

Rocky View County
Family & Community Support Services (FCSS)

2022 FCSS GENERAL FUNDING APPLICATION

(FUNDING PERIOD: January 1 – December 31, 2022)

ALL INFORMATION PROVIDED IS PUBLIC

APPLICATION DEADLINE IS 4:00 P.M. AUGUST 30, 2021 NO EXCEPTIONS

1. ORGANIZATION INFORMATION	
Organization Name	Langdon Theatre Association
Program Name	Langdon Theatre Association
FCSS Funding Request (over \$7,500) (from Section 9.6 C Proposed Budget)	\$44,550.00
E-Mail Address and Website	[REDACTED] www.langdontheatre.com
Mailing Address (include postal code)	PO Box 230 Langdon, AB T0J 1X0
Street Address (for courier purposes)	
Agency Telephone Number	403-850-0208
Agency Fax Number	
Executive Director Name	Sheena Madole
Program Contact Name	Sheena Madole
Phone Number (If different from above)	

2. CERTIFICATION OF COMPLIANCE
<p>This is to certify that to the best of my knowledge and belief, the information included in this application complies with the requirements and conditions set out in the Family and Community Support Services Act and Regulation. (https://www.alberta.ca/family-and-community-support-services-fcss-program.aspx)</p> <p>A program outcomes evaluation is required by February 28, 2023 if your application is successful</p>


Signature (Agency Signing Authority)

Co-Chairperson
Title

Sheena Madole
Print Name

8/30/2021
Date

RECEIVED
Aug 30/21

Submit Completed Documents to, or for further assistance contact:

Dimitri Dimopoulos, FCSS Coordinator
Rocky View County
262075 Rocky View Point
Rocky View County, AB T4A 0X2

For further assistance, please call 403.520.1289 or email fcss@rockyview.ca

Please note that faxed or e-mailed copies of the application will not be accepted. It is strongly recommended that you courier or hand deliver your proposal (printed single sided pages only) and request confirmation of receipt.
APPLICATION DEADLINE IS 4:00 P.M. AUGUST 30, 2021 - APPLICATIONS NOT RECEIVED BY THIS DEADLINE WILL NOT BE ACCEPTED.

☒ Please email confirmation of receipt of this application to: ssmadole@gmail.com

Please indicate how you heard of the Rocky View County FCSS Program:

 X Newspaper ad Social media Website visit/search
 Word of mouth Other (specify) _____

3. SOCIETY MEMBERSHIP (current)	
Number of Members	27
Membership Fee Per Member	\$0.00 *will be 300.00 in September 2021

4. TYPE OF ORGANIZATION		
Alberta Societies Act Registration Number:	5010052651	
Charitable Number (if have one):		<input type="checkbox"/> Government Agency

5. DAYS AND HOURS OF OPERATION OF THE PROGRAM							
OPERATING HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	3.5						
Dates not Open:	Christmas Break for 2 weeks						
Statutory Holiday:				Other			

6. DOCUMENTATION REQUIREMENTS:	ATTACHED
<u>Do not provide other attachments unless requested to do so.</u>	
List of current agency Board of Directors by name and Board position (Board information is requested to ensure sufficient governance and make members accessible to administration, if required.) Do not include personal contact information (home addresses, emails, or phone numbers).	<input checked="" type="checkbox"/>
Fee Policy and Schedule (if applicable)	<input type="checkbox"/>
Organizational Chart of Agency	<input type="checkbox"/>
Certificate of Incorporation under the Societies Act if new applicant. (Not applicable to other municipal governments and associated departments)	<input checked="" type="checkbox"/> Included <input type="checkbox"/> Not Applicable
Constitution and Bylaws (first time applicants only unless changes were made by previously funded groups)	<input type="checkbox"/>
Job description(s) for County FCSS funded positions requested (first time applicants only unless changes were made by previously funded groups)	<input type="checkbox"/>
Most recent Audited Financial Statement	<input checked="" type="checkbox"/>

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to receive FCSS funding; to assist in administering the FCSS funding; and to monitor, assess, and evaluate your program. This information is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and may become public information once it is submitted to the FCSS program. Questions regarding the collection of this information can be directed to the Manager, Recreation and Community Services at 403.520.6307.

7.1 PROGRAM DESCRIPTION

Provide a brief program description in a few sentences (to be used for publication by FCSS)

The mandate of the Langdon Theatre Association is to deliver fun, affordable programs to the children of Langdon and the surrounding area, while providing them with life skills such as self-esteem, team building skills and self worth. Through our program, our children are developing into the leaders of tomorrow.

7.2 PREVENTION

In what way(s) is your program preventive in nature? Check the appropriate items from the following list. You will be required to report on each of the Outcomes that you have selected.

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of individuals	Outcome 1: Individuals experience personal well-being. Indicators: Resilience; self-esteem; optimism; capacity to meet needs; autonomy; competence; personal engagement; meaning and purpose.	<input checked="" type="checkbox"/>
	Outcome 2: Individuals are connected with others. Indicators: Quality of social relationships; social supports available; trust and belonging.	<input checked="" type="checkbox"/>
	Outcome 3: Children and youth develop positively. Indicators: Developmental assets.	<input checked="" type="checkbox"/>

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of families	Outcome 4: Healthy functioning families. Indicators: Positive family relationships; positive parenting; positive family communications.	<input checked="" type="checkbox"/>
	Outcome 5: Families have social supports. Indicators: Extent and quality of social networks; family accesses resources as needed.	<input checked="" type="checkbox"/>

Provincial Outcome	Rocky View County Outcomes	
Improved social well-being of the community	Outcome 6: The community is connected and engaged. Indicators: Social engagement; social support; awareness of the community; positive attitudes toward others and the community.	<input checked="" type="checkbox"/>
	Outcome 7: Community social issues are identified and addressed. Indicators: Awareness of community social issues; understanding of community social issues; agencies and/or community members work in partnership to address social issues in the community.	<input type="checkbox"/>

7.3 PRIMARY TARGET

Indicate the Primary target at whom the program is aimed by estimating the percentage of the program's FCSS allocation that is directed to services in the following categories.

Children	50	0%
Youth	50	0%
Families		0%
Adults		0%
Seniors		0%
Volunteerism		0%
Community Development		0%
Total	100	0%

7.4 SOCIAL SERVICE CONTINUUM

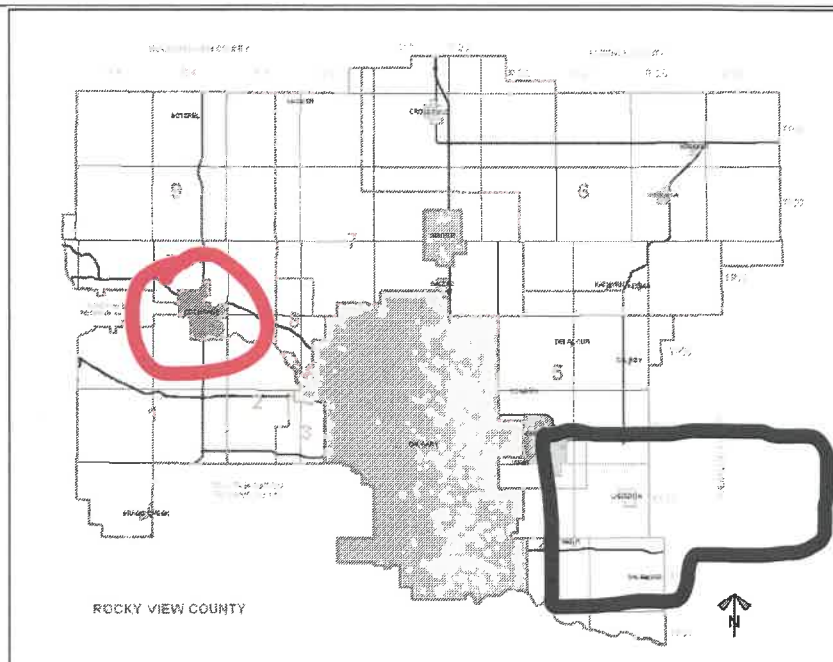
Please indicate the percentage of each section below that your program provides.

• Promotion: Programs and services that promote public education and awareness of social needs.	10	0%
• Prevention: Programs and services focused at the earliest opportunity on individuals and families whose social well-being in community life is at risk.	70	0%
• Early Intervention: Programs and services focused on individuals and families with identified early signs of unmet needs, who require support to enhance their social well-being.	10	0%
• Specialized Services: Programs and services for individuals and families focused on emerging social needs not yet sufficiently addressed by community support.	10	0%
• Remediation Services: Programs and services for individuals and families with clearly defined unmet needs, who require assessment, intervention, and treatment to enhance their social well-being.		0%
Total	100	0%

8. COORDINATION AND COMMUNICATION

A. Identify organizations within the program's catchment area (define your region of operation; include towns and border of service area and also clearly mark it on the map with thick black lines) that provide similar services.

There are other similar programs within the city limits, and Cochrane that our participants may not have direct access to. We have also had participants from Strathmore and Carseland.



B. What cooperative and coordinative steps has the program taken with these agencies?
N/A

C. Describe the similarities and differences between the proposed program and those identified as being delivered by other organizations.
N/A

OUTCOMES MODEL

(For further information on the outcomes model contact the County FCSS program for a copy of a toolkit.)

9.1 AGENCY/PROGRAM VISION
Desired social condition. May be your agency's existing vision statement.
We are determined to impart on our community's youth the social and life skills, social interaction, character development and team building through theatrical instruction that they will need to become successful citizens in our society.
9.2 AGENCY/PROGRAM MISSION
Unique role in working towards the desired social condition. What are you currently doing to achieve your mission (e.g. other programs and services that are not a part of this application for funding)?
Through teamwork, volunteerism, and instruction, our participants are being set up for success. We offer our youth the opportunity to explore personal development through theatre. It is a safe environment for them to express themselves in an artistic way that other programs may not be able to provide.
9.3 STATEMENT OF NEED
Problem statement; description of the situation you wish to change.
We would love to have the opportunity to provide a program that fits the communities wants for both an in-person and online environment.
9.4 STRATEGY/ACTIVITIES
How will the program address the specified need? What goal or long-term change or impact do you want to achieve? What are you going to do in the program to achieve your goal(s)?
We will try our best to find a location that can allow for our participants to meet for practice weekly for the season. We are also developing an online program for those families that wish to participate, but in an online format much like the one that we offered last season. We have instructors that are able to do both settings and it is likely that we will offer them on different nights of the week to allow for those who wish to participate in both that opportunity.
9.5 RATIONALE
An explanation of why you believe this strategy or approach will work; include research if possible.
At the end of the season in April, we sent out a survey to parents asking them what their ideal program would look like and the feedback we received suggested that a mixture of online and in-person would be the best fit for our community for the near future.
9.6 INPUTS
*Please see end of application for budget shell. Budget sheet(s) <u>MUST</u> follow the template as provided.
A. Have you researched or sourced other methods of funding? How do you propose to sustain this program?
In addition to the FCSS funding we receive, we have also received funding from the Alberta Foundation for the Arts in the amount of approximately \$5100.00 as well as the Langdon Recreation Grant. We will also be having a registration fee of \$300.0 per participant which will allow us to keep funds in our account for emergency needs.

B. Has this budget been authorized by your Board of Directors? Yes ☐ No ☒ If no, please explain: We will be having our AGM on September 12, 2021 to approve the budget and program for the season.

9.7 PROJECTED OUTPUTS (*Count of products and services delivered to the target group. For definitions, see the end of the report*)

Please report the projected direct product of your activities, usually measured by volume of work accomplished. Must include projected number of individual participants, volunteers and volunteer hours. Other outputs may include projected number of training sessions, workshops, and community development programs. Include projected number of County residents utilizing services. Rocky View County residents do not include people who reside in Airdrie, Beiseker, Chestermere, Cochrane, Crossfield, Irricana or Redwood Meadows. It does include those who live outside of these municipalities and within the hamlets located within the County's borders.

A. PROJECTED NUMBER OF INDIVIDUAL PARTICIPANTS SERVED:

People served should only be counted once unless they are part of a family being served (see definitions). DO NOT include group participants, contacts, or community development initiatives if counted below.

Provide general summary of outputs here:

The goal is to have 50 youth participants in the program as well as parent volunteers.

Number of Children/Youth (0 to 18 years) 50 Number of County Residents: 45

Number of Adults (19 to 64 years) Number of County Residents: 23

Number of Seniors (65+ years) Number of County Residents: 1

Number of Families 13 Number of County Families: 1

B. PROJECTED NUMBER OF GROUPS SERVED:

(e.g. workshops, training and/or education groups)

Provide general summary of outputs here:

Number of Groups: 4 Total Number of Participants: 50 Number of County Residents: 45

C. PROJECTED NUMBER OF CONTACTS PROVIDED:

(e.g. providing assistance with forms/referral; telephone, mail outs, email, and social media)

Provide general summary of outputs here:

Number of Clients: Number of County Residents:

D. PROJECTED NUMBER OF COMMUNITY DEVELOPMENT INITIATIVES:

(E.g. community assessment, mobilization, and/or advocacy committees. Do not include service to individuals)

Provide general summary of outputs here:

Number of Initiatives: Number of Clients: Number of County Residents:

E. VOLUNTEERISM

a) What are the roles of volunteers in the program?

Our volunteers are the parents of the participants. We ask that between 7-10 sit on our board to act as coordinators/leaders of the program. All parents are asked to provide 5 hours of their time to help with the construction of sets, costumes, find rental facilities, equipment; as well as provide accounting services and communication for the groups.

b) How does the program promote, encourage, and facilitate the use of volunteers?

We use a Bond Cheque system

c) Total number of volunteers in agency/program:	28
d) Total number of volunteer hours in 2020:	3000
e) Estimated number of volunteer hours until the end of 2021:	2800

9.8 EXPECTED OUTCOMES

Statements, which describe the difference the agency/program intervention will make with clients in the short term, mid-term, and long term. These must logically connect to the Provincial and Rocky View County Outcomes in Section 7.2.

Short Term Outcomes:

Children and youth:
are more aware of their personal strengths,
are supported in doing the right thing,
show respect for others,
can make better decisions.

Mid Term Outcomes

Children and youth;
Develop positive relationships with their peers,
Have more supportive relationships with adults

Long Term Outcomes

Children and youth;
Develop better coping skills
Develop life-long friendships

9.9 OUTCOME INDICATORS

List the specific items of information that you will track to measure your program's success on outcomes. These are generally in the form of a cluster of questions or surveys and relate directly to the Rocky View County Outcome Indicators listed in Section 7.2. Copies of the Provincial FCSS Measures Bank are available upon request.

As part of being a member of the Langdon Theatre Association:

I am included more when my family makes decisions about how to solve problems.
I have more friends that I can trust.
I show respect for adults more often.
I am better at doing what I believe is right, even when it is hard.
I am better at taking responsibility for my actions.
I am better at saying, 'no' to things I know are wrong.

10. ADDITIONAL INFORMATION

Please provide a brief agency/program history.

Our program is 20 years old, and with the success of our last season being online we have a positive attitude towards this upcoming season with several inquiries from parents both local and out of town that have heard about our program. It is amazing to see the amount of new interest we get each season from community members even though we are an established program.

11. STORIES

Please provide 1 or 2 short anecdotal stories about some of your County rural clients who have received services from your organization, and how their situation has improved as a result of their involvement in this program. This story may be used for publication by FCSS. Please do not include any client identifying information.

"This was my daughter's first time and she only participated for the last session. She loved it! As parents, we were very impressed. We're all looking forward to next season in whatever format it can be in. Thank You!"

"I realize that asking for in person sessions is contingent on the current situation of the pandemic, at the time. Having a blend of online and in person helps meet the needs of participants that may be sick/need to isolate."

"My son really enjoyed participating in the program. It really helped him feel like he was connected to other people even though he could not see them all in-person."

**Responses are from our End of Season Parent Survey in April of 2021.*

Please ensure that section 9.6 C starts on a page(s) with no other sections on the page(s). For consistency purposes, it is **IMPERATIVE** that you use the following template as provided and **NOT** modify it, other than adding additional lines.

9.6 C. INPUTS (Resources dedicated to the program. Include staff and budget for one year.)			
2022 PROPOSED BUDGET (Ensure all calculations are correct. Use the second column to itemize the program expenses to which you plan to direct the County FCSS funds. Column 1 + Column 2 = Column 3)			
ITEM	Column 1 2022 Costs to be paid or contributed by the Applicant and other funding partners (Agency Contribution)	Column 2 2022 Costs to be funded by County FCSS (Program Request)	Column 3 2022 Projected Year End Total Program Budget (Total Cost)
EXPENSES			
PERSONNEL (specify positions and hours per week)			
Teaching Staff		28,000.00	28,000.00
Technical Assistance	500.00	500.00	1000.00
Professional Accounting Audit	800.00		
a. SUBTOTAL PERSONNEL	1,300.00	28,500.00	29,800.00
TRAVEL & TRAINING (specify)			
Field Trip Transportation (December 2022)		400.00	400.00
Final Production Transportation (April 2022)		1600.00	1600.00
b. SUBTOTAL TRAVEL & TRAINING		2,000.00	2,000.00
MATERIALS AND SUPPLIES (specify)			
Final Production Venue	4000.00	6000.00	10,000.00
Technical Equipment/Online Software	200.00	200.00	400.00
Props, Costume, Set designs	800.00	500.00	1,300.00
December (2022) Field Trip Tickets	2,500.00		2,500.00
c. SUBTOTAL MATERIALS AND SUPPLIES	7,500.00	6,700.00	14,200.00
OTHER (specify)			
Administration/Accounting		550.00	550.00
Storage Rental Fees	4350.00		4350.00
Actor/Volunteer Appreciation Event		2,300.00	2,300.00
Insurances	915.00		915.00
Practice Space Rental	1100.00	4,500.00	5,600.00
End of Season Expenses	6,500.00		6,500.00
d. SUBTOTAL OTHER	12,865.00	7,350.00	20,215.00
e. TOTAL EXPENDITURES (e=a+b+c+d)	21,665.00	44,550.00	66,215.00
REVENUE (specify other sources of funding including fundraising, fees for service, other grants, etc.)			
Alberta Fine Arts	5,200.00		
Langdon Recreation	5,500.00		
Final Production Ticket Sales	965.00		
Registration Fees	10,000.00		
f. TOTAL REVENUE	21,665.00		
g. FCSS REQUEST (DEFICIT = Total of Column 3 Expenditures – Total Revenue)		44,550.00	



Microsoft Excel
Worksheet

COMPLETE THIS SECTION ONLY IF YOU RECEIVED 2021 COUNTY FCSS FUNDING AND ARE APPLYING FOR AN INCREASE.

12. 2022 FUNDING INCREASE REQUEST EXPLANATION	
A. 2021 County FCSS Grant	22,100.00
B. 2022 County FCSS Request	44,550.00
C. Does this request result from a decrease in other funding support? Specify.	
This comes from both a decrease in funding from other supports as well as needing practice facilities that we did not need last season due to social distancing mandates in our Province.	
D. Identify requested funding increase. List each category and the amount of increase (e.g. Personnel, Materials and Supplies).	
Materials, Facility Rental Fees, and we will be having two productions this season that incur both travel and facility rental fees.	
E. Provide a rationale together with supporting data, using demographics as necessary.	
Last season, we were online, so most of our funding went toward creating an online program, and the associated costs that come with an online environment. Because we did not have on location facilities, we were able to run on a much lower budget than in previous years.	
F. How will this increase impact clients and services? How will the change be measured? If the increase is not granted, what effect will it have?	
If we are to get all that is requested, we will be able to provide our participants all the planned activities we have scheduled for this season. We will also be able to allow for our registration fees to stay at an affordable price. If the increase is not granted, it will mean that we may only be able to do one of the performances or find a different location. Potentially, have less instructors or allow for less participants.	
G. Outline the efforts already taken to accommodate the proposed program adjustment.	
We have contacted the venues which we would like to perform in and the facilities that we would like to have our practice space in. This allows us a clearer idea of what to budget for.	
H. How many years have you received County FCSS funding?	
20 years, and we are truly grateful for it. It allows us to provide the best program for our youth and give them an authentic Theatrical experience.	

Langdon Theatre Association
Board Members
September 2020 - September 2021

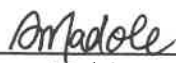
Fisk, Georga	Co-Chairperson
Madole, Sheena	Co-Chairperson
Skene, Glenda	Treasurer
Spielman, Juanita	Secretary
Porter, Melanie	Props and Sets
Massig, Jennifer	Costume Coordinator
Belcastro, Sarah	Props and Sets
Guilloux, Melody	Props and Sets
Alce, Jennifer	Volunteer Coordinator
Harris, Stacie	Group 1 Coordinator
Boyd, Erin	Group 2 Coordinator
Benna, Karie Ann	Group 3 Coordinator

Reviewers' Report Year 2020

To the Members,
Langdon Theatre Association

We have reviewed the balance sheet as of December 31, 2020, the statement of operations and the responsibility of the management of the Langdon Theatre Association.

Upon looking over the financial statements and doing a series of tests to validate the accuracy of the entries and disbursements, it is our opinion that all the material aspects, the financial records are in good order.



Sheena Madole
Co-Chairperson

03/29/2021

Date (mm/dd/yyyy)

DocuSigned by:



Glenda Skene
Treasurer

3/30/2021

Date (mm/dd/yyyy)

Balance Sheet As at 2020-12-31

ASSET		
Current Assets		
Mountain View Credit Union	8,070.10	
Total Cash		8,070.10
Total Current Assets		8,070.10
TOTAL ASSET		
		8,070.10
LIABILITY		
TOTAL LIABILITY		
		0.00
EQUITY		
Owners Equity		
Retained Earnings - Previous Year	17,288.24	
Current Earnings	-9,218.14	
Total Owners Equity		8,070.10
TOTAL EQUITY		
		8,070.10
LIABILITIES AND EQUITY		
		8,070.10

Income Statement 2020-01-01 to 2020-08-31

VENUE

ales Revenue	
Sales Inventory C	90.00
Grant - FCSS	21,233.00
Grant - AFA	3,663.14
et Sales	<u>24,986.14</u>
ther Revenue	
Interest Revenue	3.77
Miscellaneous Revenue	160.00
otal Other Revenue	<u>163.77</u>
TAL REVENUE	<u>25,149.91</u>

PENSE

ost of Goods Sold	
Inventory C Cost	1,235.76
Instructor Fees	10,260.00
otal Cost of Goods Sold	<u>11,495.76</u>
eneral & Administrative Expe...	
Insurance	915.67
Rent- Prop Trailer Space	1,660.24
Rent - Facility	2,877.00
Year End Wind-Up Expenses	2,061.33
otal General & Admin. Expen...	<u>7,514.24</u>
TAL EXPENSE	<u>19,010.00</u>
INCOME	<u><u>6,139.91</u></u>

ted On: 2021-03-28

Income Statement 2020-09-01 to 2020-12-31

REVENUE

Sales Revenue	
Grant - FCSS	6,250.00
Grant - AFA	2,156.65
Net Sales	<u>8,406.65</u>

Other Revenue	
Interest Revenue	2.99
Total Other Revenue	<u>2.99</u>

TOTAL REVENUE	<u>8,409.64</u>
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EXPENSE

Program Costs	
Field Trips	250.00
Total Programs Cost	<u>250.00</u>

Cost of Goods Sold	
Inventory C Cost	168.00
Instructor Fees	11,700.00
Total Cost of Goods Sold	<u>11,868.00</u>

General & Administrative Expenses	
Advertising & Promotions	353.14
Office Supplies	1,376.74
Rent- Prop Trailer Space	3,490.62
Rent - Facility	255.00
Year End Wind-Up Expenses	34.28
Total General & Admin. Expenses	<u>5,509.78</u>

TOTAL EXPENSE	<u>17,627.78</u>
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NET INCOME	<u><u>-9,218.14</u></u>
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Printed On: 2021-03-28

Account Description	Debits	Credits
60 Mountain View Credit Union	17,288.24	-
60 Retained Earnings - Previous Year	-	9,494.84
20 Registration Fees	-	10,195.70
40 Sales Inventory C	-	90.00
20 Grant - FCSS	-	27,483.00
40 Grant - AFA	-	3,683.14
40 Interest Revenue	-	5.92
30 Miscellaneous Revenue	-	160.00
10 Final Production Costs	82.00	-
20 Transportation	315.00	-
30 Field Trips	1,967.50	-
40 Inventory C Cost	1,727.66	-
30 Instructor Fees	18,900.00	-
10 Accounting & Legal	522.90	-
15 Advertising & Promotions	265.12	-
35 Insurance	915.67	-
10 Office Supplies	1,509.94	-
35 Rent- Prop Trailer Space	2,660.24	-
30 Rent - Facility	2,877.00	-
37 Year End Wind-Up Expenses	2,061.33	-
	<u>51,092.60</u>	<u>51,092.60</u>

Sept 2019 - Aug 2020

...	Account Description	Debits	Credits
50	Mountain View Credit Union	8,070.10	-
50	Retained Earnings - Previous Year	-	17,288.24
20	Grant - FCSS	-	6,250.00
40	Grant - AFA	-	2,156.65
40	Interest Revenue	-	2.99
30	Field Trips	250.00	-
40	Inventory C Cost	168.00	-
30	Instructor Fees	11,700.00	-
15	Advertising & Promotions	353.14	-
30	Office Supplies	1,376.74	-
55	Rent- Prop Trailer Space	3,490.62	-
30	Rent - Facility	255.00	-
17	Year End Wind-Up Expenses	34.28	-
		<u>25,697.88</u>	<u>25,697.88</u>

Sept 2020 - Dec 31 2020

Printed On: 2021-03-28

Certified Copy

**ANNUAL RETURNS FOR SOCIETY AND NON-PROFIT
COMPANY - Proof of Filing**

Alberta Amendment Date: 2021/03/30

LANGDON THEATRE ASSOCIATION
PO BOX 230
LANGDON, ALBERTA
T0J1X0

Service Request Number: 35269095
Corporate Access Number: 5010052651
Business Number: 859264046
Legal Entity Name: LANGDON THEATRE ASSOCIATION
Legal Entity Type: Alberta Society
Legal Entity Status: Active
Registration Date: 2002/08/27

This confirms the Annual Return for 2020 has been filed as of 2021/03/30.

Officer / Director / Branch

Status: Active
Relationship to Legal Entity: Chair
Individual / Legal Entity Type: Individual
Appointment Date: 2018/10/01
Last Name / Legal Entity Name: FISK
First Name: GEORGA
Street / Box Number: 43 MCKINNON STREET NW
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X2
Status: Active
Relationship to Legal Entity: Chair
Individual / Legal Entity Type: Individual
Appointment Date: 2018/10/01

Last Name / Legal Entity Name: MADOLE
First Name: SHEENA
Street / Box Number: 359 BOULDER CREEK CRES
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X3
Status: Inactive
Relationship to Legal Entity: Secretary
Individual / Legal Entity Type: Individual
Appointment Date: 2018/10/01
Last Name / Legal Entity Name: DUNLOP
First Name: KIM
Street / Box Number: 33 MCINTYRE PLACE
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X2
Status: Inactive
Relationship to Legal Entity: Treasurer
Individual / Legal Entity Type: Individual
Appointment Date: 2018/10/01
Last Name / Legal Entity Name: SPIELMAN
First Name: JUANITA
Street / Box Number: 504 BOULDER CREEK GREEN
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X3
Status: Active
Relationship to Legal Entity: Treasurer
Individual / Legal Entity Type: Individual
Last Name / Legal Entity Name: BROWN
First Name: BOBBI-JO
Street / Box Number: 36 BARBER ST
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X0
Status: Active
Relationship to Legal Entity: Secretary
Individual / Legal Entity Type: Individual
Last Name / Legal Entity Name: SPIELMAN
First Name: JUANITA
Street / Box Number: 504 BOULDER CREEK GREEN
City: LANGDON
Province: ALBERTA

Attachment

Attachment Type	Microfilm Bar Code	Date Recorded
Audited Financial Statement	10000007135544028	2021/03/30
Annual Return Form	10000207135544027	2021/03/30

REGISTERED ADDRESS

Street: PO BOX 230
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X0

RECORDS ADDRESS

Street: 34 4TH STREET
City: LANGDON
Province: ALBERTA
Postal Code: T0J1X1
Email Address: SSMADOLE@GMAIL.COM

Registration Authorized By: - LANGDON THEATRE ASSOCIATION
AGENT OF NON-PROFIT ENTITY

The Registrar of Corporations certifies that the information contained in this proof of filing is an accurate reproduction of the data contained in the specified service request in the official public records of Corporate Registry.