

Policy No.:	163.22	Council Approval: October 25, 2022 Resolution No.: 299/22 Date: October 25, 2022
Policy Title:	Municipal Facility Office Space Policy	
Department:	Community Services	
Reviewed:	Every 5 Years	
Revised:		
Supersedes Policy/Bylaw:		

1. Policy Statement

1.1 The Municipal Facility Office Space Policy will provide guidance for Council and Administration to determine how unallocated and surplus office space may be allocated to health and social service organizations and programming that provide needed services to Town of Blackfalds residents, per the Social Needs Assessment Master Plan.

2. Reason for Policy

- 2.1 That the Town of Blackfalds is dependent on external outreach agencies for needed services and providing office space for these agencies, when available is of benefit to the Community.
- 2.2 To set out a policy under which the Town of Blackfalds may enter into partnerships with health and social service organizations to provide them office space in order to meet the goals of the Social Needs Assessment Master Plan.
- 2.3 To encourage the procurement of social services, health services and programming not currently offered to Blackfalds residents.
- 2.4 To provide in-kind or reduced rate office space for new social services, health services and programming in Blackfalds where fees might currently be a barrier.
- 2.5 To provide more accessible services by offering community agencies and organizations the opportunity to locate in Blackfalds.

3. Related Information

3.1 None

4. Definitions

4.1 “**Donation**” means a sum of money given to a charitable cause through a gift, contribution, present, pledge, handout or offering with no reciprocal recognition. If reciprocal benefits exist, the principles of this policy apply.

- 4.2 **“In Kind Contribution”** means contributions, other than cash, including corporate products, labour, facility use, and services and/or other assets without charge or purchase.
- 4.3 **“Region”** means the geographical area surrounding the Town of Blackfalds where residents would seek and benefit from services.
- 4.4 **“Resources”** means provision of Town owned materials or assets in kind or provision of municipal labour forces in kind.
- 4.5 **“Social Assistance Agency”** means an agency providing assistance that supports individuals in provision of their basic needs.
- 4.6 **“Social Needs Assessment”** means the guiding document for Council, the FCSS Board, and Administration which provides direction on initiatives and strategies to address social needs in Blackfalds.
- 4.7 **“Town”** means the corporation of the Town of Blackfalds, its departments and employees.

5. Responsibilities

- 5.1 Municipal Council to:
- 5.1.1 Approve by resolution this policy and any amendments.
 - 5.1.2 Consider the allocation of resources for successful implementation of this policy in the annual budget process.
- 5.2 Chief Administrative Officer to:
- 5.2.1 Implement this policy and approve procedures.
 - 5.2.2 Ensure policy and procedure reviews occur and verify the implementation of policies and procedures.
- 5.3 Director of the Department to:
- 5.3.1 Ensure implementation of this policy and procedure.
 - 5.3.2 Ensure that this policy and procedure is reviewed every three years.
 - 5.3.3 Make recommendations to the Chief Administrative Officer of necessary policy or procedure amendments.
- 5.4 Manager to:
- 5.4.1 Understand, and adhere to this policy and procedure.
 - 5.4.2 Ensure employees are aware of this policy and procedure.

5.5 All Employees to:

5.5.1 Understand and adhere to this policy and procedure.

6. Exclusions

6.1 As circumstances arise.

7. Special Situations

7.1 As circumstances arise.

8. Appendix

8.1 Appendix A - Municipal Facility Office Space Application

8.2 Appendix B – Municipal Facility Office Space Application Evaluation

9. End of Policy

PROCEDURE	Policy No.: Policy Title: Department:	163.22 Municipal Facility Office Space Policy Community Services
------------------	------------------------------------------------------------------	---------------------------------------------------------------------------------------------

1. Preamble

1.1 The Town will review all requests for office space in an open, equitable and fair manner.

2. General

2.1. Application

- 2.1.1. Applicants must be a health or social service agency, not just a not-for-profit organization.
- 2.1.2. Office space requests will be processed and considered through a formal request provided in writing by filling out Appendix A – Municipal Facility Office Space Application.
- 2.1.3. Applicants will be required to outline how their health or social service agency meets the needs of the Social Needs Assessment Master Plan or gap in community health services.
- 2.1.4. Applications will be reviewed by Town Administration for approval.
- 2.1.5. Administration’s recommendation for approval will be forwarded to Town Council for formal approval.
- 2.1.6. Applicants may be requested to appear as a delegation in person to a Council Meeting and to provide an oral presentation.
- 2.1.7. This policy will include discretionary approval of organizations that may fall outside of the criteria identified, with consideration of shifting economic, social needs and benefits.

2.2. Eligibility Criteria

- 2.2.1. The Town of Blackfalds is a publicly funded government body that offers space to support community programs and organizations that further supports and improves the lives of our residents. Therefore, office space requests will only be considered, when the applicant meets the eligibility criteria for identified service gaps and vulnerable populations.
- 2.2.2. The applicant must demonstrate that donation of space will provide a direct or indirect benefit to the Town, its citizens, and those in the region through measurable and meaningful actions and services that are currently limited in the Town of Blackfalds.

2.2.3. These gaps will be identified in relation to the Social Needs Assessment.

2.3. Evaluation

2.3.1. Municipal Administration will review applications from organizations and will determine approval based on Appendix B – Municipal Facility Office Space Application Evaluation.

3. End of Procedure

Approval

-Original Signed -

Chief Administrative Officer

-Original Dated-

Date

Town of Blackfalds
5018 Waghorn Street,
Box 220,
Blackfalds, AB T0M 0J0
Phone 403.885.4677
Fax 403.885.4610
Email info@blackfalds.ca

Purpose: To provide guidance for the Town of Blackfalds to enter into partnerships with health and social service organizations to provide them office space in order to meet the goals of the Social Needs Assessment Master Plan.

Who May Apply: Social Service and Health Service Agencies that provide social services, health services, and/or programming to the community. The service must be delivered in Blackfalds, AB.

To request office space, organizations must submit a complete application form. The application will be reviewed by Town Administration and if approved, will be brought forward to the Town of Blackfalds Council for final approval. Applicants may be asked to speak as a delegation for further information on their application. Applicants must be from a social assistance agency or healthcare organization. Applicants are encouraged to note how their request addresses needs from the Social Needs Assessment Master Plan located here through the completion of the Evaluation Form. If you require information or assistance, you can contact the Town at 403.885.4677. We are located at 5018 Waghorn Street, Blackfalds, AB.

Part A – Social Service or Health Service Agency’s Information

1. Organization's Name: _____

2. Mailing Address: _____

Postal Code: _____

3. Primary Contact Person: _____

Phone: _____

E-Mail: _____

Registered Society / Charity Number (if applicable): _____

Part B – Purpose and Need

Demonstration of Need

1. What service gap(s) has been identified that shows the social service or health service need or programming in our community?

2. How does this program/service serve to strengthen and support social serving and health services of the residents of Blackfalds?

3. Will this program/service still locate in Blackfalds without the use of Municipal provided office space?

Organization

4. Is this program/service already offered through any other organization in Blackfalds?

5. Which of the FCSS priorities are addressed?
 - Bullying/Conflict Resolution
 - Child & Youth Safety
 - Mental Health Supports
 - Parenting
 - Health Services
 - Relationship Support
 - Family & Domestic Violence Support
 - Substance Abuse
 - Intergenerational Programming

6. Describe your organization including the type, the purpose, and number of members.

7. Describe the type of program(s) and/or services offered.

8. What are your organization's goals and objectives for this year?

9. What is your organization's target residents?

INVALID COPY

Part C – Issue Addressed

1. Describe the issue or priority area your organization/program proposes to address.

2. In which of the following areas does this service/program impact on social sustainability in our community:
 - Help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - Provide health services not currently offered to the residents of Blackfalds.
 - 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.

3. In what ways are the residents you intend to serve impacted? Please describe short- and long-term implications.

4. What is the impact of not addressing the identified needs?

5. How does your project/program plan to address the issue?

6. Describe specifically how you will measure the success of locating your services in Blackfalds and your expected results. (Examples: # of participants, # of surveys completed, survey feedback, program waiting list, etc.)

7. Are there similar program/services offered in the community? If so, explain how yours is different.

Part D – Office Space Budget and Hours

1. If your organization were to use Municipal Office Space, would you expect to pay a subsidized rental fee? Or would you expect to use the space as a free, in-kind donation?
2. How much could your organization afford to pay per office space?
3. How many offices would you require?
4. How long would you need to use the office space for?
5. What days and hours would you plan to be in office?

INVALID COPY

Part A – Social Service or Health Service Agency’s Information

Question #'s	Checklist	Yes	No	Comments
1	Organization Name:			
2	Organization contact info			
3	Is this organization a health services provider?			
4	Is this organization a social services provider?			
5	Is this organization primarily recreational in nature?			If yes, the application is ineligible
6	Is this program duplicating a current program?			If yes, the application is ineligible

Part B – Purpose & Need

Question #'s	Checklist	Yes	No	Comments
1	Demonstration of Need: <ul style="list-style-type: none"> ✓ Is there an identified service gap? 			
2	<ul style="list-style-type: none"> ✓ Does the organization strengthen & support social functioning in Blackfalds? 			
3	<ul style="list-style-type: none"> ✓ Does the organization strengthen & support health services functions in Blackfalds? 			
4-6	Organization: <ul style="list-style-type: none"> ✓ Will this program/service still locate and operate in Blackfalds without the use of Municipal office space? ✓ Is the program/service already offered through any other organization in Blackfalds? 			
7	<ul style="list-style-type: none"> ✓ Are any of the FCSS priorities addressed? <ul style="list-style-type: none"> ○ Bullying/ Conflict Resolution ○ Child & Youth Safety ○ Mental Health Supports ○ Parenting ○ Health Services ○ Relationship Support ○ Family & Domestic Violence Support ○ Substance Abuse ○ Intergenerational Programming 			
8	<ul style="list-style-type: none"> ✓ Is the organization described, including the type, purpose, and number of members? 			
9	<ul style="list-style-type: none"> ✓ Are the type of program(s) and/or services offered described? ✓ Are the organization’s goals and objectives for this year described? ✓ Are the organization’s target residents indicated in the application? 			

Part C - Issue Addressed

Question #'s	Criteria	Comments	Rating
1	<ul style="list-style-type: none"> ✓ Did the applicant describe the issue or priority area the organization/program proposed to address? 		
2-3	<ul style="list-style-type: none"> ✓ Did the applicant demonstrate how the following areas this service/program impact the social sustainability in our community: <ul style="list-style-type: none"> <input type="checkbox"/> Help people to develop independence, strengthen coping skills and become more resistant to crisis; <input type="checkbox"/> Provide health services not currently offered to the residents of Blackfalds. <input type="checkbox"/> Help people to develop interpersonal and group skills which enhance constructive relationships among people; <input type="checkbox"/> Help people and communities to assume responsibility for decisions and actions which affect them; <input type="checkbox"/> Provide supports that help sustain people as active participants in the community. 		
3-5	<ul style="list-style-type: none"> ✓ Does the applicant describe who is impacted by the issue? ✓ Does the applicant describe in what way they are impacted? And do they describe short- and long-term implications? ✓ Does the applicant describe the impact of not addressing the issue? 		
6-8	<ul style="list-style-type: none"> ✓ Does the applicant describe how the service/program addresses the issue? ✓ Does the applicant describe specifically how they will measure the success of locating their services in Blackfalds and their expected results. ✓ Are there similar programs offered in the community? 		

Part D – Office Space Budget and Hours

Question #'s	Criteria	Comments
1	<ul style="list-style-type: none"> ✓ Will the organization pay a subsidized rental fee? Or would it require the space as a free, in-kind donation? 	
2-5	<ul style="list-style-type: none"> ✓ How much could the organization afford to pay per office space? ✓ How many offices would they require? Is this space available? ✓ How long would they need to use the office space for? ✓ Did the applicant note what days and hours they plan to be in office? 	

Office Space Approved/Declined _____