

Application Summary: 2026 - 3290 - Sustaining Grant - Strategic Partners Grant

Application ID

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Applicant Information

Organization Information

The Canadian Mental Health Association, Alberta North East Region, 1994
Unit #111 - 8530 Manning Avenue
Fort McMurray, AB, T9H 5G2

Primary Contact

Susan Goll

, ,

Phone: (s.20(1))

Email: director@woodbuffalo.cmha.ab.ca

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

No

What is your organization's Mission Statement?

To provide support and access to resources and guidance for people to maintain and improve mental wellness. We believe in fostering inclusion, building resilience, and collaborating to enhance sustainable mental wellness in our region.

Please summarize the proposed service(s) that your organization is requesting funding for.

For over thirty years, CMHA Wood Buffalo has been a cornerstone of mental health supports in our region. We provide connection, education, peer support, community outreach, advocacy, and referral, helping people navigate their mental health journeys. As a leader in community mental health, we often serve as one of the first points of contact for those seeking assistance. Our strong collaborations within the Regional Municipality of Wood Buffalo (RMWB) have established us as a sought-after resource across schools, industries, employers, first responders and rural Indigenous communities.

CMHA Wood Buffalo is requesting funding for three interconnected programs: the Recovery College, Wellness Hub and the Peer Led Support Program. While each program has its distinct focus, they share a common foundation rooted in hope, connection and belonging through peer support and lived experience. Recovery College offers courses that empower participants with knowledge, practical skills and personal insights. By integrating lived experiences into our curriculum, we foster an inclusive learning environment that nurtures hope and resilience.

The Wellness Hub serves as a safe space where individuals can access peer support and develop resilience and coping skills. By fostering social connections, we create an environment where participants can thrive together.

The Peer Led Support Program connects individuals with peers who have lived experience to provide empathetic support, reduce stigma, and encourage help-seeking, ultimately improving mental well-being. All three programs promote overall well-being and preventive care, providing accessible resources without the need for referrals. Together, these initiatives create a robust framework for mental health support in our region, ensuring that individuals have the tools and connections they need to flourish.

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

The only restriction would be that CMHA does not generally provide specific programming or supports to young children 0 to 6 years. CMHA Wood Buffalo provides programming and supports to youth and adults through our the region with no restrictions on who can participate or access these services.

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

7

Please list your current Board of Directors in the table:

Board of Directors

Name	Board Position	Years on Board
Daniel Rippe	Acting President & Vice President	4
Lisa Butler	Treasurer	5
Andrew Tarbitt	Director (Provincial Rep)	4
Jessica Pye	Director	3
Tonicha Verge	Director	2
Jillian Melendy	Director	1
Anne Fingland	Director	1
Suellen Ware	Director	1 month
Ashly Gait	Director	1 month
Adam Bugden	Director	1 month

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

Yes

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

Lived experience is the foundation of CMHA Wood Buffalo's work. Our entire service model is built on the principles of peer support, which values personal experience with mental health challenges, trauma, or recovery as a core strength. All CMHA Wood Buffalo staff bring personal, lived experience to their roles, which allows them to genuinely connect with participants, offer authentic support, and foster hope, empathy, and understanding.

We believe individuals navigating mental health challenges need hope, connection, and a sense of belonging—and our staff can offer that because they've walked similar paths. This relatability reduces stigma and isolation, and empowers others on their recovery journeys.

Our Board of Directors also reflects this lived experience. For example, one of our current board members is a long-serving firefighter and paramedic who lives with anxiety and PTSD. In addition to serving on the board, he facilitates mental health courses in the region and advocates for better community supports. His experience exemplifies how lived experience enhances leadership, ensuring our programs remain grounded in real-life understanding and community needs.

This integration of lived experience at all levels ensures CMHA Wood Buffalo remains authentic, inclusive, and deeply connected to those we serve.

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Provide a brief overview of the organization's strategic priorities.

On March 16, 2025, the Board of Directors and staff met to review the 2024–2026 Strategic Plan. The session celebrated progress and refocused efforts on remaining goals.

Strategic Objectives

1. Strengthen Organizational Capacity and Performance

Empower staff, leadership, and the Board through targeted development, engagement, and collaboration to enhance service delivery.

2. Ensure Financial Stability and Sustainability

Build a strong financial foundation by diversifying funding sources and expanding resource development to support current and future programs.

3. Enhance and Expand Programs

Maintain and grow programs to meet the evolving needs of the community, prioritizing accessibility, individualization, and responsiveness.

4. Strengthen Partnerships and Communications

Deepen partnerships with stakeholders, including Indigenous communities and other organizations, while improving marketing and advocacy to increase visibility and impact.

How many operational staff does the organization have? Please provide details in the table.

Operational Staff Information

	Per Organization Chart	Currently Filled
Full Time Positions	8	8
Part Time Positions	0	0

Program/Projects Details

Are you applying for more than one program or project?

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

Yes

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: Recovery College Status: Completed

Program/Project: Wellness Hub Status: Completed

Program/Project: Peer Led Support Program Status: Completed



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Finances

Organization's most recent Fiscal Year End date

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

03/31/2025

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: 03/31/2025

\$103,859.00

Total Operating Expenses

Total Expenses from your Financial Statements Ending: 03/31/2025

\$980,433.00

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

In our ongoing effort to enhance financial sustainability, CMHA Wood Buffalo has implemented several strategic initiatives aligned with our Strategic Plan. Last fall, we launched the “The truth is...” campaign to increase support from individuals and organizations. This campaign has been highly effective in raising both awareness and funds for our mental health programs.

We have also developed strong partnerships with local industries and businesses. These collaborators not only contribute through direct donations and third-party fundraisers but have also become dedicated advocates for mental health in our community, helping to reduce stigma and promote wellness.

In addition to these efforts, we continue to pursue traditional funding opportunities, including targeted grant writing, to diversify and stabilize our revenue streams. We are also expanding our fundraising initiatives through national campaigns, such as the Push-Up Challenge led by CMHA National, which engages a broad base of community supporters.

Together, these efforts strengthen our financial foundation and ensure we can continue to deliver vital mental health services across the Wood Buffalo region. By building a resilient and diverse funding model, we are better equipped to meet growing community needs and ensure the long-term success of our programs.

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Please explain any cost savings initiatives the organization has, or is planning, to implement:

Each year, CMHA Wood Buffalo conducts a comprehensive review of all operating expenses from the previous fiscal year to ensure the responsible and efficient use of resources. This review results in several key actions: first, confirming that all expenses were essential to agency operations; second, identifying and eliminating any duplications; and third, verifying that each operational expense line accurately reflects its true cost. As part of this process, financial adjustments are made as needed to align with these standards and maintain fiscal accountability.

In addition to internal expense management, CMHA Wood Buffalo has taken proactive steps to address financial pressures caused by fluctuating funding levels. Notably, over the past two years, we successfully negotiated a reduced lease rate for our current office space. This has allowed us to significantly decrease one of our major overhead costs and reallocate limited funds directly toward program delivery and client services.

These efforts reflect our ongoing commitment to financial stewardship and sustainability. By carefully monitoring and adjusting operational costs, CMHA Wood Buffalo continues to maximize the impact of every dollar received and maintain high-quality mental health services for the Wood Buffalo region.

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Please complete the following budget table:

Secured Revenue

Revenue Sources	Description	Revenue (Jan-Dec)
Other Grants	CMHA AB Division & Centre for Suicide Prevention	\$108,571.00
Donations	Donation	\$115,345.00
		\$223,916.00

Revenue in Progress

Revenue Sources	Description	Revenue (Jan-Dec)
Other Grants	Wood Buffalo Community Foundation will know in 2-3 months if successful.	\$26,181.00
		\$26,181.00

Expenses

Type of Expense	Description	Total Expenses	Requested RMWB Grant
Wages/Salaries/Benefits/MER CS	Wages/Merchs/WCB	\$311,700.00	\$156,636.36
Training	Training for Employees	\$3,500.00	\$2,725.00
Transportation and Delivery	Rural Travel	\$5,000.00	\$1,800.00
Audit Fees	Accounting/Audit	\$10,400.00	\$1,703.17
Rent - Venue/Facility/Room/Equipment	Rent	\$29,500.00	\$10,000.00
Program Materials and Supplies	Program materials and Supplies	\$5,500.00	\$840.00
Other (Provide Detail)	Insurance	\$3,901.00	\$800.00
Other (Provide Detail)	Leased Equipment	\$2,750.00	\$450.00
Other (Provide Detail)	Computer IT	\$2,000.00	\$300.00
Administration Costs	Admin Fee	\$51,202.00	\$26,282.47
		\$425,453.00	\$201,537.00

Shortfall



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Total	
(Total Secured Revenue - Total Expenses)	-\$201,537.00

Total RMWB Grant Request

Amount	
Total	\$201,537.00

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Total Cost of Program, Project, or Service

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

\$425,453.00

Total Grant Amount Request

For the Community Sustaining Grant, up to 75% of total program, project or service cost

\$201,537.00

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

Click on the Save Draft button to calculate the percentage.

47%

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

CMHA Wood Buffalo receives valuable in-kind and non-financial support that demonstrates strong community commitment to our programs. Volunteer Peer Supporters, who are not CMHA employees, assist in facilitating Recovery College classes, bringing lived experience and meaningful connection to participants. Our auditor donates time throughout the year, offering financial advice and guidance at no cost. Additionally, organizations in rural communities generously provide free space when we deliver Recovery College programming or peer support services. These contributions reduce program costs, enhance service delivery, and reflect the shared dedication of individuals and organizations to improving mental health across the Wood Buffalo region.

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Preferred Cash-Flow

	Amount
January/February	\$50,384.25
April	\$50,384.25
August	\$50,384.25
October	\$50,384.25
Total	\$201,537.00



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Attachments

Upload Strategic Plan

[Strat_Plan_Refocus_2024-2026.pdf](#)

154.3 KB - 10/03/2025 3:02 PM

Total Files: 1

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

[RMWB_2026_Budget.pdf](#)

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Total Files: 1



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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.

[CMHA_FMCSD.pdf](#)

41.9 KB - 10/07/2025 10:47 AM

[LOS_CMHA_Recovery_College.pdf](#)

164.6 KB - 10/03/2025 3:06 PM

[Partnership_Letter_CMHA_WB_Pride.pdf](#)

249 KB - 10/03/2025 3:06 PM

[Partnership_Letter_for_CMHA.pdf](#)

542.6 KB - 10/03/2025 3:06 PM

Total Files: 4

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

Note: Year end date must fall between July 1, 2024, and June 30, 2025.

[Audited_Financials_2024-25_1_-_signed.pdf](#)

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Total Files: 1

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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

Susan Goll

Position/Title

Executive Director

Date: 10/08/2025

Program, Project or Service Name

Recovery College

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.

Anzac, Draper, Fort Chipewyan, Fort McKay, Fort McMurray, Gregoire Lake Estates, Janvier, Saprae Creek Estates

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

Program/Project/ or Event Location	In Person (Yes/No)	Virtually (Yes/No)	Travel Budget Required (Yes/No)
Fort McMurray	Yes	No	No
Fort McKay	Yes	No	Yes
Fort Chipewyan	Yes	yes/no	Yes
Anzac	Yes	no	Yes
Janvier	Yes	no	Yes

How does your organization plan to address barriers related to delivering virtual services in rural areas. This may include limited internet access, lack of devices, and limited technical support. If applicable.

To address these barriers, CMHA Wood Buffalo's approach is rooted in strong community partnerships. In every community we work with, we begin by engaging with local organizations to ensure our services are relevant, accessible, and aligned with community needs.

For example, in Fort Chipewyan, in the past we have partnered with local organizations who have both the infrastructure and capacity to support virtual learning. These partnerships allow individuals to access necessary technology and receive on-site support when engaging in our programs.

Additionally, we are looking to explore possible collaboration with the Wood Buffalo Regional Library, particularly through their "Tech to Go" and "Internet to Go" programs, which can provide loanable devices and mobile internet access to individuals or groups participating in our services.

Ultimately, we believe that partnership and collaboration are essential to overcoming the digital divide. By working together with community-based organizations, we can co-create solutions that ensure equitable access to mental health training and support, regardless of location.

How does your organization plan to address transportation barriers to provide the program, project, service or event? If applicable.

CMHA Wood Buffalo acknowledges that transportation can be a significant barrier to accessing services, both within Fort McMurray and in surrounding rural communities. Our approach to addressing this barrier has two key components:

Participant Transportation:

While CMHA Wood Buffalo is not insured to transport individuals attending Recovery College programs, we actively collaborate with partner organizations that may have the capacity to provide transportation support. During the initial planning and engagement phase with each community or agency, transportation options are discussed to ensure that participants have a means to access the program, whether locally or in rural settings.

Staff Travel to Rural Communities:

To ensure the Recovery College is accessible across the region, CMHA Wood Buffalo includes a travel budget within funding proposals submitted to each funder. In addition, we leverage donations and fundraising efforts to further support transportation-related expenses, allowing our facilitators to deliver in-person programming in rural and remote areas when possible.

By combining strategic partnerships with thoughtful budgeting, CMHA Wood Buffalo works to minimize transportation barriers and ensure equitable access to mental health education across the region.

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.

Recovery College is a place where lived experience is blended with the expertise of mental health peer mentors/facilitators to help participants develop meaningful goals for recovery. Recovery Colleges provide a low barrier access for anyone to gain information, and develop knowledge, skills, and connections to support their own mental health journey. This program is community based, peer centered with co-designed and co-developed programs. We focus on sustainable peer support and recovery based education for all, no matter the demographic, thereby increasing wellbeing and reducing dependency on formal mental health systems.

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)	0
Youth (13-18 years)	60
Adults	840
Seniors (65+)	0
Families	0
Community	300
Total	1200

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

Youth, Seniors, 2SLGBTQIA+, Immigrants, refugees and/or newcomers, First Nations, Métis, and/or Inuit Peoples, Other racialized communities, Youth, Seniors, Women and/or girls, People experiencing poverty and/or homelessness, People living with disabilities, People living in rural communities

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.

CMHA Wood Buffalo's Recovery College is designed to be inclusive, accessible, and welcoming to all individuals aged 18 and over, regardless of gender, race, sexual orientation, ability, or socioeconomic status. We are committed to meeting people where they are—both geographically and personally—by offering programs in a variety of formats and locations, including remote and rural communities.

Within our community classroom, our courses are delivered in wheelchair-accessible space, and we accommodate a wide range of needs, including learning disabilities and physical or sensory impairments. For example, we supported a student with partial hearing loss by seating them near the instructor, facilitating lip-reading, repeating group comments, and providing written materials for clarity. These simple, thoughtful adjustments enabled full participation and demonstrated our commitment to inclusive learning. CMHA WB also achieved gold status in the RMWB's Workplace Inclusion Charter program.

We also work with community partners to ensure our programming respects cultural and spiritual practices, including adapting course content and delivery times to suit Indigenous communities. Our flexibility and person-centered approach allow participants to feel seen, respected, and empowered.

By fostering an environment of dignity, flexibility, and respect, we ensure that everyone who wants to participate has the opportunity to do so meaningfully.

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.

CMHA Wood Buffalo recognizes the disproportionate mental health challenges faced by Indigenous communities. Statistics show that Indigenous people are twice as likely as non-Indigenous populations to experience major depression and related mental health concerns. According to the Athabasca Tribal Council (ATC), over 60 lives have been lost in recent years due to addiction, suicide, and mental illness—underscoring the urgent need for culturally respectful and relevant support.

Through Recovery College, we are committed to meeting Indigenous community members where they are, with a lens of hope, healing, and reconciliation. We regularly deliver programming in Indigenous communities such as Fort Chipewyan and Fort McKay, and have been honored to participate in traditional practices including smudging, beading, healing fires, moose skinning, and talking circles.

In consultation with ACFN and ATC, and other Indigenous nations, we ensure our programming is guided by Indigenous voices and respectfully integrates traditional knowledge and cultural practices alongside our peer support, person-first model. Our emphasis on storytelling, lived experience, and deep listening aligns with Indigenous ways of knowing and healing. In this way, we believe Recovery College contributes meaningfully to cultural restoration and informal Truth and Reconciliation efforts across the region.

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?

Community members consistently report difficulty in accessing free, timely, and appropriate mental health services—particularly for those without a formal diagnosis or who may not meet the threshold for clinical intervention.

In Fort McMurray specifically, it can take 6 to 8 months to access mental health supports such as therapy. As a result, the Emergency Department (ED) is often the first point of contact for individuals in mental distress, a pattern that reflects a broader gap in community-based, recovery-focused supports.

According to the 2020 Community Profile: Fort McMurray (Alberta Health Primary Care Network Operations), ED access in Fort McMurray was significantly higher than the provincial average (247.9 vs. 142.8 visits per 1,000 population). Moreover, between 2011 and 2020, mental and behavioural disorders accounted for 3.6% of all deaths in our region. These figures underscore the urgent need for alternative, accessible, and community-based mental health programming.

Many ED visits, particularly those related to mental health, could be prevented through early intervention and access to non-clinical, recovery-oriented services. CMHA Wood Buffalo's Recovery College is designed to fill this gap—providing inclusive, peer-led, educational programming that empowers individuals to take an active role in their mental wellness and reduces reliance on acute care services.

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 Recovery College program takes a strengths-based, recovery-oriented approach that emphasizes individuals' abilities, resilience, and potential rather than focusing solely on their challenges or diagnoses. Rooted in principles of peer support and lived experience, this model recognizes that individuals with similar life experiences are often best positioned to offer meaningful and authentic support to one another.

What makes this program unique in our region is its peer-led, participatory model, which blends education, self-directed learning, and personal development. Rather than offering traditional clinical services, Recovery College provides accessible, community-based programming that individuals can engage with on their own terms, supporting them in building confidence, learning new skills, and strengthening social connections—all of which are critical to mental wellness and long-term recovery.

Additionally, programming is flexible and mobile, allowing us to reach individuals in both urban and rural settings. By bringing courses directly into communities and meeting people where they are in their recovery journey, we reduce access barriers and foster inclusion.

Through this innovative approach, the program aims to reduce stigma, promote mental health literacy, and empower individuals to take an active role in their recovery and well-being.

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."

The Recovery College model is grounded in evidence-based practices and has been successfully implemented in communities across Canada and internationally. It is built on principles outlined by the Mental Health Commission of Canada, which advocates for recovery-oriented approaches that emphasize hope, empowerment, and self-determination.

Research and evaluations of Recovery Colleges have demonstrated a range of positive outcomes, including:

Improved quality of life and overall well-being

Increased knowledge, confidence, and self-management skills

Reduced reliance on acute care and clinical services

Progress toward personal recovery goals

Decreased social isolation and increased community connection

These outcomes are especially relevant in the context of Wood Buffalo, where residents face long wait times for clinical mental health supports and report high levels of social isolation and mental distress.

If CMHA Wood Buffalo delivers educational-based programming that supports individuals in recognizing and developing their own strengths and resourcefulness, then we anticipate a measurable increase in connection and peer support, improved coping skills, and a reduction in the need for crisis-based mental health services.

By empowering individuals through accessible, non-clinical, community-led learning, we are not only addressing current service gaps but also contributing to long-term, sustainable recovery outcomes.

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

To successfully deliver the Recovery College program and achieve our intended outcomes, CMHA Wood Buffalo will invest a combination of human, physical, and financial resources, including:

Certified Peer Mentors, Staff, and Volunteers:

Trained facilitators with lived and living experience will lead programming, supported by CMHA staff and community volunteers.

Partnerships and Collaborations:

Strong relationships with local organizations will support participant outreach, co-facilitation, access to venues, and removal of barriers such as technology or transportation.

Inclusive Mental Wellness Programming:

Development and delivery of strength-based, recovery-focused courses tailored to community needs and responsive to feedback.

Classroom or Common Learning Spaces:

Accessible, safe, and welcoming spaces—either within CMHA facilities, partner locations, or mobile setups in rural communities.

Financial Resources:

Funding from grants, donations, and fundraising will support program materials, travel to rural communities, and other operational costs.

Together, these inputs create a strong foundation for delivering impactful, accessible mental health education that empowers individuals and builds community resilience.

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

The Recovery College program will deliver a range of inclusive, free mental wellness learning opportunities designed to build personal capacity, reduce social isolation, and support recovery. Activities will be facilitated by trained staff, certified peer mentors, and will include:

Delivery of Recovery College Courses:

A diverse selection of recovery-oriented, educational courses tailored to community needs. Examples include:

- Building Better Boundaries
- Compassionate Communication
- Confront the Discomfort
- Empowering Helpers
- Get Grounded
- Healthy Relationships
- Living Life to the Full
- Regulating Our Emotions
- Road to Recovery
- Self-Compassion
- Caregiver Connections

Workshops and Support Groups:

Topic-specific workshops and support circles that encourage peer connection and mutual learning.

Drop-in Sessions:

Informal, low-barrier sessions where individuals can connect, receive support, and learn in a welcoming environment.

Community Engagement and Outreach:

Activities that build awareness of mental wellness, reduce stigma, and foster relationships with local communities, including rural outreach.

These activities are designed to be flexible, person-centered, and responsive to the unique needs of individuals across the Wood Buffalo region.



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.

Outputs for the Recovery College Program include:

- # of initial participants vs. course graduates
- # of Recovery College courses delivered
- # of courses tailored to target group
- # of courses delivered by region

Narrative Reporting – course graduates reporting utilization of acquired skills

- # of students by course type
- # of registrations vs. participation
- # of student hours by period

Community engagement & outreach

- # of community interactions
- # of individuals reached
- # of community partnerships & collaborations

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.

Short-Term Outcomes

Participants will:

Have increased knowledge and skills through:

- Learning and applying effective coping techniques such as mindfulness and breathing exercises.
- Gaining awareness of mental health symptoms, issues, and practical coping mechanisms.

Have an understanding of Prevention and Early Intervention through:

- Recognizing personal stressors and emotional triggers.
- Developing problem-solving strategies to address challenges before they become crises.
- Strengthening communication skills to better express feelings and needs to family, friends, or professionals.

Have awareness and access to support services through:

- Learning about available mental health and addiction supports (e.g., peer support, therapy, groups).
- Building confidence and comfort in seeking appropriate services when needed.

Intermediate Outcomes

Participants will demonstrate:

- Increased self-efficacy in managing their mental health.
- Stronger personal support networks and greater connection to community resources.

Long-Term Outcomes

The program will lead to:

- Sustained improvements in mental health and emotional well-being.
- Ongoing use of support systems and community resources.
- Stronger, more connected communities that foster resilience and collaboration.

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, Focus Groups, Interviews, Observation, Other:

Other:

self assessments

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

CMHA Wood Buffalo's Recovery College offers a unique, sustainable, peer-led model that differs significantly from traditional mental health services in the region. Rather than being diagnosis-driven or clinically focused, our program uses an educational approach to promote recovery and mental wellness for all individuals, regardless of where they are on their journey.

At the heart of Recovery College is the belief in the value of lived experience. Peer mentors co-develop and facilitate courses, creating authentic, relatable spaces for learning and connection. This peer-centered approach fosters trust, reduces stigma, and empowers participants to build on their strengths.

The program focuses on the "whole person", helping individuals build skills, confidence, and social connections while encouraging hope and self-determination. It is flexible and responsive, allowing courses to be adapted based on emerging community needs—something not often possible in more rigid, clinical models.

By providing early access to non-clinical, strengths-based programming, Recovery College fills a critical gap in the local mental health system. It reduces reliance on crisis services and creates accessible entry points to mental wellness support, especially for those who may not seek traditional care.

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
Public & Catholic School Divisions	Mental Health and Addictions Support (teachers and students)
Athabasca Tribal Council (ATC)	Staff/client supports, mental health and programming
Athabasca Chipewyan First Nations (ACFN)	Staff/client supports, mental health and programming
Pride YMM	Client supports, support groups for adult caregivers (Supporting Hearts)
Fort McKay Family Support Centre	Programming, mental health supports
Multicultural Association	Staff/client supports, mental health programming
Recovery Centre	Client support, support group, mental health programming
Northern Lights Regional Health Centre (3rd floor)	Client support, support group, mental health programming
Wood Buffalo Wellness Society	Programming, mental health supports

Program, Project or Service Name

Wellness Hub

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.

Anzac, Draper, Fort Chipewyan, Fort McKay, Fort McMurray, Gregoire Lake Estates, Janvier, Saprae Creek Estates

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

Program/Project/ or Event Location	In Person (Yes/No)	Virtually (Yes/No)	Travel Budget Required (Yes/No)
Fort McMurray	yes	no	no
Fort McKay	yes	no	yes
Fort Chipewyan	yes	yes	yes
Anzac	yes	no	yes
Janvier	yes	no	yes

How does your organization plan to address barriers related to delivering virtual services in rural areas. This may include limited internet access, lack of devices, and limited technical support. If applicable.

To address these barriers, CMHA Wood Buffalo's approach is rooted in strong community partnerships. In every community we work with, we begin by engaging with local organizations to ensure our services are relevant, accessible, and aligned with community needs.

For example in Fort McKay we may partner with the Family Health Centre who have infrastructure and some capacity to support virtual learning. These partnerships allow individuals to access necessary technology and receive on-site support when engaging in our programs.

Additionally, we are looking to explore possible collaboration with the Wood Buffalo Regional Library, particularly through their "Tech to Go" and "Internet to Go" programs, which can provide loanable devices and mobile internet access to individuals or groups participating in our services.

Ultimately, we believe that partnership and collaboration are essential to overcoming the digital divide. By working together with community-based organizations, we can co-create solutions that ensure equitable access to mental health training and support, regardless of location.

How does your organization plan to address transportation barriers to provide the program, project, service or event? If applicable.

CMHA Wood Buffalo acknowledges that transportation can be a significant barrier to accessing services, both within Fort McMurray and in surrounding rural communities. Our approach to addressing this barrier has two key components:

Participant Transportation:

While CMHA Wood Buffalo is not insured to transport individuals, we actively collaborate with partner organizations that may have the capacity to provide transportation support. During the initial planning and engagement phase with each community or agency, transportation options are discussed to ensure that participants have a means to access the program, whether locally or in rural settings.

Staff Travel to Rural Communities:

To ensure the program is accessible across the region, CMHA Wood Buffalo includes a travel budget within funding proposals submitted to each funder. In addition, we leverage donations and fundraising efforts to further support transportation-related expenses, allowing our facilitators to deliver in-person programming and supports in rural and remote areas when possible.

By combining strategic partnerships with thoughtful budgeting, CMHA Wood Buffalo works to minimize transportation barriers and ensure equitable access to mental health education across the region.

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 Wellness Hub is a space designed to foster connection and understanding among individuals navigating through their mental health journeys. The space encourages relaxation and open conversations with knowledgeable peer supporters who have lived experiences with mental health challenges who offer empathetic listening, share coping strategies and facilitate group support. The Wellness Hub, which is mobile, is open to anyone where all will be met with compassion, validation and hope, creating a safe haven where healing and growth can truly begin.

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)	0
Youth (13-18 years)	0
Adults	100
Seniors (65+)	15
Families	10
Community	150
Total	275

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

Youth, Seniors, 2SLGBTQIA+, Immigrants, refugees and/or newcomers, First Nations, Métis, and/or Inuit Peoples, Other racialized communities, Youth, Seniors, Women and/or girls, People experiencing poverty and/or homelessness, People living with disabilities, People living in rural communities

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.

The Wellness Hub is a low-barrier, walk-in service designed to be accessible and inclusive for all individuals, regardless of gender, race, sexual orientation, or socioeconomic status. While direct services are offered to adults 18+, we also support families and caregivers through emotional support and community referrals.

We intentionally remove common barriers to mental health support—no appointments, no intake forms, no waitlists. Anyone can walk in to connect with a trained peer for immediate emotional support, resource navigation, and access to community services. Our programming focuses on reducing isolation, building confidence, and strengthening social supports.

We also work with community partners to ensure our services respect cultural and spiritual practices, including adapting information to suit varying Indigenous community members. Our flexibility and person-centered approach allow participants to feel seen, respected, and empowered in their recovery journey.

Feedback from visitors has been overwhelmingly positive. Many report that the Hub provides a safe, welcoming space where they feel heard and connected. Several have shared that, when they couldn't access regular counselling, the Hub was their trusted alternative.

By fostering an environment of dignity, flexibility, and respect, we ensure that everyone who wants to participate has the opportunity to do so meaningfully.

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.

CMHA Wood Buffalo recognizes the disproportionate mental health challenges faced by Indigenous communities. Statistics show that Indigenous people are twice as likely as non-Indigenous populations to experience major depression and related mental health concerns. According to the Athabasca Tribal Council (ATC), over 60 lives have been lost in recent years due to addiction, suicide, and mental illness—underscoring the urgent need for culturally respectful and relevant support.

Through all our programs including the Wellness Hub, we are committed to meeting Indigenous community members where they are, with a lens of hope, healing, and reconciliation. We regularly deliver our services in Indigenous communities such as Fort Chipewyan and Fort McKay, and have been honored to participate in traditional practices including smudging, beading, healing fires, moose skinning, and talking circles.

In consultation with ACFN, ATC and other Indigenous nations, we ensure our services are guided by Indigenous voices and respectfully integrates traditional knowledge and cultural practices alongside our peer support, person-first model. Our emphasis on storytelling, lived experience, and deep listening aligns with Indigenous ways of knowing and healing. In this way, we believe the Wellness Hub can contribute meaningfully to cultural restoration and informal Truth and Reconciliation efforts across the region.

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?

Over the past 10 years between economic downturn, pandemic, flood and wildfire response, and an increased cost in living, Individuals in the Regional Municipality of Wood Buffalo have reported issues of social isolation and mental health challenges. The University of Alberta (Bend et al) state that 1 in 5 Canadians will experience a mental health issue. These same individuals have identified barriers to receiving care to include timely, free, accessible access to support/services for people with/without a formal diagnosis. Wait times to see a qualified therapist /counsellor within Fort McMurray can be upwards of 5-8 months (PCN). The Wellness Hub can effectively address gaps in wait times and barriers ensuring that community members have timely access to the support they need, while fostering an inclusive environment that encourages a social connection, reduces stigma and creates a supportive environment where individuals can develop resilience and coping skills.

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?)

By providing a safe and supportive space for community members, the Wellness Hub will foster social/community connections and understanding through shared experiences, referral, and social activities. The Wellness Hub addresses the critical social problem of inadequate access to mental health services, which is exacerbated by factors such as stigma, social isolation, and the lack of comprehensive support systems. Many individuals struggle to find affordable and accessible care, leading to untreated mental health issues and a decline in overall well-being. By providing a safe and supportive space that offers various services, such as peer support, educational workshops, and group support, the Hub can foster an inclusive environment that encourages open dialogue, reduces stigma, and promotes holistic approaches to mental health. This not only helps individuals feel less isolated but also empowers them to take charge of their mental well-being, ultimately contributing to healthier communities.

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."

The rationale for having a Wellness Hub lies in the need to address rising mental health issues and barriers to access within communities. As demand for mental health services increases due to factors like the pandemic, economic struggles and social isolation, the Wellness Hub can provide comprehensive, culturally competent care that includes peer support, group supports and educational resources. The Hub simplifies access, reduces stigma, and fosters social connection, creating a supportive environment where individuals can develop resilience and coping skills. Additionally, it promotes early intervention and preventive care, ultimately leading to improved mental health outcomes and a stronger, more engaged community.

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

To effectively deliver accessible, inclusive, and timely mental health support through the Wellness Hub, we will invest a combination of human, physical, and collaborative resources:

Peer Support Specialists: Trained staff and volunteers will provide front-line emotional support, active listening, and lived-experience-based guidance to visitors.

Systems Navigator: A dedicated staff member will assist individuals in accessing appropriate community resources, services, and referrals, helping them navigate complex support systems.

Safe, Welcoming Space: The Wellness Hub operates in a warm, trauma-informed, and physically accessible environment designed to promote comfort, safety, and inclusivity.

Partnerships and Collaborations: Ongoing relationships with local service providers and organizations enhance our referral pathways, resource sharing, and collective impact.

Paper and Digital Resources: Visitors have access to up-to-date educational materials, community directories, wellness tools, and digital supports to reinforce their mental health journey.

These inputs work together to ensure that individuals receive the immediate, compassionate, and barrier-free support they need.

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

The Wellness Hub offers a variety of low-barrier, person-centered activities that promote mental wellness, social connection, and access to support. Key activities include:

Peer Support Conversations: Visitors can engage in open, confidential conversations with knowledgeable Peer Supporters who draw on their own lived experience to provide empathetic, non-clinical support.

Individual and Group Wellness Opportunities: Both one-on-one and group-based sessions are available, focusing on topics such as resilience, coping strategies, confidence building, and emotional well-being.

Recovery College Courses: Participants are invited to engage in Recovery College courses, which offer educational, strengths-based learning experiences co-designed and co-delivered by peers and professionals.

Resource Distribution and Systems Navigation: The Hub provides access to paper and digital resources, as well as personalized support from a Systems Navigator to help individuals connect with community services and navigate available supports.

All activities are designed to be inclusive, accessible, and responsive to the diverse needs of our community members.



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.

The Wellness Hub tracks a range of outputs to measure reach, engagement, and service delivery across its core activities. These include:

of Peer Support Connections Made: Tracks one-on-one and group interactions where individuals receive emotional support from trained peer supporters.

of External Referrals Through Systems Navigation: Measures how many individuals are connected to appropriate external community services and supports.

of Resources Distributed: Includes both paper-based and digital mental health materials, wellness tools, and community service directories provided to visitors.

of Internal Referrals to CMHA Programming: Captures how many individuals are connected to additional Canadian Mental Health Association (CMHA) programs, such as Recovery College, wellness workshops, or support groups.

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.

Short term outcomes for participants include:

1. Identification of personal mental health triggers that affect their mental health.

Indicators:

Participants can identify personal stressors or triggers that affect their mental health.

Behavioural changes occur because of the identification of stressors or triggers.

2. Increase knowledge and skill development that will help individuals' mental health journey.

Indicators:

Confidence levels increase demonstrating an increased willingness to seek help or share experience with others.

Skill application including the ability to use learned skills and engaging in self-care practices.

3. Increase in social support awareness.

Indicators:

Knowledge of social supports including awareness of local and online support groups.

Connection with others including greater frequency of social interactions and connections.

Intermediate Outcomes - include improved coping skills in stress management, emotional regulation, and resilience, while also building stronger social connections through group activities. These developments contribute to enhanced emotional well-being, with many reporting fewer mental health challenges and a greater ability to recover from setbacks.

Long-term Outcomes - include reduced stigma and increased connection, belonging, and hope through peer support, alongside greater mental health and addiction awareness. These efforts lead to improved mental health outcomes and overall quality of life for community members.

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, Focus Groups, Interviews, Observation, Other:

Other:

Self reported feedback; self assessment.

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

While several community-based organizations offer drop-in or welcome centre models, the Wellness Hub is uniquely focused on mental health and addiction support through peer-led services grounded in lived experience. Unlike general drop-in spaces, the Wellness Hub provides a safe, non-clinical environment specifically designed for individuals navigating mental health challenges or substance use concerns.

The Hub offers a trauma-informed, empathetic atmosphere where open conversations are encouraged, and visitors are met with understanding and compassion from Peer Supporters who have personally experienced similar challenges. This peer-to-peer model fosters trust, connection, and hope—elements that are often key to early engagement and sustained recovery.

In addition to one-on-one peer support, the Wellness Hub also provides:

Group support options, including Recovery College courses;

Practical coping strategies shared from lived experience;

Systems navigation, helping individuals connect with appropriate community resources.

Importantly, the Wellness Hub is open to all, recognizing that mental health concerns do not discriminate—they impact people of all ages, races, cultures, genders, and backgrounds. Our inclusive, welcoming approach ensures everyone has access to the support they need, without stigma or judgment.



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
Recovery Alberta - Addictions & Mental Health; Northern Lights Regional Health Centre	Referral partner, mental health programming
Athabasca Tribal Council	Referral partner, knowledge, community connector
SOS	Referral partner
Primary Care Network	Referral partner
Wood Buffalo Wellness Society	Referral partner
Recovery Centre	Referral partner
Any community agency or business could refer someone to the Wellness Hub; individuals could come from all aspects of community. Once a connection is made, the connection will remain in place.	Referral partner
CMHA Wood Buffalo would refer the individual seeking support to wherever they needed to go. Once a connection is made, they business/agency would become part of our referral listing.	Referral partner
Pastew Place	Referral partner, mental health programming

Program, Project or Service Name

Peer Led Support Program

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.

Anzac, Draper, Fort Chipewyan, Fort McKay, Fort McMurray, Gregoire Lake Estates, Janvier, Saprae Creek Estates

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

Program, Project, or Event Delivery Information

Program/Project/ or Event Location	In Person (Yes/No)	Virtually (Yes/No)	Travel Budget Required (Yes/No)
Fort McMurray, Gregoire Lake Estates, Draper, Saprae Creek	Yes	Yes	No
Fort McKay	Yes	Yes	Yes
Fort Chipewyan	Yes	Yes	Yes
Anzac	Yes	Yes	Yes
Janvier	Yes	Yes	Yes

How does your organization plan to address barriers related to delivering virtual services in rural areas. This may include limited internet access, lack of devices, and limited technical support. If applicable.

To address these barriers, CMHA Wood Buffalo's approach is rooted in strong community partnerships. In every community we work with, we begin by engaging with local organizations to ensure our services are relevant, accessible, and aligned with community needs. For example, in the past we have partnered with local organizations organizations (health, Nation offices) who have both the infrastructure and capacity to support virtual learning. These partnerships allow individuals to access necessary technology and receive on-site support when engaging in our programs.

Additionally, we are looking to explore possible collaboration with the Wood Buffalo Regional Library, particularly through their "Tech to Go" and "Internet to Go" programs, which can provide loanable devices and mobile internet access to individuals or groups participating in our services.

Ultimately, we believe that partnership and collaboration are essential to overcoming the digital divide. By working together with community-based organizations, we can co-create solutions that ensure equitable access to mental health training and support, regardless of location.

How does your organization plan to address transportation barriers to provide the program, project, service or event? If applicable.

CMHA Wood Buffalo acknowledges that transportation can be a significant barrier to accessing services, both within Fort McMurray and in surrounding rural communities. Our approach to addressing this barrier has two key components:

Participant Transportation:

While CMHA Wood Buffalo is not insured to transport individuals, we actively collaborate with partner organizations that may have the capacity to provide transportation support. During the initial planning and engagement phase with each community or agency, transportation options are discussed to ensure that participants have a means to access the program, whether locally or in rural settings.

Staff Travel to Rural Communities:

To ensure the program is accessible across the region, CMHA Wood Buffalo includes a travel budget within funding proposals submitted to each funder. In addition, we leverage donations and fundraising efforts to further support transportation-related expenses, allowing our facilitators to deliver in-person programming in rural and remote areas when possible.

By combining strategic partnerships with thoughtful budgeting, CMHA Wood Buffalo works to minimize transportation barriers and ensure equitable access to mental health education across the region.

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 Peer-Led Support Program aligns with community support services and wellness by offering accessible, non-clinical mental health support rooted in lived experience. It promotes diversity, inclusion, and accessibility by welcoming individuals of all backgrounds, with no diagnosis or referral required. The program fosters strong partnerships with local organizations to enhance system navigation and service access. It supports rural and Indigenous communities through culturally sensitive engagement and relationship-building. By creating safe, inclusive spaces for connection and dialogue, the program reduces isolation and encourages social participation, empowering individuals to engage more fully in their wellness journey and their broader community.

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)	0
Youth (13-18 years)	0
Adults	250
Seniors (65+)	0
Families	0
Community	0
Total	250

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

Youth, Seniors, 2SLGBTQIA+, Immigrants, refugees and/or newcomers, First Nations, Métis, and/or Inuit Peoples, Other racialized communities, Youth, Seniors, Women and/or girls, People experiencing poverty and/or homelessness, People living with disabilities, People living in rural communities

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.

CMHA Wood Buffalo's Peer-Led Support Program is intentionally designed to be inclusive, accessible, and welcoming to all individuals aged 18 and over—regardless of gender, race, sexual orientation, ability, or socioeconomic status. Using a person-centered and flexible approach, we meet individuals where they are—geographically and emotionally—by offering support in multiple formats and locations, including outreach to rural and remote communities, to reduce barriers such as transportation and limited service availability.

Our main office is fully wheelchair accessible and offers both open, communal spaces and private meeting rooms, allowing participants to choose an environment that suits their comfort level. We also collaborate closely with community partners to ensure that our programming respects diverse cultural and spiritual practices. CMHA Wood Buffalo also achieved gold status in the RMWB's Workplace Inclusion Charter program.

One participant from a rural area shared that our Peer Led Support Program was the only mental health service they could access without long wait times or stigma. They described it as a space where they finally felt seen and supported.

Through this inclusive, responsive approach, we create meaningful access to mental health support for anyone with an interest, regardless of their background or circumstance.

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.

CMHA Wood Buffalo recognizes the disproportionate mental health challenges faced by Indigenous communities. Statistics show that Indigenous people are twice as likely as non-Indigenous populations to experience major depression and related mental health concerns. According to the Athabasca Tribal Council (ATC), over 60 lives have been lost in recent years due to addiction, suicide, and mental illness—underscoring the urgent need for culturally respectful and relevant support.

Through our Peer Led Support Program we are committed to meeting Indigenous community members where they are, with a lens of hope, healing, and reconciliation. We regularly visit and deliver programming in Indigenous communities such as Fort Chipewyan and Fort McKay, and have been honored to participate in traditional practices including smudging, beading, healing fires, moose skinning, and talking circles.

In consultation with ACFN, ATC and other Nations, we ensure our services are guided by Indigenous voices and respectfully integrates traditional knowledge and cultural practices alongside our peer support, person-first model. Our emphasis on storytelling, lived experience, and deep listening aligns with Indigenous ways of knowing and healing. We believe this contributes meaningfully to cultural restoration and informal Truth and Reconciliation efforts across the region.

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?

Individuals in the Regional Municipality of Wood Buffalo have reported issues of social isolation and mental health challenges. The excessive wait times and other barriers (accessibility) only further exacerbate these issues. The gap in needing to be able to reach out and access support/resources needs to be addressed before the issue becomes critical.

In Fort McMurray it can often take 6-8 months to get in to see a mental health support (therapist). Emergency rooms are often an individual's first stop for seeking mental health support. In the 2020 Community Profile, The Primary Care Network reported that our community emergency department access was significantly higher than the provincial average (247.9 vs 142.8 AB per 1000 population). Further to this between 2011 and 2020, mental and behavioral disorders accounted for 3.6% of all deaths in our region.

The gap in needing to be able to reach out and access support/resources needs to be addressed before the issue becomes critical. Peer support, with trained peer supporters, can help to alleviate pressures on critical care facilities and lessen potential emotional distress of the individual.

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 Peer Led Support Program directly addresses social isolation and mental health challenges by creating a network of support that is both accessible and immediate. The program fosters genuine connections that help combat feelings of loneliness and alienation often faced by those struggling with mental health issues. Certified peers can offer timely assistance and encouragement, effectively bridging gaps created by long wait times for professional services. As a result, individuals can access support when they need it most, reducing barriers to care and facilitating ongoing engagement with mental health resources. This proactive approach not only enhances individual well-being but also cultivates a sense of community, empowering participants to support one another in their recovery journeys.



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."

The Peer Led Support Program is essential because it leverages the shared experiences of individuals who have navigated similar challenges, fostering a unique understanding and connection that professional support alone may lack. The program offers empathetic, lived-experience-based support, helping others feel less isolated and more understood in their struggles. Furthermore, peer support can reduce stigma around mental health by normalizing conversations and encouraging individuals to seek help. Ultimately, this program will enhance the overall mental health landscape, providing accessible and relatable resources that complement traditional mental health services.

If individuals receive support from peers with lived experience, then they are more likely to feel understood, engage in help-seeking, and experience reduced stigma.

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

To successfully deliver the Peer Led Support Program, a range of critical resources (Inputs) will be required:

CMHA Wood Buffalo Certified Peer Support Workers: Trained staff with lived experience will lead and facilitate programming, ensuring a safe, empathetic, and recovery-oriented environment for participants.

Individuals with Lived Experience: The program will engage individuals who bring valuable insight through their personal experiences with mental health and/or addiction recovery, enhancing relatability and trust within peer groups.

Partnerships and Collaborations: Strategic partnerships with local service providers, Indigenous organizations, and mental health agencies will support wraparound care, referrals, and integrated programming.

Financial Resources: Funding will support staffing, program development, participant engagement activities, transportation supports (if needed), and access to necessary materials and equipment.

Venue and Meeting Spaces: Accessible and welcoming physical spaces will be provided for peer-led sessions, group discussions, and workshops. Where appropriate, virtual platforms will also be utilized.

Paper and Digital Resources: Educational materials, workbooks, wellness tools, and online content will support the program's curriculum and participant engagement.

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

Key activities include for the Peer Led Support Program include:

One-on-One Peer Support Sessions

Individualized, confidential sessions between participants and certified peer support workers, offering empathetic listening, shared experience, and encouragement tailored to the individual's goals and recovery journey.

Peer Support Groups

Facilitated group sessions that provide a safe, non-judgmental space for participants to share experiences, build community, and develop coping strategies through mutual support and connection.

Recovery College Course Referrals

Participants are connected to educational courses offered through the Recovery College, which focus on mental health, wellness, life skills, and empowerment, further supporting personal development and recovery.

Wellness and Connection Activities

Informal, social, and recreational activities—such as art workshops, nature walks, mindfulness sessions, or cultural events—that promote holistic wellness, reduce isolation, and build peer relationships in a supportive environment.

System Navigation and Resource Sharing

Guidance and support in accessing community services, mental health and addiction supports, housing, employment resources, and other systems that may feel overwhelming or difficult to navigate alone.

Together, these activities create a safe, empowering environment that supports participants in building confidence, developing practical tools, and taking steps toward sustained wellness and community integration.

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.

The Peer Led Support Program delivers measurable outputs that reflect participant engagement, service delivery, and connection to broader support systems. These outputs include:

of One-on-One Peer Support Interactions

Total number of individualized peer support sessions provided to participants.

of Peer Support Group Sessions Held

Number of facilitated group sessions conducted, focused on shared experience, support, and recovery.

of Wellness and Connection Activities

Total number of structured wellness-based or social connection activities offered (e.g., mindfulness sessions, art groups, cultural events).

of Participants in Wellness and Connection Activities

Number of unique individuals attending or engaging in wellness and connection programming.

of Internal Referrals to Other CMHA Wood Buffalo Programs

Number of participants connected to additional CMHA programs and services for continued support.

of System Navigation Supports and Resources Shared

Instances where participants received assistance navigating systems or accessing external resources (e.g., housing, employment, healthcare).

These outputs help track the program's reach and effectiveness in supporting individuals through peer connection, skill-building, and access to broader services.

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.

Short Term Outcomes for the Peer Led Support Program include:

1. Enhanced sense of belonging and connection with improved self-efficacy and confidence.

Indicators:

Participants feel less isolated and more connected to peers and community.

Participants report increased confidence in managing their mental health and navigating their recovery journey.

2. Greater understanding of coping strategies with improved help-seeking behaviours.

Indicators:

Participants learn and begin to apply new strategies for managing stress, anxiety, and emotional challenges.

Individuals feel more comfortable reaching out for support when facing mental health or substance use challenges.

3. Decreased stigma around mental health by fostering open discussions and shared experiences.

Indicators:

Increased willingness and comfort in sharing experiences among individuals to share their lived experience.

Increased attitudinal change in acceptance and understanding of mental health issues among peers.

Intermediate Outcomes - include participants regularly using healthy coping strategies, showing increased self-advocacy, and maintaining ongoing engagement with mental health supports. These efforts contribute to improved emotional regulation, stronger relationships, reduced isolation, and enhanced overall mental well-being.

Long-term Outcomes - includes fostering a resilient, connected, and mentally healthy community by reducing stigma, improving access, and empowering individuals, leading to lasting well-being, reduced isolation, and strengthened community through peer engagement.



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, Focus Groups, Interviews, Observation, Other:

Other:

self reported feedback; self assessment

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

The Peer Led Support Program is unique in the community as it places lived experience at the heart of service delivery. Unlike clinical models, it provides non-judgmental, recovery-focused support through trained Peer Support Workers who have personal experience with mental health or substance use challenges. This creates relatable, trust-based relationships that help individuals feel seen, heard, and empowered.

The program addresses critical system gaps by offering early intervention, prevention, and community-based support, especially for those who may be hesitant to engage with traditional services. Peers not only provide emotional support but also share practical strategies and system navigation insights based on their own journeys—making services more accessible and less overwhelming.

While the program stands on its own, it relies on strong collaborations and partnerships with other local organizations to provide referrals, access to resources, and holistic care. It enhances the existing network of supports in Wood Buffalo by bridging the gap between clinical services and the community, fostering hope, resilience, and recovery in a uniquely powerful way.

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
Keyano College	Mental Health and Addictions Supports
Recovery Alberta - Addictions & Mental Health; Northern Lights Regional Health Centre	Mental Health and Addictions Supports
PRIDE YMM	Caregiver Education and Support, Mental Health Support Programming
Wood Buffalo Wellness Society	Mental Health and Addictions Supports & Referrals
Consumer Advocate	Mental Health Support, Systems Navigation
Athabasca Tribal Council (ATC)	Mental Health and Addictions support, Referrals, Knowledge, Community Connections
Any local organization that provides outreach and support - unique to individual needs	Mental health referrals and support

VISION

A thriving region where we foster and embrace mental wellness for all.

MISSION

To provide support and access to resources and guidance for people to maintain and improve mental wellness. We believe in fostering inclusion, building confidence and collaborating to enhance sustainable mental wellness in our region.

STRATEGIC OBJECTIVE #1

Strengthening CMHA Wood Buffalo Region's capacity and performance through the support and development of its people.

Description:

Actively enhance CMHA Wood Buffalo's Region's organizational capacity and performance by empowering its people including operational leaders, staff, and the Board of Directors to deliver superior services and support to the community through targeted development, engagement and collaboration initiatives.

1. Staff and Board Development

- Additional staff to be hired if funding becomes available.
- Provide opportunities for professional development; implement and develop strategies for retention and recognition for Board and employees. Includes developing an Employee Matrix for training and a Skills Matrix for the Board.
- Increase the Board's connection to day-to-day operations through staff presentations to the Board of their jobs.

2. Diversity and inclusion

- If/when funding is available for additional staff need to look at skills first and background second.

3. Collaboration and Engagement

- Foster organic knowledge sharing, establish regular touchpoints and create collaborative committees or working groups between the Board and the operational team (fund development (FRGT)).
 - Increase CMHA Wood Buffalo Region's membership base.
-

STRATEGIC OBJECTIVE #2

Enhance the CMHA Wood Buffalo Region's Financial Stability and sustainability.

Description:

Strengthen CMHA Wood Buffalo Region's financial foundation and expand its resource development capabilities to support existing programs, and meet the diverse needs of the community, with a focus on sustainable and diverse funding sources.

1. Funding and Revenue Generation

- Leverage accredited training programs as a means of generating revenue through the certification of employees as trainers.
- Examine, refine and invest in existing funding relationships with organizations like the RMWB, the United Way, and industry partners.
- Engage with new organizations and businesses to explore potential funding opportunities.
- Enhance program funding within CMHA Wood Buffalo's key framework

2. Stimulate Fund Development through Communications and Awareness Building.

- Support communications and awareness campaigns that continue to highlight the organizations value and impact including more social media posts (i.e. Wellness Wednesdays; The Truth is...).
- Support out of the box fundraising initiatives.
- Equip Board members and staff with clear and persuasive key messages about CMHA Wood Buffalo.
- Provide training sessions to ensure consistent and compelling communication that resonates with diverse audiences.

STRATEGIC OBJECTIVE #3

Enhance CMHA Wood Buffalo's Region's programs and explore opportunities for expansion.

Description:

Sustain and enhance the range of programs and services and opportunities provided by CMHA Wood Buffalo's Region to meet the evolving needs of the community, focusing on accessibility, individuality, and responsiveness to client needs.

1. Program Sustainability and Enhancement

- Sustain and enhance the Wellness Hub as an open-door, safe space staffed with certified peer supporters.
- Sustain an emergency needs closet to address basic needs and provide immediate support in crisis situations.
- Enhance the offerings of youth programming to address the specific needs of young individuals in the community.
- Utilize and sustain online technologies where applicable to support and enhance service offerings (i.e. support groups and hybrid learning opportunities to increase accessibility and flexibility for clients).

STRATEGIC OBJECTIVE #4

Strengthen CMHA Wood Buffalo Region's collaborations, partnerships and communications.

Description:

Enhance CMHA Wood Buffalo Region's collaborations and partnerships with various stakeholders, including Indigenous communities, social profits organizations, and educational institutions, while also improving marketing and communications strategies to better advocate for mental health needs and increase organizational visibility.

1. Collaboration and Partnerships

- Continue and strengthen existing collaborations with various stakeholders.
- Sustain and enhance connection and collaboration with the regions Indigenous communities.

- Sustain and enhance relationships with other social profit organizations.
- Work with Recovery Alberta on overall program funding to ensure sustainability and effectiveness of services.

2. Marketing and Communications

- Implement strategic marketing focused on advocating for the needs of individuals with mental health issues and the resources to support them.
- Collect and share more case studies and stories from individuals who have benefited from the organization's programs.
- Enhance social media presence using platforms among youth such as TikTok, to share success stories and information about the organizations work.
- Maintain "The Truth Is..." awareness campaign to increase the organization's following.
- Increase the organization's presence in the community through presentations and showcases at community events.

March 16, 2025

Susan Goll
Executive Director
CMHA Wood Buffalo

Dan Rippe
Acting President
Board of Directors – CMHA Wood Buffalo

RMWB Sustaining Grant Program Budgets												
Overall Budget			Wellness Hub			Peer Led Support Program			Recovery College			RMWB
			Overall	RMWB ASK		Overall	RMWB ASK		Overall	RMWB Ask		Overall
Overall Budget			15% RMWB ASK		Total	15%			70%			
Revenue												
CMHA AB Division	108,571.00		16,285.65			16,285.65			75,999.70			
Donation	115,345.00		17,301.75			17,301.75			80,741.50			
RMWB Request	\$ 201,537.00		\$ 30,230.55	\$ 30,230.55		\$ 30,230.55	\$ 30,230.55		\$ 141,075.90	\$ 141,075.90		\$ 201,537.00
Total	\$ 425,453.00		63,817.95	\$ 30,230.55		63,817.95	\$ 30,230.55		297,817.10	\$ 141,075.90		\$ 201,537.00
Expenses												
Wages	\$311,700.00		\$46,755.00	\$23,543.18		\$46,755.00	\$23,543.18		\$218,190.00	\$109,550.00		\$156,636.36
Training	\$3,500.00		\$525.00	\$312.50		\$525.00	\$312.50		\$2,450.00	\$2,100.00		\$2,725.00
Travel	\$5,000.00		\$750.00	\$200.00		\$750.00	\$200.00		\$3,500.00	\$1,400.00		\$1,800.00
Accounting/Audit	\$10,400.00		\$1,560.00	\$375.00		\$1,560.00	\$375.00		\$7,280.00	\$953.17		\$1,703.17
Rent	\$29,500.00		\$4,425.00	\$1,500.00		\$4,425.00	\$1,500.00		\$20,650.00	\$7,000.00		\$10,000.00
Program Supplies	\$5,500.00		\$825.00	\$145.00		\$825.00	\$145.00		\$3,850.00	\$550.00		\$840.00
Insurance	\$3,901.00		\$585.15	\$80.00		\$585.15	\$80.00		\$2,730.70	\$640.00		\$800.00
Leased Rquipment	\$2,750.00		\$412.50	\$82.50		\$412.50	\$82.50		\$1,925.00	\$285.00		\$450.00
Computer IT	\$2,000.00		\$300.00	\$50.00		\$300.00	\$50.00		\$1,400.00	\$200.00		\$300.00
									0			\$0.00
Admin Cost	\$51,202.00		\$7,680.30	\$3,942.37		\$7,680.30	\$3,942.37		\$35,841.40	\$18,397.73		\$26,282.47
TOTAL COST OF PROGRAM	\$425,453.00		\$63,817.95	\$30,230.55		\$63,817.95	\$30,230.55		\$297,817.10	\$141,075.90		\$201,537.00



October 6, 2025

To Whom It May Concern:

Please accept this as a letter of endorsement for the Canadian Mental Health Association (CMHA) in their endeavour to secure funding for the Recovery College and Peer Support programs. These programs are integral to addressing the needs in our community and our schools. These programs align with our shared mission to support everyone in our community - youth, parents and families.

We are committed to working collaboratively with CMHA. We recognize the need for support of mental health and substance use concerns. These free programs are flexibly offered in a way that they are easily accessible.

Fort McMurray Catholic Schools deeply expresses our gratitude for the partnership and strong support from CMHA. They have offered our schools programming and support for many years. Not only do our students and families benefit from the programs, but we appreciate their collaboration and support both inside and outside the school setting. We have welcomed CMHA to deliver presentations on grief and loss, emotional regulation, mindfulness, trauma informed care and healthy living support programs. They have supported individuals (i.e. teachers, Educational Assistants, School Counsellors, etc) to participate in some of the courses and support groups. The feedback is that these offerings are always well received and delivered in a compassionate and professional manner.

CMHA is a longstanding partnership and we have a history of working effectively together. We fully support their application for funding.

Thank you for considering funding for the Canadian Mental Health Association. Please do not hesitate to contact us to discuss further.

Sincerely,

Kirsten McConnell
FMCS D Director of Inclusive Education
kirsten.mcconnell@fmcsd.ab.ca | 780-799-5700

Valerie Dyck
FMCS D Director of Inclusive Education
vdyck@fmcsd.ab.ca | 780-799-5700

October 1, 2025

To Whom It May Concern,

Subject: Letter of Support and Partnership for Teacher Wellness Sessions

On behalf of Frank Spragins High School, I am pleased to express our strong support and commitment to partnering with the Canadian Mental Health Association (CMHA) in the implementation of Teacher Wellness Sessions. This initiative aligns with our shared mission to support teachers and strive to help build staff morale and promote positive mental health.

We are committed to working collaboratively with CMHA to ensure the success of this project. We recognize the pressing need for ensuring that teachers are given the opportunity to build healthy habits and practice effective ways to improve their mental health and wellness in our community.

Our organizations have a history of successful collaboration, including the "Talk Tuesday" wellness presentations at our school, which helped our students learn strategies to improve and maintain positive mental health. Our staff still comment on how much our students enjoyed those activities and learned many effective strategies. Staff and students were very engaged and have asked for more presentations, which demonstrates our ability to work effectively together.

As a committed partner, Frank Spragins High School teachers will contribute to the project in the following ways:

Roles and Responsibilities: Attend and participate in the health and wellness sessions offered by CMHA. Our teachers are responsible for completing any homework assignments, engaging in the session activities, and providing feedback when requested by the presenter.

Resources Committed: Staff meeting time will be given during the Professional Learning Fridays that are scheduled throughout the school year. Meetings will be held in a classroom with access to a promethean board, comfortable seating, and learning supplies.

For any further information or clarification, please contact:

Joni Stryde
School counsellor / Mental Health Therapist
Frank Spragins High School
Phone: (780) 714-3434
Email: joni.stryde@fmpsd.ab.ca

My school administration team and I look forward to the opportunity to collaborate on this important initiative and we are confident in the positive impact this will have on our school staff and community.

Sincerely,



Joni Stryde
~Frank Spragins High School



Wood Buffalo Wellness Society

PO Box 5748

Fort McMurray, Alberta

T9H 4V9

Phone (780) 334 – 2398

Fax (780) 334 – 2352

www.woodbuffalowellnesssociety.com

To Whom It May Concern,

Re: Letter of Support and Partnership for Canadian Mental Health Association- Recovery College Program

On behalf of Wood Buffalo Wellness Society, I am pleased to express our strong support and commitment to partnering with CMHA Wood Buffalo in the continuation of the Recovery College Program. Addictions programming and specifically Recovery College, strongly aligns with our shared mission of supporting individuals through their recovery journey.

We are committed to working collaboratively with Susan and her team, to ensure the success of this project and look forward to building stronger ties and working together more closely over the coming year as we expand our aftercare programming at Wood Buffalo Wellness Society. At a time when our local Indigenous community is in a state of declared local emergency due to rampant addictions and mental health concerns, we need strong ally organizations who are willing to work with us and not against us. Susan's team at CMHA Wood Buffalo have demonstrated a strong commitment to doing so and we value their support and allyship.

Susan and I have met to discuss ways in which we can partner together to share resources and coordinate our efforts to better serve the needs of the community to have the best impact in addressing addiction within our region. The continuation of the Recovery College program will allow us to do so. While this is a new partnership, we believe it is a natural and strategic fit. Our complementary strengths, a solid foundation within the community with years of experience and expertise delivering addictions and mental health programming, position us well to deliver this project collaboratively and effectively.

As a committed partner, Wood Buffalo Wellness Society will contribute to the project by working collaboratively from pre-existing staffing positions and resources to work together to meet the mandates of both of our agencies and programs. Specifically, we are planning to co-facilitate aftercare programming sessions from the Recovery College curriculum and invite involvement from CMHA into our summer on the land programming. The target group that WBWS would focus on would be residents of our Recovery homes and any Indigenous individuals returning home from residential treatment. By bringing CMHA staff into our land-based programming, this will in turn build capacity and trust within the Indigenous community for CMHA and ideally resulting in greater uptake of Indigenous individuals accessing all CMHA programming. We will dedicate staff resources, some programming funding and in kind support through providing training spaces, client transportation, etc

For any further information or clarification, please contact myself at:

Jo-Anne Packham

Executive Director

Wood Buffalo Wellness Society

ed@woodbuffalowellnesssociety.com

Website: [Wood Buffalo Wellness Society | Home | Fort McMurray, Alberta, Canada](http://WoodBuffaloWellnessSociety.com)

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,



September 29, 2025

To Whom It May Concern,

Subject: Letter of Support and Partnership for Recovery College and Peer Support programs

On behalf of Wood Buffalo Pride, I am pleased to express our strong support and commitment to partnering with CMHA Wood Buffalo in the implementation of Recovery College and Peer Support programs. This initiative aligns with our shared mission to foster inclusion, provide education, and create safe spaces that support equity, belonging, health, and well-being.

We are committed to working collaboratively with CMHA Wood Buffalo to ensure the success of this project. We recognize the pressing need for inclusive peer support and education in our community.

Our organizations have a history of successful collaboration, including jointly hosting support groups since 2021, which demonstrates our ability to work effectively together.

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

- Shared promotion of programs
- Facilitation of Trans Support group
- Referral of clients to Caregiver Support Groups
- Act as back up facilitators when needed

For any further information or clarification, please contact:

Mitchel Bowers
Executive Director
Wood Buffalo Pride
587-646-6626
ed@wbpride.ca
www.wbpride.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,

Mitchel Bowers
Executive Director
Wood Buffalo Pride

THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994
Financial Statements
Year Ended March 31, 2025

THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994
Index to Financial Statements
Year Ended March 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Members of The Canadian Mental Health Association, Alberta North East Region, 1994

Qualified Opinion

We have audited the financial statements of The Canadian Mental Health Association, Alberta North East Region, 1994 (the Association), which comprise the statements of financial position as at March 31, 2025 and 2024, and the statements of revenues and expenditures, changes in net assets and cash flows for the years then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matter described in the *Basis for Qualified Opinion* section of our report, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2025 and 2024, and the results of its operations and cash flows for the years then ended in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

Basis for Qualified Opinion

In common with many not-for-profit organizations, the Association derives revenue from fundraising activities the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these revenues was limited to the amounts recorded in the records of the Association. Therefore, we were not able to determine whether any adjustments might be necessary to fundraising revenue, excess of revenues over expenses, and cash flows from operations for the years ended March 31, 2025 and 2024, current assets and net assets as at March 31, 2025 and 2024. Our audit opinion on the financial statements for the year ended March 31, 2024 was modified accordingly because of the possible effects of this limitation of scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Association in accordance with ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with ASNPO, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditor's Report to the Members of The Canadian Mental Health Association, Alberta North East Region, 1994 *(continued)*

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

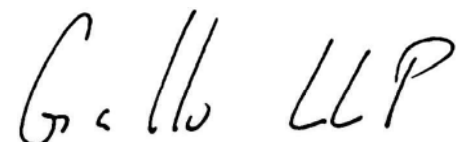
Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994

Statement of Revenues and Expenditures

Year Ended March 31, 2025

	2025	2024
REVENUES		
Grants and sponsorships	\$ 555,433	\$ 831,297
Government support	122,263	117,295
Fundraising	118,974	108,756
Public support - donations	65,294	69,785
Public support - gaming	57,072	51,836
Fee for service and workshops	12,822	15,167
	<u>931,858</u>	<u>1,194,136</u>
EXPENSES		
Salaries and benefits	602,355	789,033
Rent	104,513	110,049
Program expenses	75,816	103,723
Fundraising expenses	52,839	51,188
Travel	19,062	19,379
Office	17,911	33,097
Subcontracted services	16,593	18,619
Event expenses	14,384	10,768
Insurance	13,141	7,822
Professional fees	11,019	11,121
Repairs and maintenance	9,217	6,822
Membership fees	9,005	8,740
Office equipment lease	7,821	8,692
Utilities	7,339	5,936
Divisional fees	7,037	5,473
Amortization	5,238	30,434
Interest and bank charges	3,902	4,803
Advertising and promotion	3,241	3,429
	<u>980,433</u>	<u>1,229,128</u>
DEFICIENCY OF REVENUES OVER EXPENSES	<u>\$ (48,575)</u>	<u>\$ (34,992)</u>

THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994

Statement of Financial Position

March 31, 2025

	2025	2024
ASSETS		
CURRENT		
Cash (Note 3)	\$ 666,208	\$ 730,229
Accounts receivable	15,333	1,320
Prepaid expenses and deposits	9,368	9,634
Goods and services tax recoverable	2,590	2,708
	<u>693,499</u>	743,891
PROPERTY AND EQUIPMENT (Net of accumulated amortization) (Note 4)	<u>12,769</u>	9,012
	<u>\$ 706,268</u>	<u>\$ 752,903</u>
LIABILITIES AND NET ASSETS		
CURRENT		
Accounts payable and accruals	\$ 37,636	\$ 39,244
Deferred contributions (Note 5)	484,959	481,411
	<u>522,595</u>	520,655
NET ASSETS		
Unrestricted	103,859	157,872
Investment in capital assets	12,769	9,012
Internally restricted funds (Note 3)	67,045	65,364
	<u>183,673</u>	232,248
	<u>\$ 706,268</u>	<u>\$ 752,903</u>

COMMITMENTS (Note 8)

ON BEHALF OF THE BOARD

Lisa Butler

Lisa Butler (Sep 30, 2025 10:17:50 MDT)

Director

Daniel Rippe

Daniel Rippe (Sep 29, 2025 12:03:54 MDT)

Director

See notes to financial statements

THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994

Statement of Changes in Net Assets

Year Ended March 31, 2025

	Unrestricted	Investment in capital assets	Internally restricted funds Note 3	2025	2024
NET ASSETS -					
BEGINNING OF					
YEAR	\$ 157,872	\$ 9,012	\$ 65,364	\$ 232,248	\$ 267,242
DEFICIENCY OF					
REVENUES OVER					
EXPENSES	(48,575)	-	-	(48,575)	(34,992)
Capital asset additions	(8,995)	8,995	-	-	(2)
Amortization of capital					
assets	5,238	(5,238)	-	-	-
Interest earned	(1,681)	-	1,681	-	-
NET ASSETS - END OF					
YEAR	\$ 103,859	\$ 12,769	\$ 67,045	\$ 183,673	\$ 232,248

THE CANADIAN MENTAL HEALTH ASSOCIATION, ALBERTA NORTH EAST REGION, 1994

**Statement of Cash Flows
Year Ended March 31, 2025**

	2025	2024
OPERATING ACTIVITIES		
Deficiency of revenues over expenses	\$ (48,575)	\$ (34,992)
Item not affecting cash:		
Amortization of property and equipment	<u>5,238</u>	<u>30,434</u>
	<u>(43,337)</u>	<u>(4,558)</u>
Changes in non-cash working capital:		
Accounts receivable	(14,013)	90
Prepaid expenses and deposits	266	-
Goods and services tax recoverable	118	1,149
Accounts payable and accruals	(1,605)	(3,800)
Deferred contributions	3,548	245,454
Deferred capital contributions related to capital assets	<u>-</u>	<u>(12,690)</u>
	<u>(11,686)</u>	<u>230,203</u>
Cash flow from (used by) operating activities	<u>(55,023)</u>	<u>225,645</u>
INVESTING ACTIVITY		
Purchase of property and equipment	<u>(8,998)</u>	<u>(7,968)</u>
INCREASE (DECREASE) IN CASH FLOW	<u>(64,021)</u>	<u>217,677</u>
Cash - beginning of year	<u>730,229</u>	<u>512,552</u>
CASH - END OF YEAR	<u><u>\$ 666,208</u></u>	<u><u>\$ 730,229</u></u>

See notes to financial statements











Audited Financials 2024-25 1

Final Audit Report

2025-09-30

Created:	2025-09-29
By:	Susan Goll (director@woodbuffalo.cmha.ab.ca)
Status:	Signed
Transaction ID:	CBJCHBCAABAAEOdeahypU49bq9A9QsrYfot_CXK9-2t1

"Audited Financials 2024-25 1" History

-  Document created by Susan Goll (director@woodbuffalo.cmha.ab.ca)
2025-09-29 - 4:12:06 PM GMT
-  Document emailed to s.20(1) for signature
2025-09-29 - 4:13:21 PM GMT
-  Email viewed by s.20(1)
2025-09-29 - 6:03:08 PM GMT
-  Signer s.20(1) entered name at signing as Daniel Rippe
2025-09-29 - 6:03:52 PM GMT
-  Document e-signed by Daniel Rippe s.20(1)
Signature Date: 2025-09-29 - 6:03:54 PM GMT - Time Source: server
-  Document emailed to libutler@suncor.com for signature
2025-09-29 - 6:03:56 PM GMT
-  Email viewed by libutler@suncor.com
2025-09-30 - 4:17:21 PM GMT
-  Signer libutler@suncor.com entered name at signing as Lisa Butler
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-  Document e-signed by Lisa Butler (libutler@suncor.com)
Signature Date: 2025-09-30 - 4:17:50 PM GMT - Time Source: server
-  Agreement completed.
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