

THE TOWN OF OKOTOKS  
FAMILY AND COMMUNITY SUPPORT SERVICES COMMITTEE MEETING  
AGENDA

Wednesday, May 1, 2024  
7:00 P.M.  
COUNCIL CHAMBER

Pages

**1. CALL TO ORDER**

Chair \_\_\_\_\_ will call the meeting to order and provide a traditional land acknowledgement.

The Town of Okotoks acknowledges the original stewards of this land that we know and call Treaty 7 Territory, which includes the Blackfoot Confederacy First Nations the Kainai, Siksika and Piikani. The Stoney Nakoda First Nations, which includes the Bearspaw, Chiniki and Goodstoney, the Dene First Nation of Tsuut'ina and the Metis Nation of Alberta. We Vow to continue honouring and respecting the Indigenous Peoples Sacred and Traditional ways of life and will carry on this special relationship with the land so that generations to come can enjoy, use, and live off the land as their ancestors did. We honour and respect this space, the water, the animals, and all the beings who have a spirit and have been here long before us.

**2. ADOPTION OF AGENDA**

MOTION REQUESTED: That the agenda for the May 1, 2024 Family and Community Support Services Committee be adopted as presented.

**3. MINUTES OF PREVIOUS MEETING**

3.1 Family and Community Support Services Committee - March 6, 2024  
MOTION REQUESTED: That the minutes of the Family and Community Support Services Committee meeting held March 6, 2024 be adopted as presented.

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**4. CLOSED SESSION**

(This portion of the meeting may be closed to the public if a matter to be discussed is within one of the exceptions to disclosure in Division 2 of Part I of the *Freedom of Information and Protection of Privacy (FOIP) Act*.)

**5. MOTION(S) ARISING FROM CLOSED SESSION**

**6. BUSINESS**

6.1 Presentation: Sheep River Health Trust

6.2 Funding Timelines and Process

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6.3 Process for Funding Updates

6.4 Round Table

MOTION REQUESTED: That items 6.1 and 6.4 be received as information.

**7. REPORTS**

7.1 Council Update

7.2 Community Wellness Team Leader

7.3 Youth Representative

7.4 Youth Representative

MOTION REQUESTED: That items 7.1 to 7.4 be received as information.

**8. CORRESPONDENCE FOR INFORMATION**

8.1 Family and Community Support Services Association of Alberta - March News

FCSSAA March News

MOTION REQUESTED: That item 8.1 be received as information.

**9. NEXT MEETING**

The next meeting of the Family and Community Support Services Committee is June 5, 2024.

**10. ADJOURNMENT**

MOTION REQUESTED: That the Family and Community Support Services Meeting adjourn at \_\_\_ p.m.

**UNADOPTED MINUTES  
OF THE TOWN OF OKOTOKS  
FAMILY AND COMMUNITY SUPPORT SERVICES COMMITTEE  
HELD ON TUESDAY, MARCH 6, 2024  
IN THE OKOTOKS MUNICIPAL CENTRE  
COUNCIL CHAMBER**

**COMMITTEE MEMBERS PRESENT** Brandon Bailey, Chair  
Councillor Heemeryck  
Angela Barber  
Peter Burrell  
Dan Proctor  
Dongsheng Song  
Dhriti Thiru  
Jenna Vervoort

**COMMITTEE MEMBERS ABSENT** Rachel Molcak

**STAFF PRESENT** Community Wellness Team Leader, Sian Anderson  
Community Wellness Administrator, Nikki Hamilton

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**1. CALL TO ORDER**

Chair Bailey called the meeting to order at 7:01 p.m. and the Town of Okotoks land acknowledgement video was played.

**2. ADOPTION OF AGENDA**

MOTION: By D. Thiru that the agenda for the March 6, 2024 Family and Community Support Services Committee be adopted as presented.

Carried Unanimously

### **3. MINUTES OF PREVIOUS MEETING**

#### **3.1 Family and Community Support Services Committee - January 16, 2024**

MOTION: By P. Burrell that the minutes of the Family and Community Support Services Committee meeting held January 16, 2024 be adopted as presented.

Carried Unanimously

#### **3.2 Family and Community Support Services Committee - January 17, 2024**

MOTION: By D. Song that the minutes of the Family and Community Support Services Committee meeting held January 17, 2024 be adopted as presented.

Carried Unanimously

### **4. CLOSED SESSION**

None

### **5. MOTION(S) ARISING FROM CLOSED SESSION**

None

### **6. BUSINESS**

#### **6.1 Presentation: Age Friendly Okotoks Overview and Update**

Kimberley Matthews, Community Resource Specialist provided updates and highlights contained in the Age Friendly Action Plan.

#### **6.2 2023 Family and Community Support Services Final Funding Reports**

The Committee reviewed and discussed the 2023 Family and Community Support Services final funding reports.

### 6.3 Round Table

The Committee discussed community presentations they would be interested in to better understand the community and community needs.

MOTION: By J. Vervoort that Business items 6.1 to 6.3 be received as information.  
Carried Unanimously

## 7. REPORTS

### 7.1 Council Update

Councillor Heemeryck reported on Council activities including Transit, drought prevention, new disc golf course and future traffic solutions.

### 7.2 Community Wellness Team Leader

Community Wellness Team Leader Sian Anderson provided updates from the Community Wellness team including the Social Needs Strategy Policy Framework and Strategy, National Volunteer Week, and Senior's Week celebration. The United Way / Okotoks Partnership funding is open for applications until March 29, 2024.

### 7.3 Youth Representative

J. Vervoort gave an update on the supportive environment in her school over the last month displayed through candy gram sales and pink shirt day, and different post-secondary institutions that presented at her school for grade 12 students.

### 7.4 Youth Representative

D Thiru highlighted the candy gram for kindness initiative that happened at her school, a kindness board that was filled up with kind messages during the month of February, pink shirt day to support anti bullying initiatives and the hot chocolate festival. Dhriti also discussed the Hot Chocolate Festival in Okotoks and how she enjoyed the event.

MOTION: By A. Barber that items 7.1 to 7.4 be received as information.  
Carried Unanimously

## **8. CORRESPONDENCE FOR INFORMATION**

8.1 Family and Community Support Services Association of Alberta Board  
Meeting - January 19, 2024

MOTION: By P. Burrell that item 8.1 be received as information

Carried Unanimously

## **9. NEXT MEETING**

The next meeting of the Family and Community Support Services Committee is  
April 3, 2024.

## **10. ADJOURNMENT**

MOTION: By D. Proctor that the March 6, 2024 Family and Community Support  
Services Committee meeting adjourn at 8:26 p.m.

Carried Unanimously

2024 OKOTOKS FCSS PROGRAM FUNDING APPLICATION REVIEW GUIDE

Name of Program: \_\_\_\_\_

Criteria	Rating			
1. Does this application address a community need that is clearly identified?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
2. Does this applicant provide a unique service in our community?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
3. Did the application and presentation identify how their expected outcomes fit with the FCSS mandate of prevention?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
4. Has this applicant shown how they will achieve their expected outcomes?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
5. Has the applicant shown how they will measure success?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
6. How significant is the role of volunteers in this organization?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
7. Are there other sources of funding available to this organization?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
8. Is there potential for this agency to partner or work more collaboratively to reduce overlap or duplication?	Yes <input type="checkbox"/>	Somewhat <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
NOTES:				
9. What is the “reach” or value and impact of this program? (written response)				
NOTES:				

ADDITIONAL NOTES/QUESTIONS:
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**Family and Community Support Services  
Foothills Region 2024  
Funding Application**

8

**Application deadline:**  
**December 8, 2023**

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM *will auto fill from budget					
	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Request	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1. AGENCY INFORMATION	
Program Name	
Organization Name	
Program Contact	
Contact Phone	
Executive Director	
Email	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

2. ORGANIZATION TYPE	
Alberta Societies Act Registration Number	
Charitable Number (if applicable)	
Government Agency (if applicable)	
Other (please specify)	

**2.1** Provide a brief overview of your agency. Include mission, mandate, history, etc. **[150 words max]**

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**3. PROGRAM OVERVIEW SPECIFIC TO THIS FUNDING APPLICATION****3.1** Describe the program and why it is important to the community.**[300 words max]****3.2** Identify the social issue the program will address, how you will address this and what the expected changes are for participants. What evidence/research supports that this need exists and will inform your strategy? What specific activities/actions/steps will you be taking?**[300 words max]****3.3** List the partners and resources that will contribute to this program.**[150 words max]**

#### 4. FCSS MANDATE ALIGNMENT

The FCSS Regulation states that services provided under a program must be of preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and **do one or more** of the following:

1. help people develop independence, strengthen coping skills and become more resistant to crisis
2. help people to develop an awareness of social needs
3. help people to develop interpersonal and group skills which enhance constructive relationships among people
4. help people and communities to assume responsibility for decisions and actions which affect them
5. provide supports that help sustain people as active participants in the community

**4.1** Describe how your program meets the FCSS mandate of providing preventive social services. From the 5 options above describe which one(s) align best with your program and why. **[150 words max]**

#### 5. CONTINUOUS QUALITY IMPROVEMENT AND EVALUATION

**5.1** Describe the evaluation and continuous improvement processes that you have in place for your program and outcome measures. **[250 words max]**

## 6. OUTPUTS

### 6.1 Anticipated Outputs

	Diamond Valley	Foothills County	High River	Okotoks	Total
Anticipated # preschoolers (0-6 years)					0
Anticipated # children (7-12 years)					0
Anticipated # youth (13-17 years)					0
Anticipated # adults (18-64 years)					0
Anticipated # seniors (65+ years)					0
<b>Total individual participants per community</b>	0	0	0	0	0
Anticipated # community presentations/events					0
Anticipated # of Volunteers					0
Anticipated # of Volunteer Hours					0

## 7. PROGRAM PREVENTION THEMES

### 7.1 Check the program prevention theme that this program most aligns with. Only select one.

<input type="checkbox"/> Address social isolation <input type="checkbox"/> Children's Program <input type="checkbox"/> Community Awareness <input type="checkbox"/> Community Capacity Building <input type="checkbox"/> Community Engagement/Cohesion <input type="checkbox"/> Mental Health Supports/Counselling <input type="checkbox"/> Cultural Programming <input type="checkbox"/> Family Programs <input type="checkbox"/> Family School Liaison <input type="checkbox"/> Family/Sexual Violence Prevention	<input type="checkbox"/> Helplines, Crisis Lines, Distress Lines, Life Lines <input type="checkbox"/> Home Supports <input type="checkbox"/> Information Study/Research <input type="checkbox"/> Information and Referral <input type="checkbox"/> Life Skills/Personal Development <input type="checkbox"/> Supports to Prevent Poverty/Homelessness <input type="checkbox"/> Training, Seminars, Courses <input type="checkbox"/> Volunteering <input type="checkbox"/> Youth Programming
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## 8. PROVINCIAL FCSS PRIORITY MEASURES

Provide outcome measures for your project below. At least one outcome must be from the FCSS Measures Bank Provincial Priority Measures.

- Refer to "Attachment 1: FCSS Measures Bank Provincial Priority Measures" to complete this section
- If applying/reporting to more than one FCSS for the same program then this outcome is regional
- Ensure your outcome aligns with the program information that you provided in Section 3 of this application

### Please refer to this completed example

Provincial Strategic Direction	SD1 <input checked="" type="checkbox"/>	SD2 <input type="checkbox"/>	SD3 <input type="checkbox"/>	SD4 <input type="checkbox"/>	SD5 <input type="checkbox"/>
Improved social well-being of...	Individuals <input checked="" type="checkbox"/>	Families <input type="checkbox"/>	Community <input type="checkbox"/>		
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Individual Outcome 1 – Individuals experience personal well-being		Internal Asset: External Asset:		
Provincial Indicator and Page #	Provincial Indicator: Resilience Page #: 1				
Program Objective or Change Statement	People will learn skills to help them cope with different life events.				
Provincial Survey Question	PM2 - As a result of the resiliency workshop, I am better at handling whatever comes my way.				
Provincial Pre/Post or Post Only	Post Only Survey				
Provincial Survey and Scale used	Agreement Scale				

### Outcome 1

Provincial Strategic Direction	SD1 <input type="checkbox"/>	SD2 <input type="checkbox"/>	SD3 <input type="checkbox"/>	SD4 <input type="checkbox"/>	SD5 <input type="checkbox"/>
Improved social well-being of...	Individuals <input type="checkbox"/>	Families <input type="checkbox"/>	Community <input type="checkbox"/>		
Provincial Outcome – (If Individual Outcome 3 is selected, include Internal or External Asset, otherwise leave blank)	Individual Outcome 4 - he Individual Outcome 5 - pro		Internal Asset: External Asset:		
Provincial Indicator and Page #	Provincial Indicator: Page #:				
Program Objective or Change Statement					
Provincial Survey Question					
Provincial Pre/Post or Post Only					
Provincial Survey and Scale used					

## 9. PROGRAM BUDGET

- Please provide the anticipated budget for the program.
- Only the program budget is required, not the entire budget of the organization.

**Revenue** - please indicate all sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						\$0.00
Your Organizations Contribution						\$0.00
Other Grants:						\$0.00
Donations						\$0.00
Fee for Service						\$0.00
Membership Dues						\$0.00
Other:						\$0.00
<b>Total Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Expenses** – please indicate the costs to run the program.

Salaries and Wages						\$0.00
Staff Benefits						\$0.00
Staff Travel and Subsistence						\$0.00
Volunteer Appreciation						\$0.00
Volunteer Training						\$0.00
Rent and Utilities						\$0.00
Insurance						\$0.00
Phone						\$0.00
Advertising and Promotions						\$0.00
Office and Program Supplies						\$0.00
Audit and Accounting						\$0.00
Other:						\$0.00
Other:						\$0.00
Other:						\$0.00
<b>Total Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Total Revenue</b>	<b>\$0.00</b>
<b>Total Expenses</b>	<b>\$0.00</b>
<b>Net (Revenue – Expenses = 0)</b>	<b>\$0.00</b>

### 13. DOCUMENTATION REQUIREMENTS

**Only complete applications will be accepted.**

You must attach the following documents to your application:

- List of current agency Board of Directors including name and board position. **Do not** include any personal information (i.e. home phone, address, email, etc.).
- Most recent audited financial statement

Applications must be signed. Digital and scanned signatures will be accepted; unsigned applications will be returned.

Submit completed and signed application by direct delivery or email to the relevant municipal FCSS. **You must submit a complete application to each FCSS that you are requesting funding from by the deadline.**

## 12. DECLARATION

### Application Declaration:

I declare that all of the information in this application and the required supporting documents is accurate and complete, and that the application is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

I acknowledge that should this application be approved, I will be required to enter into a funding agreement, on behalf of the aforementioned organization, which will outline the terms and conditions.

Print name

Authorized Signature

Date

# Family and Community Support Services Foothills Region 2024 Funding REPORT

**Report deadline:**  
January 31, 2025

FCSS AMOUNT REQUESTED/RECEIVED FOR THIS PROGRAM *will auto fill from budget					
	Diamond Valley	Foothills County	High River	Okotoks	Total
FCSS Received (actual)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1. AGENCY INFORMATION	
Program Name	
Organization Name	
Program Contact	
Contact Phone	
Executive Director	
Email	
Website	
Mailing Address	
Fiscal Agent/Name and Address (if required)	

2. ORGANIZATION TYPE	
Alberta Societies Act Registration Number	
Charitable Number (if applicable)	
Government Agency (if applicable)	
Other (please specify)	

**2.1** Provide a brief overview of your agency. Include mission, mandate, history, etc. **[150 words max]**



<b>6.2 Actual Outputs</b>					
	Diamond Valley	Foothills County	High River	Okotoks	<b>Total</b>
Actual # preschoolers (0-6 years)					0
Actual # children (7-12 years)					0
Actual # youth (13-17 years)					0
Actual # adults (18-64 years)					0
Actual # seniors (65+ years)					0
<b>Total individual participants per community</b>	0	0	0	0	0
Actual # community presentations/events					0
Actual # of Volunteers					0
Actual # of Volunteer Hours					0

<b>Actual Outcome 1</b>	
# Completing the Measurement Tool	
# Completing the Measure	
# Experiencing Positive Change	
Percentage of Positive Change (%)	

## 10. ACTUAL PROGRAM BUDGET

- Please provide the actual budget for the program.
- Only the program budget is required, not the entire budget of the organization.

**Revenue** - please indicate the actual sources of funding, fees for service, grants, etc. for the program.

	Diamond Valley	Foothills County	High River	Okotoks	Non FCSS Sources	Total
FCSS Amount						\$0.00
Your Organizations Contribution						\$0.00
Other Grants:						\$0.00
Donations						\$0.00
Fee for Service						\$0.00
Membership Dues						\$0.00
Other:						\$0.00
<b>Total Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Expenses** – please indicate the actual costs to run the program.

Salaries and Wages						\$0.00
Staff Benefits						\$0.00
Staff Travel and Subsistence						\$0.00
Volunteer Appreciation						\$0.00
Volunteer Training						\$0.00
Rent and Utilities						\$0.00
Insurance						\$0.00
Phone						\$0.00
Advertising and Promotions						\$0.00
Office and Program Supplies						\$0.00
Audit and Accounting						\$0.00
Other:						\$0.00
Other:						\$0.00
Other:						\$0.00
<b>Total Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Total Revenue</b>	<b>\$0.00</b>
<b>Total Expenses</b>	<b>\$0.00</b>
<b>Net (Revenue – Expenses = 0)</b>	<b>\$0.00</b>

**11. ANNUAL REPORT****11.1** Was your strategy implemented as planned? Why or why not?**[150 words max]****11.2.** Stories - Please provide a success story of your program. You can attach photos if available.**[500 words max]**

## 12. CONTINUOUS QUALITY IMPROVEMENT

**12.1** Based on your quality improvement and evaluation processes should this program continue and why/why not? If continuing the program did you identify any improvements that could be made? **[250 words max]**

**12.2** Did your outcome measurements yield the expected results? Please explain. **[150 words max]**

## 13. DOCUMENTATION REQUIREMENTS

**Only complete applications/reports will be accepted.**

You must attach the following documents to your application:

- List of current agency Board of Directors including name and board position. **Do not** include any personal information (i.e. home phone, address, email, etc.).
- Most recent audited financial statement

Reports must be signed. Digital and scanned signatures will be accepted; unsigned reports will be returned.

Submit completed and signed annual report by direct delivery or email to the relevant municipal FCSS. **You must submit a complete annual report to each FCSS that you are requesting funding from by the deadline.**

## 12. DECLARATION

### Report Declaration:

I declare that all of the information in this report and the required supporting documents is accurate and complete, and that the report is made on behalf of the organization named with its full knowledge, and that it consents and complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation.

Print name

Authorized Signature

Date