

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Application ID

2026 - 3409 - Community Impact Grant - Community Programs and Projects

Applicant Information

Organization Information

Wood Buffalo Senior Support Society
208-10006 Fraser Ave
Fort McMurray, AB, T9H 2C7

Primary Contact

Sarah Lefebvre Janvier
s.20(1)
Fort McMurray, AB, T9H 2S7

Phone: s.20(1)
Email: woodbuffaloseniors@gmail.com

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Is the organization a registered non-profit?

Applicants must be a registered non-profit organization or a community group in partnership with a registered non-profit organization. If you have any questions regarding grant eligibility, please contact cip@rmwb.ca to book a pre-application meeting.

Yes

Has the organization operated within the Regional Municipality of Wood Buffalo for at least one year?

Applicants must have resided or operated within the Regional Municipality of Wood Buffalo for at least one year prior to applying. If you have any questions regarding grant eligibility, please contact cip@rmwb.ca to book a pre-application meeting.

Yes

In the last year, have there been any significant changes to your organization or program?

No

What is your organization's Mission Statement?

Helping seniors create connections, maintain independence and participate in the community.

Brief Summary of the Proposed Program(s) and/or Project(s).

The Coffee Time program, meeting twice weekly for coffee, snacks, and social connection. In a relaxed, welcoming environment, participants enjoy conversation, games, bingo, crafts, and trivia.

We also organize monthly outings for breakfast, as well as presentations on topics of interest to our members. These activities help foster a sense of belonging, reduce isolation, and support the overall wellbeing of seniors in our community.

Please note any restrictions on participating in your organization's programs, projects, services or events.

Our programming is open to individuals over 55 years old living in the RMWB

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Minimum number of board members according to the organization's bylaws:

3

Please list your current Board of Directors in the table:

Board of Directors

Name	Board Position	Years on Board
Trina Chorney	President	1
Linda Sauverwald	Vice President	2
Marilyn Kempton	Secretary/Treasurer	1
Meg Price	Board member	2
Veronica Akinde	Board member	2
Marion Nelson	Board member	2
Ann Sitko	Board member	2

Do one or more board representatives or program staff have lived experience or expertise reflective of the demographics your organization serves?

Yes

If Yes; please briefly explain the lived experience or expertise.

s.20(1) board members are seniors living in the RMWB and are active members of our program.

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Program/Projects Details

Are you applying for more than one program or project?

If you are unsure, please contact CIP@rmwb.ca for clarification.

No

Program/Projects

Step 1: Click on the button below to enter the name of your program(s) or project(s).

Step 2: Click on the Save Draft button at the bottom of the screen.

Step 3: Click on the "Program/Project Details" button below to complete the details of each Program/Project. Please be sure to submit the current program/project information form before moving onto the next project information form.

Program/Project: Coffee Time **Status:** Completed

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Finances

Organization's most recent Fiscal Year End date

Please click Save Draft to update the following two questions with this date.

12/31/2024

Unrestricted Net Assets

Unrestricted Net Assets (accumulated net assets/surplus that the organization has not set aside for a particular purpose or earmarked by a donor for a specific program or project) from your Financial Statements ending: 12/31/2024

\$1,009.04

Total Operating Expenses

Total Expenses from your Financial Statements Ending: 12/31/2024

\$34,303.46

What efforts have been made in the past fiscal year to increase the financial support for your organization?

We have sent letters requesting donations to multiple businesses. We also had a Legion Bingo fundraiser in the month of June.

Please complete the following budget table: If there are multiple programs, projects, services or events included in this application, please provide the total budget for all requests in the budget table. Additionally, attach a detailed breakdown of the budget by program, project, service or event on the Attachment tab.

Secured Revenue

Revenue Sources	Description	Revenue (Jan-Dec)
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Revenue in Progress

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Revenue Sources	Description	Revenue (Jan-Dec)
Other	member donations	\$1,200.00
		\$1,200.00

Expenses

Type of Expense	Description	Total Expenses	Requested RMWB Grant
Program Staff wages & Benefits	Program Coordinator	s.20(1)	\$12,375.00
Food Costs	Snacks & Coffee	\$19,600.00	\$14,700.00
Insurance - Program, Project, Service or Event	Insurance	\$500.00	\$375.00
Program Materials & Supplies	Bingo & Crafts	\$3,600.00	\$2,700.00
Transportation and Delivery	Transportation to events	\$702.00	\$526.00
Other (Provide Detail)	Outings	\$8,400.00	\$6,300.00
		s.20(1)	\$36,976.00

Shortfall

Total
(Total Secured Revenue - Total Expenses)
s.20(1)

Total RMWB Grant Request

Amount
Total
\$36,976.00



Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Total Cost of Program, Project, or Service

Total cost includes all costs of the entire program, project or service.

s.20(1)

Total Grant Amount Request

Up to 75% of total program, project cost up to maximum of \$100,000.

\$36,976.00

Grant request as percentage of total cost of program, project or service

Click on the Save Draft button to calculate the percentage.

75%

Outline any expected non-financial resources being leveraged for this program, project, service or event to demonstrate community support.

Our meeting space is donated to us for use by Wood Buffalo Housing

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Attachments

Please attach a budget breakdown for each program, project, service or event if there are multiple requests included in this application.

[2026_Budget_Detailed.pdf](#)
38.9 KB - 10/13/2025 2:46 PM

Total Files: 1

Please attach a Partnership Letter(s) of Support for the proposed program, project, service or event to demonstrate authentic partnership and collaboration.

Applicants may use the >Partnership Letter of Support Template or submit a customized letter.

Each letter should include the following five key elements:

1. Commitment to the partnership and shared initiatives
2. Confirmation of the community need
3. History of prior collaboration or rationale for a new partnership
4. Defined roles, responsibilities, and resource commitments
5. Contact information for the partner organization

Each letter must be signed by an authorized representative of the partner organization.

Please note: The partnership letter is a mandatory requirement for Community Sustaining applicants and optional for Community Impact Grant application.

[Letter_of_Support.pdf](#)
294.5 KB - 10/14/2025 12:32 PM

Total Files: 1



Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Please attach signed Financial Statements for the most recent fiscal year end.

Year-end date must fall between July 1, 2024 of last year and June 30, 2025.

[2024_financials_signed.pdf](#)
1.8 MB - 10/13/2025 1:58 PM

Total Files: 1

Application Summary: 2026 - 3409 - Community Impact Grant - Community Programs and Projects

Declaration

Declaration: In making this application, I, the undersigned, confirm:

- that I have read the appropriate Grant Guidelines;
- that I understand that this application form and all required attachments must be completed in full and received before 2025-10-14 4:30 p.m. MT;
- that I understand that this application form and any attachments shall be part of the Community Investment Program Approval Committee (CIPAC, Council Appointed) meeting agenda and accessible through all methods that the public meeting agenda is available;
- that I understand the term of the Grant is January 1 to December 31, 2026 and that all expenditures must happen during this term; and
- that I am authorized by the applicant organization to complete the application and hereby represent to the Regional Municipality of Wood Buffalo's Community Investment Program and declare that to the best of our knowledge and belief, the information provided is truthful and accurate, and the application is made on behalf of the above-named organization and with the Board of Directors' full knowledge and consent.
- that I understand the personal information collected in this application is collected under the authority of Section 4(c) of the Protection of Privacy Act and is managed in accordance with the Act. It will be used to process your application and contact you if needed during the review of this application. If you have questions about the collection or use of your personal information, you may contact the Manager, Community Partnerships and Initiatives, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at 587-919-5522.

Acknowledgement

I do hereby certify that to the best of my knowledge, this application contains a full and correct account of all matters stated herein.

Applicant Name

Sarah Lefebvre Janvier

Position/Title

authorized applicant

Date: 10/14/2025



Program, Project or Service Name

Coffee Time

Beginning Date

01/01/2026

Completion Date

Note: The term of the grant is January 1 - December 31, 2026. The program, project, service or event and all expenditures must occur during this term.

12/31/2026

Location program, project or service will be provided:

Note: If the grant is approved, the communities served will be included in the Grant Agreement and data collection from all communities will be required.
Do not select the rural community if the service is provided to the clients from rural communities through the urban service area.

Fort McMurray

Please complete the following Program/Project or Event Delivery Details.

Program, Project, or Event Delivery Information

Council approved seven funding priorities. Please indicate which funding priority/priorities are applicable to this application.

Please select at least 3 funding priorities for the Community Sustaining and Subsidiary Grant applications. Please select at least 1 funding priority for the Community Impact Grant (Community Programs and Projects or Community Events) application.

- ☒ Community support services and wellness
- ☒ Accessibility, inclusion and belonging
- ☐ Hosting events/new business and visitors
- ☐ Partnership and collaboration
- ☐ Rural and Indigenous Communities and Relationships
- ☒ Social participation
- ☐ Value of culture, heritage and regional pride

Describe how the proposed program, project, service or event align with these priorities.

The Wood Buffalo Senior Support Society promotes wellness through regular social gatherings that reduce isolation and foster mental well-being. Its accessible, quiet setting supports seniors with mobility, hearing, or health challenges, ensuring everyone can participate. By offering a welcoming space where every individual is noticed, valued, and included, the Society builds a strong sense of belonging. Through meaningful social activities, it encourages ongoing community engagement and connection.

In the table below, please identify the total number of unique participants that you anticipate will access the funded program, project, service or event.

Target Population

Age	Target Population
Children (0-12 years)	5
Youth (13-18 years)	5
Adults	5
Seniors (65+)	50
Families	0
Community	0
Total	65



Please identify the equity deserving population the program, project, service or event will serve.

Seniors, Seniors, Women and/or girls, People experiencing poverty and/or homelessness, People living with disabilities

How does your organization ensure that its programs, projects, services or events are accessible and inclusive for anyone who has an interest? Please share examples and success stories of accessibility and inclusivity.

Our programming is accessible and inclusive by its very nature. We go out of our way to make sure that seniors in our community are able to participate by working closely with SMART bus for transportation and ensuring all eligible members are registered for SMART bus use. We also notice when peoples participation levels change. Recently we had a long time member decline to participate in an outing she had regularly attended previously. Our coordinator reached out to her and found out that she was self conscious about her walker and felt it was inconvenient to have to bring. The coordinator was able to assure her that her presence was wanted and they made plan to discreetly accommodate her need for the walker to allow for her continued participation in outings.

If applicable, please explain how your program, project, service or event celebrates Indigenous culture, serves Indigenous communities and/or promotes Indigenous healing, language, cultural restoration, or reconciliation.

While our programming is not developed with the primary goal of celebrating Indigenous culture, we recognize the act of reconciliation needs to happen daily. We frequently have conversations about the Indigenous experience, culture and history.

Logic Model

Statement of Need: What social problem or gap do you hope to address by delivering the program, project, service or event? What evidence do you have that this problem or gap exists?

Social isolation among seniors is a growing concern in Canada, with serious impacts on mental and physical health. According to the Government of Canada, socially isolated seniors are more likely to experience depression, cognitive decline, and increased use of health care services.

Many older adults, especially those with hearing impairments, reduced mobility, or anxiety, find it difficult to engage in large, noisy, or physically demanding programs. This creates barriers to participation and leaves them at higher risk of chronic isolation.

Broad Strategy: How will the program, project, service or event address the social problem? (e.g., What approach are you taking that you hope will lead your program, project, service or event to support the social problem?)

The Wood Buffalo Senior Support Society addresses these challenges by offering a smaller, quieter, and more accessible space for connection. Our twice-weekly gatherings provide low-barrier opportunities for social engagement through conversation, games, crafts, and local outings. Smaller group sizes reduce overwhelm and make it easier for those with health challenges to participate comfortably.

By fostering inclusion, connection, and regular social interaction, our program helps mitigate the negative effects of isolation and supports the overall well-being of seniors in our community.

Rationale: What evidence or research do we have that this strategy will work? To demonstrate for example, "If [my organization] does 'x' program, project, service or event, then [this] change will happen for the target population."

If the Wood Buffalo Senior Support Society offers the Coffee Time program, then seniors in the RMWB will have a space to regularly connect with others, build relationships and increase their social participation, thus helping to mitigate the negative effects of social isolation.

Inputs: What resources will be invested to achieve your goal? (e.g., staff labour, venue space, volunteers, computers, etc.)

staff labour
venue space
collaboration with other community programs
guest presenters

Activities: What activities make up the program, project, service or event? (e.g., workshops, mentorship sessions, etc.)

Coffee & snacks
Games / Trivia
Bingo
Breakfasts at local restaurants
community outings
guest speakers



Outputs: What do you deliver? (e.g., # of total participants trained, # of organizations, # of sessions, # of events, etc.). Note, each activity should have outputs.

Note: If the program, project, service or event is approved, your outputs may be included in the Grant Agreement and data collection on the outputs is required.

98 Coffee Time Gatherings
12 Breakfasts out
12 Bingos
12 Birthday celebrations
12 Game Days

Outcomes: What change do you want to see for the participants by running your program, project, service or event? Organizations are required to identify at least one outcome, that will be measured through the grant period, should the application be approved.

Note: If the program, project, service or event is approved, your outcomes will be included in the Grant Agreement and data collection on the outcomes is required.

Increased feeling of belonging
Decreased feelings of isolation

What tools will you use to measure the outcomes of the program, project, service or event?

Note: If your organization is approved for funding, copies of the measurement tools selected will be requested.

Surveys, Interviews

Please provide details of how your program, project, service or event differs from other services being offered in the community.

While there are other organizations offering senior programming in our community, what makes us different is the size of our group. We are smaller, which means we are a space for people who are not interested in participating at the larger centers for a variety of reasons.



This grant is intended to promote an allied social profit sector within the Municipality. List the community groups or organizations that will be actively involved in the program, project, service or event delivery.

Community Organization or Group	Role
SMART Bus Transit	transportation to events
Wood Buffalo Housing	provides meeting space
Culligan	Sponsors bottled water and delivery

2026 Budget Breakdown for Coffee Time			
Coffee Time cost per event		total cost @ 98 events	
Wages	s.20(1)		
Food	\$ 200.00	\$ 19,600.00	
		s.20(1)	
Cost per event		total cost @ 12 events	
Crafts	\$ 150.00	\$ 1,800.00	
Bingo	\$ 150.00	\$ 1,800.00	
Outings	\$ 700.00	\$ 8,400.00	
Outing Wages	s.20(1)		
Transport SMART bus return for 13 ppl	\$ 58.50	\$ 702.00	
		s.20(1)	
Insurance	\$ 500.00	\$ 500.00	\$ 500.00
Total Program Budget			s.20(1)



Partnership Letter

October 14th, 2025

To Whom It May Concern,

Subject: Letter of Support and Partnership for the Wood Buffalo Senior Support Society

On behalf of Wood Buffalo Housing, I am pleased to express our strong support and commitment to partnering with The Wood Buffalo Senior Support Society in the implementation of Coffee Time. This initiative aligns with our shared mission to support the needs of seniors in the Regional Municipality of Wood Buffalo.

We are committed to working collaboratively with The Wood Buffalo Senior Support Society to ensure the success of this project. We recognize the pressing need for inclusive and accessible programs for seniors in our community.

Our organizations have a history of successful collaboration, as we have supplied the meeting space for the Wood Buffalo Senior Support Society's Coffee Time program since its incorporation in 1996, which demonstrates our ability to work effectively together.

As a committed partner, Wood Buffalo Housing will contribute to the project in the following ways:


-Continued use of the meeting room in Legion Manor for the Coffee Time program operations, as well as storage space for program supplies.

For any further information or clarification, please contact:

Amanda Beck
Manager, Seniors Housing
Wood Buffalo Housing
Phone: s.20(1)
Email: amandab@wbhousing.ca

We look forward to the opportunity to collaborate on this important initiative and are confident in the positive impact it will have on our community.

Sincerely,


Amanda Beck
Manager, Seniors Housing

Wood Buffalo Senior Support Society

Statement of Financial Position 2024

	Year ending Dec. 31/2023	Year Ending Dec. 31/2024
Assets		
Cash and Cash Equivalents	\$ 5,316.98	\$ 4,917.50
Grants Receivable	\$ 26,850.00	\$ 30,395.00
Accounts Receivable	\$ -	\$ -
Total Assets	<u>\$ 32,166.98</u>	<u>\$ 35,312.50</u>
Liabilities		
Office Expenses/Insurance/Bank Fees	\$ 895.02	\$ 1,121.77
Senior Outings	\$ 5,371.78	\$ 3,952.21
Groceries	\$ 9,537.52	\$ 10,545.05
Bingo/Crafts	\$ 2,208.23	\$ 1,420.81
Transportation	\$ 61.00	\$ 54.00
Payroll	\$ s.20(1)	
Other	\$ -	\$ 3,309.62
Total Expenses	<u>\$ s.20(1)</u>	
Unrestricted Net Assets	<u>\$ 496.81</u>	<u>\$ 1,009.04</u>

John Belton

2024 Expenses

Grant Funds	\$ 11,700.00	\$ 585.00	\$ 9,000.00	\$ -	\$ 4,500.00	\$ 4,610.00	\$ -	\$ 30,395.00
Month	Staff Wages	Admin Insurance/ Bank Fees	Snacks & Drinks	Transportation	Materials & Supplies - Bingo/Crafts	Outings	Other	Total
January	s.20(1)	\$ 14.25	\$ 875.97	\$ 48.00		\$ 1,365.45	\$ 38.80	s.20(1)
February		\$ 41.52	\$ 738.22		\$ 97.12	\$ 613.00	\$ 10.27	
March		\$ 34.44	\$ 917.35	\$ 54.00	\$ 127.76	\$ 747.59	\$ 14.68	
April		\$ 456.25	\$ 945.38		\$ 215.66			
May		\$ 14.25	\$ 873.86	\$ 48.00	\$ 51.71	\$ 640.14		
June		\$ 22.63	\$ 1,054.45	\$ 52.00	\$ 282.39	\$ 690.41	\$ 85.56	
July		\$ 20.75	\$ 947.69		\$ 139.80			
August		\$ 20.50	\$ 1,116.21		\$ 232.50			
September		\$ 23.63	\$ 1,370.37	\$ 56.00	\$ 94.50	\$ 761.62		
October		\$ 19.00	\$ 983.55				\$ 3,138.29	
November		\$ 13.00	\$ 430.11		\$ 179.37			
December		\$ 9.00	\$ 291.89			\$ 360.00	\$ 22.02	
Year To Date	\$ s.20(1)	\$ 689.22	\$ 10,545.05	\$ 258.00	\$ 1,420.81	\$ 5,178.21	\$ 3,309.62	\$ s.20(1)
Grant Balance -	\$ s.20(1)	-\$ 104.22	-\$ 1,545.05	-\$ 258.00	\$ 3,079.19	-\$ 568.21	-\$ 3,309.62	-\$ s.20(1)

Jorane Wilson

2024 Revenues

Date	Description	Amount
April 18, 2025	Member Donations	\$ 424.00
Feb	CIP Deposit	\$ 30,395.00
September 3, 2025	Member Donations	\$ 245.00
September 5, 2025	Member Donations	\$ 145.00
October 3, 2025	Member Donations	\$ 245.00
June 18, 2025	Member Donations	\$ 290.00

\$ 31,744.00

Forname Zeloni