

HIV North Society

2018 Community Development Grant Analysis

CIP Grant Summary:

2015	2016	2017	2018 Request	2018 Recommended by CIP	Difference of Recommended vs. Requested
-	-	-	5,670	5,340	(330)

Program Reporting Required:

Six Month & Annual Reports

Financial Reporting Required:

Financial Statements Prepared by Board



Notes:

Helping people develop an awareness of a rising social issue per, FCSS program handbook.

Budget Line Description	2018 Budget	2018 Grant Request	2018 Recommended
Revenues			
2018 Community Development Grant	5,670.00	5,670.00	5,340.00
Total Revenues	5,670.00	5,670.00	5,340.00
Expenses			
Venue for presentations	1,600.00	1,600.00	1,500.00
Travel	1,500.00	1,000.00	900.00
Refreshments	1,200.00	1,200.00	1,100.00
500 prevention kit buttons	1,500.00	1,500.00	1,500.00
Accommodations	370.00	370.00	340.00
Printing for promotional items	500.00	-	-
Total Expenses	6,670.00	5,670.00	5,340.00
Total Surplus (Deficit)	(1,000.00)	-	-



2018 Community Development Grant
Part A - Organization Summary

Organization Name:	HIV North Society		
Mailing Address:	Street Address:	1 C.A. Knight Way	
	City/Hamlet:	Fort McMurray	
	Province:	Alberta	
	Postal Code:	T9H 5C5	
Phone Number:	780-791-3391		
Email Address:	fmteamlead@hivnorth.org		
Website Address:	hivnorth.org		
Main Contact Name:	Name:	Linda Mason	
	Title:	Area Director	
	Daytime Phone:	780-791-3391, ext. 3030	
	Email Address:	fmteamlead@hivnorth.org	
Board Chair / President:	Name:	Christina Nelson	
	Daytime Phone:	FOIP s.17(1)	
	Email Address:	FOIP s.17(1)	
Is your organization registered as a not-for-profit society or corporation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Registration Number:	Act Registered Under:	<input checked="" type="checkbox"/> Societies Act (Alberta) <input type="checkbox"/> Companies Act (Alberta) <input type="checkbox"/> Canada Not-for-profit Corporations Act	
503764474			
Declaration of Board Members - In making this application, we, the undersigned, confirm that we are 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.			
			
Signature of Board Member (must have signing authority)		Signature of Board Member or Executive Director (must have signing authority)	
Tina Nelson		Melissa Byle	
Print Name		Print Name	
January 24, 2018		Jan - 24, 2018	
Date (Year-Month-Day)		Date (Year-Month-Day)	



Part B - Board Questionnaire

Is your organization receiving the Community Operating Grant in 2018? Yes ☐ No ☒

How often does the Board review the financial position of the agency? What efforts have been made in the past fiscal year to increase the number, and types, of financial support for your organization?

The Board reviews the financial position of the agency monthly during board meetings. A yearly external audit also occurs.
HIV North Society is always seeking grant and funding opportunities.

Organization's most recent Fiscal Year End date (YYYY-MM-DD): 2017-05-31

Unrestricted bank balance at 2017-05-31 \$ 40,000.00

(Unrestricted bank balance: Accumulated surplus that the Board has not set aside for a particular purpose)

Total Expenses from your Financial Statements Ending 2017-05-31 \$ 1,178,518.00

Does your organization have financial reserves greater than the last year's operating expenses? If so, explain why.

No

What are the restrictions (if any) on becoming a member of your organization or participating in programs or services?

There are no restrictions.

Minimum number of board members according to bylaws: 15

Number of board members: 2017: 12 2016: 6 2015: 10

How often does the Board of Directors meet? Monthly



Please list your current Board of Directors:

Name	Board Position	Years on Board
Tina Nelson	President	5.00
Cheryl Hardy	Vice President/Director	10.00
Gordon Pellerin	Past President	30.00
Erin Gallup	Secretary	1.00
Robert Thomlinson	Treasurer	1.00
Brianne Hudson	Director	1.00
Amanda Ferguson	Director	5.00
Lisa Watson	Director	0.50
Pamela Macelroy	Director	0.50
Dwayne Quilty	Director	1.00
Jeremy Warner	Director	1.00
Kristy Jackson	Director	1.00

Are any Board member/s being paid, or receiving an honorarium for being on the Board or for other positions in the organization outside of their role on the Board? Yes ☐ No ☒

If yes, complete the following table:

Board member name	Paid role in the board / organization	Amount received

The personal information collected in this application is collected under the authority of section 33(c) of Alberta's Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to process the application and contact you if needed, during the review of this application. If you have any questions about the collection and use of the personal information you may contact the Community Facilities & Investment Manager, at 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4 or at (780) 743-7918.



Part C - Proposed Program / Project

The Family and Community Support Services (FCSS) grant is used to support the design and delivery of preventive social services programs that promote and enhance the well-being of individuals, families and communities. The link to the regulations can be found here:

http://www.qp.alberta.ca/1266.cfm?page=1994_218.cfm&leg_type=Regs&isbncln=9780779786756&display=html

1. Program/Project Description

Program/Project Name: Naloxone - Promoting Safe, Prepared Communities

Beginning Date: 2018-03-01 **Completion Date:** 2018-12-31

General program/project description:

Our information sessions will educate members of the community about opioids and train them to reverse unintentional opioid overdoses through administering Naloxone. Our project aims to decrease the number of opioid-related deaths in Fort McMurray and surrounding rural communities.

Our OD Prevention Nurse will conduct the training sessions and provide Naloxone kits to any participants who want one. We are planning to hold sessions once per month (March-December) in Fort McMurray as well as one session per month in each of our rural communities (Anzac, Conklin, Janvier, Fort McKay and Fort Chipewyan). These rural communities are considered to be at higher risk and travel time to emergency services ranges from 30 minutes to 2 hours. We want to ensure that members of these outlying communities have access to education about opioids as well as Naloxone kits that can be used while waiting for emergency services to respond.

In order to increase awareness in our community about the opioid crisis, we want to distribute a button to everyone who takes a Naloxone kit following their training. This button, saying "I carry an overdose prevention kit," can be worn to let members of the community know who they can turn to in the event of an emergency overdose situation. The button will also promote awareness in our community by encouraging conversation about overdoses and the Naloxone kit.

Program/Project Logic Model

Please include a logic model for the program/project described on page 4. Use the template provided below to describe the program/project. Refer to attached sample (page 10) for guidance.

INPUTS OR RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Resources available to the program that allow and support service delivery, including money, staff, volunteers, clients, materials, or equipment	The methods of service delivery carried out by staff	The product delivered or unit of service provided, usually described numerically, such as number of people served or number of hours of service delivered	The first changes that occur for the individuals, families, organizations, or community as a result of the program	The subsequent benefit for people during or after their involvement in a program	The eventual impact on individuals, families, organizations, or community for which the program is accountable
People: - Overdose Prevention Nurse - Educator - Community Engagement Coordinator Equipment: - projector - lap top Materials: - training presentation developed by staff - Naloxone kits	Training: - power point presentation - opportunity to practice administering Naloxone	- 20 training sessions (2/month) - 1 hour of training per session - 1 session per month in Fort McMurray - 1 session per month in one of the surrounding rural communities	- Individuals have increased awareness of the dangers of opioids and their presence in our community - Individuals are educated about what local resources are available to them	- Individuals feel better prepared to react to an unintentional opioid overdose	- Fewer opioid-related deaths in our community - Increased number of community members carrying Naloxone kits - Increased awareness in our community of how to identify someone trained to use a Naloxone kit (trainees wearing their buttons)



Target Group (choose all that apply):

- | | | | |
|-------------------------------------|--|--|--|
| <input type="checkbox"/> Ages 0 - 5 | <input type="checkbox"/> Ages 10 - 12 | <input checked="" type="checkbox"/> Adults | <input type="checkbox"/> Families |
| <input type="checkbox"/> Ages 6 - 9 | <input checked="" type="checkbox"/> Ages 13 - 18 | <input type="checkbox"/> Seniors | <input type="checkbox"/> Community Development |

How does your program/project support the following FCSS program outcomes: Prevention, Local Autonomy, Volunteerism, Accountability and Community Development?

Select one or more of the following:

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

Explain how this program is preventive in nature and enhances the social well-being of individuals and/or families :

This project is designed to prevent future opioid overdose deaths in our community. Providing education about opioids will give individuals the knowledge needed to make better decisions when using drugs or when surrounded by others who are using drugs, whether prescribed or illegally obtained. Distributing Naloxone kits to individuals who attend the training will increase the number of people who can respond to unintentional opioid overdoses. Trained individuals will feel better prepared to help out their fellow community members in a time of crisis.

What is the community need that the program/project will address? How was the need determined? How will the program/project address this need?

The community need that the program will address is opioid awareness and unintentional overdose reversal. This need was determined by the increased number of opioid-related deaths in Alberta. From January to September 2017, there were 482 opioid-related deaths in our province. During that same period, there were 9 fentanyl-related deaths in Fort McMurray. Figures from Alberta Health revealed that in 2017, Fort McMurray was the city with the second highest fentanyl overdose death rate in the province. The project will address this issue by educating community members about what an opioid is, the risks associated with them, how to recognize an overdose, as well as providing members with training on how to administer Naloxone.



What evidence would support this approach (research, best practices, etc.)?

In 2016, our office distributed 97 Naloxone kits. In 2017, our office distributed 795 kits. From January 1st, 2016 to September 30th, 2017, 2,330 overdose reversals were self-reported in Alberta with the distribution of 27,690 Naloxone kits.

The World Health Organization released a report on Community Management of Opioid Overdose (World Health Organization, 2014). In this report, a strong recommendation was made that people likely to witness an opioid overdose should have access to Naloxone and be trained to administer it for the emergency management of suspected opioid overdose. We need to make Naloxone widely accessible to high-risk groups and to raise awareness about opioid overdose prevention.

2. Partnerships & Support

What other community groups are you working with and in what capacity?

We are currently working with Alberta Health Services, the RCMP and the Public and Catholic School Boards to provide community information sessions about the opioid crisis in Alberta. During these sessions, we will be advising community members about the Take Home Naloxone training that our organization provides. The next step is to schedule monthly education and training sessions for individuals who want to take part in our fight against the opioid crisis.

3. Previous Funding

List all previous grants received during the past three years from the Community Development Grant, another grant program through the Municipality, or another group in the space provided below:

Source	Amount	Type (i.e. donations, grants)	Year



4. Project / Program Budget

Please be advised that although your organization's fiscal year may not run January - December, that is the funding period of the Community Development Grant. The following content must only relate to the period of January 1 - December 31, 2018.

Please list all sources of funding separately and name the source of all grants and other income. Do not include this grant application as a source of revenue.

Projected Income	Revenue January - December 2018
Project/Program Income (Fees, rental, admissions, etc.)	
Provincial Assistance	
Federal Assistance	
Casinos/Bingos	
Donations	
Grant from:	
Grant from:	
Grant from:	
Other:	
Other:	
Other:	
Total (A)	\$ 0.00

Please enter the entire program expense for each line item in Column B (Total Program Expenses).

Please enter the requested grant portion of the expense in Column C (Requested RMWB Grant).

The following content must only relate to the period of January 1 - December 31, 2018.

Projected Expenses Type of Expense	B	C
	Total Program Expenses Jan - Dec '18	Requested RMWB Grant Jan - Dec '18
Venues for presentations	1,600.00	1,600.00
Travel to rural communities	1,500.00	1,000.00
Snacks and refreshments for attendees	1,200.00	1,200.00
500x I carry an overdose prevention kit buttons	1,500.00	1,500.00
Accommodations in Fort Chipewyan	370.00	370.00
Printing for promotional materials	500.00	0.00
		0.00
Total (D)	\$ 6,670.00	
Shortfall (including Grant Request) (A-D)	(\$ 6,670.00)	
TOTAL GRANT REQUEST *		\$ 5,670.00

*Total Grant Request cannot be higher than projected Deficit



5. Outcomes

How will you evaluate the success of your Program/Project?

Individuals who undergo training and receive a Naloxone kit will be instructed to call our OD Prevention Nurse to report when they have administered Naloxone and how many doses were used. Statistical information will be gathered by our staff and reported to Alberta Health. The province provides statistics on how many opioid-related deaths occur in Fort McMurray. Since 2012, this number has steadily increased, more than doubling some years. We hope to see a decline in this stat when comparing 2018 to 2017.

We track the number of Naloxone kits handed out during our training sessions. We also hope to see an increase in the number of kits distributed in 2018 compared to the previous year.

6. Additional Information

Provide any additional information that may assist in developing a better understanding of your organization or its services/programs during the grant review:

7. Required Attachments for Application

The following attachment **MUST** accompany your application. Failure to submit the following will result in your application being deemed incomplete.

☐ Financial Statements of most recent fiscal year