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:

Approved By: Barry Kolenosky, Chief Administrative Officer



Lesser Slave River
Administration

RECEIVED
OCT 20 2025

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.

Anecdotal comments will be maintained throughout the course of the program.

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 **75**

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 benefited from the MD's ongoing financial support, which funds a Family School Liaison Worker (FSLW). The school works to address gaps caused by isolation, limited services, and diverse student needs. The FSLW plays a critical role in delivering targeted, effective supports that foster positive outcomes for both 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 given constructive ways to stay connected, along with strategies to remain regulated and healthy under stress, they are better able to navigate social situations and build positive relationships within their family and community. With access to mental health supports and strategies, students and families are also empowered to engage with their school and community in healthy, meaningful ways.



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 **PD, 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**
- Presentations How many will be offered? **8** How long will they be? **45 min**
How often will they be offered (once, series)?
- Other services How many will be offered? **Indiv** How long will they be? **as needed**
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

- Engaging families and students through surveys or direct conversations to assess needs and interests for presentations and activities, and planning sessions based on their feedback.
- Hosting a family presentation focused on mental health and/or digital citizenship.
- Providing after-school 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

Annual Education Results can be used to track some details related to services provided.

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 serve.

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 400 124 | 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 trauma informed practices, ASIST	1000.00
Materials / Supplies	
Supplies - rsnacks for students for after school programs	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:	Flatbush Silver Threads Association
Date:	11/12/2025
Presented By:	Cristy Paly, Administrative Assistant, Community Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to Flatbush Silver Threads Association in the amount of \$_____ to support its Christmas Party for Seniors funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

Flatbush Silver Threads will be hosting a meal and social evening for local seniors at the beginning of December. This event creates a welcoming space for local seniors to gather, socialize and build connections, helping to reduce isolation and support positive mental well-being. The collaboration between the Flatbush Silver Threads Association and the local 4H Club strengthens intergenerational relationships and encourages youth participation in meaningful community service.

The total cost of the project is \$1,500.00. The Flatbush Silver Threads Association is requesting full funding in the amount of **\$1,500.00** to support this initiative.

While no additional monetary donations have been secured at this time, the local 4H Club typically contributes in-kind support by volunteering their time and handling the complete supper clean-up during the event. In addition, members of the Flatbush Silver Threads Association donate their time to assist with meal preparation and event setup.

Grants Received in the last 5 years:
2023 - \$1,200.00 (Christmas Party for Seniors)

The final report for the last grant request in 2023 has been submitted to Administration and meets the final reporting criteria.

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the Flatbush Silver Threads Association in the amount of \$1,500.00 for its Christmas Party for Seniors.
2. Approve an amended amount in Community Assistance funding to the Flatbush Silver Threads Association.
3. Do not approve any Community Assistance funding to the Flatbush Silver Threads Association.

BENEFIT/RISKS:

Benefit: Demonstrates strong local initiative and collaboration, supporting the sustainability of community-led programs in Flatbush.

Risks: If full funding is not secured, the organization may need to scale back event.

STRATEGIC ALIGNMENT:

This funding request aligns with the Family and Community Support Services Group Based Social Connection/Social Well Being Programming.

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 \$84,195.45 with the remaining balance of \$26,056.83.

OTHER CONSIDERATIONS:

N/A

COMMUNICATION STRATEGY:

- The Flatbush Silver Threads Association 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:

Approved By: Barry Kolenosky, Chief Administrative Officer



Lesser Slave River Administration

RECEIVED OCT 28 2025

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

Oct 31, 2025

APPLICANT INFORMATION

REGISTERED NAME OF THE SOCIETY/ORGANIZATION

FLATBUSH SILVER THREADS ASSOCIATION

TELEPHONE NUMBER

780-681-2404

MAILING ADDRESS

Box 178
FLATBUSH, AB TOG 020

FAX NUMBER

EMAIL ADDRESS

elstockman@1@gmail.com

CONTACT NAME

CAROL STOCKMAN

DATE OF INCORPORATION

DECEMBER 2, 1983

INCORPORATION NO.

50299661

TYPE OF SUPPORT

PLEASE INDICATE WHICH TYPE OF SUPPORT YOU ARE APPLYING FOR

- [X] 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.
[X] 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

CHRISTMAS PARTY FOR SENIORS

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

Flatbush Silver Threads is hosting the Christmas Party this year, and include inviting Sawath seniors as well as seniors in the area who we think would appreciate attending.

SHORTTERM OUTCOMES (Outcome refers to the change or positive difference)

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

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

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

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

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

Participants will benefit from being able to celebrate and take part in a positive social setting. Christmas season can be lonely for seniors and this offers a function to attend a great social activity.

MIDTERM OUTCOMES (Outcome refers to the change or positive difference) *N/A*

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 60 %

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).

Our group (Flatbush Silver Threads) is putting on the event in our seniors centre, thereby keeping the community aware that the events put on there are relevant to the area.

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

We will reach out with personal invitations to Sawett Seniors and seniors in both areas. This may encourage others to join on a regular basis.

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.



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 2 How many? Estimated number of hours
Volunteers 10 How many? Estimated number of hours 80
Funding How many? Estimated number of hours
In-kind services Please list

MATERIALS

Workbooks Copying Stationery Other
Partners Who? Please list

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

VENUE, COOKING FACILITIES, VOLUNTEERS FROM SILVER THREADS AND POSSIBLY LOCAL 4H VOLUNTEERS.

OUTPUTS

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

Sessions/Events How many will be offered? 1 How long will they be?
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

YEARLY CHRISTMAS PARTY FOR SENIORS



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

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?

N/A



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.

Partial funding would mean we would still proceed, but with some of our own funds

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?

To our knowledge, there are no other sources of funding available in the area.

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

Our priorities will be to still put on a Christmas dinner, which means purchasing groceries

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.)

We know that this is a semi-annual event that Silver Threads has tried to keep up for years and it is looked forward to by seniors in the 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@mdlsr.ca to arrange an appointment.

MUNICIPAL DISTRICT OF LESSER SLAVE RIVER 100, 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

Request for Decision

Title:	Gentle Ben Care Society
Date:	11/12/2025
Presented By:	Cristy Paly, Administrative Assistant, Community 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.

Gentle Ben Care is seeking funding to support its Golden Age Assistance Program to offset the expenses for providing these services. The total project cost is \$32,100.00. They are requesting **\$4,500.00**. They have secured a Casino Grant of \$32,100.00. They are also seeking CAB Grant funding in the amount of \$3,000.00.

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
- 2020 - \$26,600.00
- Total - \$86,330.48 + \$28,400 (CAB Funding) = \$114,730.48

The final report for the 2025 grant has been submitted to Administration and meets the final reporting criteria. The report indicated that services were provided to 37 clients; however, information provided through the CAB Final Report reflected a total of 21 clients served to date. All clients reside within the MD. The organization also reported that 7 volunteers contributed approximately 300 hours in support of the program.

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 for 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 funding request aligns with the Family and Community Support Services Home Support 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 \$84,195.45 with the remaining balance of \$26,056.83.

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:

Approved By: Barry Kolenosky, Chief Administrative Officer



Lesser Slave River
Administration

RECEIVED
JUL 31 2025
Declined
Resubmitted
Oct 15/25

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 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.

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 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 **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 to 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@mldr.ca** to arrange an appointment.

MUNICIPAL DISTRICT OF LESSER SLAVE RIVER (RD 124) | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4886 | 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:	MDLSR Agricultural Service Board
Date:	11/12/2025
Presented By:	Cristy Paly, Administrative Assistant, Community Services
Attachments:	FCSS Grant Application

Proposed Motion	<i>Move to approve FCSS funding to MDLSR Agricultural Service Board in the amount of \$_____ to support its 21st Annual Fall Social funded from GL Code 2-51-10-00-735.</i>
Administration's Recommendation(s)	As proposed.

BACKGROUND:

The MDLSR Agricultural Service Board hosted their 21st Annual Fall Social November 1, 2025 acknowledging the hard work of the agricultural producers. The event provided Supper, Entertainment and Door Prize giveaways donated by businesses spanning from Westlock to Athabasca to Slave Lake.

The total cost of the project is \$10,905.63. The MDLSR Agricultural Service Board is requesting funding in the amount of **\$5,452.82**.

Grants Received in the last 5 years:
 2024 - \$ 6,700.00 (Fall Social)
2023 - \$ 4,000.00 (Fall Social)
 Total - \$10,700.00

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

ALTERNATIVE OPTIONS:

Administration recognizes three alternatives for the Board to consider:

1. Approve Community Assistance funding to the MDLSR Agricultural Service Board in the amount of \$5,452.82 to support its 21st Annual Fall Social Event.
2. Approve an amended amount in Community Assistance funding to the MDLSR Agricultural Service Board.
3. Do not approve any Community Assistance funding to the MDLSR Agricultural Service Board.

BENEFIT/RISKS:

Benefit: The event brought the community together for an evening of socializing, this helped create a sense of belonging to the community.

Risk: Without financial support, the organization may be unable to host the planned meal and social evening or may be forced to reduce the event's scope or quality.

STRATEGIC ALIGNMENT:

This funding request aligns with the Family and Community Support Services Group-Based Social Connection/Social Well Being Programming.

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 \$84,195.45 with the remaining balance of \$26,056.83.

OTHER CONSIDERATIONS:

N/A

COMMUNICATION STRATEGY:

- The MDLSR Agricultural Service Board 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:
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

MDLSR Agricultural Service Board

MAILING ADDRESS

PO Box Flatbush AB T0G 0S0

TELEPHONE NUMBER

780 681 3929 / 780 805 6320

FAX NUMBER

EMAIL ADDRESS

kierstin.dubitz@mdlsr.ca

CONTACT NAME

Kierstin Dubitz

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

21st Annual Fall Social

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

Supper and entertainment at the Flatbush complex to bring the community together while acknowledging the hard work of our agricultural producers in the MD.

SHORTTERM 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.

Promotes a sense of community and well being. Fosters stronger connections while helping support mental health

MIDTERM 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.



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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 **250**

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

NUMBER OR **90** %

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).

--Event encourages the community to come together for the evening to socialize creating a sense of belonging in the community.

--Groups/individuals frequently request this event yearly

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

- mental health resources
- educational resources
- dinner
- entertainment

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

If we provide this event, residents are able to connect and talk to each other, in many cases this is their only social outing all year. This helps them build and reconnect relationships within 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? 3 Estimated number of hours
Volunteers How many? Estimated number of hours
Funding How many? Estimated number of hours
In-kind services Please list

MATERIALS

Workbooks Copying Stationery Other

Partners Who? Please list Door prizes donated by local businesses.

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

- Decorations
-Caterer
-Advertising
-Entertainment

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

- Educational materials --> invasive species books, funding information, mental health resources



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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

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?

Flatbush Community Association

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.

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)

SHARA PACO

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

Yes No

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

Th MD does not receive other funds

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

N/A

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP YOUR APPLICATION. Please keep information concise and do not include anything that is confidential in nature (e.g. names or photos of participants, etc.)

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

Lesser Slave River FCSS support staff 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 unit 124 | BOX 722, SLAVE LAKE AB T0G 2A0 | Tel 780.849.4088 | Toll-Free 1.866.449.9888 | Fax 780.849.4939

BOX 93, FLATBUSH AB T0G 0Z0 | Tel 780.681.3929 | Toll-Free 1.866.661.3929 | Fax 780.681.3938

