

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

<b>OF THE COUNTY OF RICHMOND</b>	<b>MUNICIPALITY TRAVEL</b>
<b>EXPENSE CLAIM</b>	

<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Port Hood Municipal Office
<b>Purpose of Travel:</b>	Solid Waste Region 1 Meeting
<b>Departure Date/Time:</b>	February 6, 2017 - 10:00-AM <i>8:30am</i>
<b>Return Date/Time:</b>	February 6, 2017 - 12:00-PM <i>1:30 PM</i>
<b>Approval to Travel</b>	<i>[Signature]</i> Date: <i>Feb 5/2018</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	190	0	0	0	0	81.49 -0.00
Accommodation: Direct Bill Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0.00
Lunch \$25	25					25 -0.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)					J	0.00
<b>Total Amount Being Claimed</b>					J	106.49 -0.00

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial CB N/A

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature:	<i>[Signature]</i>
Date:	<i>Feb 5/2018</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	<i>10-242-3070-242110</i>

Goods Rec'd. Date.....	Initial.....	<i>B</i>
Prices Checked.....		<i>B</i>
Add. & Ext. Checked.....		<i>B</i>
Approval for Payment.....		<i>B</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10-242-3070-242110</i>		

## Region 1 (Rural) Technical Committee Agenda

February 6, 2017

---

### Agenda items:

- Region 1 Education Contract progress
- Edhub reporting
- HHW event
- Film Plastics
- Other

# SCHEDULE "B"



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

<b>OF THE COUNTY OF RICHMOND</b>	<b>MUNICIPALITY TRAVEL</b>
<b>EXPENSE CLAIM</b>	
<b>Name of Claimant:</b>	Chris Boudreau
<b>Destination:</b>	Strait Engineering - Port Hawkesbury
<b>Purpose of Travel:</b>	Tour of Evanston School and Travel to Port Hawkesbury to copy plans
<b>Departure Date/Time:</b>	February 15, 2018 - 11:00 AM
<b>Return Date/Time:</b>	February 15, 2018 - 2:00 PM
<b>Approval to Travel</b>	<div style="display: flex; justify-content: space-between;"> <span><i>X</i> </span> <span>Date: Feb 15, 2018</span> </div>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	86	0	0	0	0	36.89
<b>Accommodation: Direct Bill</b>						
<b>Hotel Name:</b>						
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0.00
Lunch \$25	25					25.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
<b>Total Amount Being Claimed</b>						61.89

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial CB N/A

Travel to Strait Engineering to get copies of School plans.  
*medo*

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature:

Date: Feb 15, 2018

Travel Approved by Supervisor:

GL Code: 10.242.3070.242110

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No.....	

H/S 3

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTE DE RICHMOND

**OF THE COUNTY OF RICHMOND** **MUNICIPALITY TRAVEL**  
**EXPENSE CLAIM**

**Name of Claimant:** Chris Boudreau  
**Destination:** Halifax, Nova Scotia  
**Purpose of Travel:** Nova Scotia Asset Management Working Group Meeting (9:00 pm to 12:00 pm)  
**Departure Date/Time:** February 22, 2018 - 5:00 AM  
**Return Date/Time:** February 22, 2018 4:00 PM  
**Approval to Travel:** *[Signature]* Date: Feb 21, 2018

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	628	0	0	0	0	269.35 0.00
Accommodation: Direct Bill Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20	20					20 0.00
Lunch \$25	25					25 0.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)	16					16 0.00
<b>Total Amount Being Claimed</b>						<b>330.35 0.00</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial CB N/A

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature: *[Signature]*  
 Date: Feb 23 2018  
 Travel Approved by Supervisor: *[Signature]*  
 GL Code: 10.242.3070/242110

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		H5C 3
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10.242.3070 242		110

# Infrastructure Asset Management Nova Scotia Working Group

## Meeting Agenda

**Date:** Thursday, February 22, from 9:00 am – 12:00 pm

**Location:** UNSM's Boardroom, 1809 Barrington Street, Suite 1304, Halifax

1. Welcome and call the meeting to order 9:00 – 9:05 am
2. Review of agenda 9:05 – 9:10 am
3. Review of notes from January 19 meeting 9:10 – 9:15 am
4. Business arising from January 19 meeting
  - a. Update on the asset registry project (Ahmad, DMA) 9:15 – 9:30 am
  - b. Update on pilot project (Matt, Hatch) 9:30 – 10:15 am
- Break** 10:15 – 10:30 am
  - c. Presentation from Opus (Kelsey Green) 10:30 – 11:00 am
5. New Business
  - a. Discussion on natural assets (Gregory Heming) 11:00 – 11:20 am
  - b. Discussion of next steps 11:20 – 11:55 am
6. Next meeting & adjournment 11:55 am – 12:00 pm

THE PRINCE GEORGE  
1725 MARKET ST  
HALIFAX, NS  
RECEIPT C1

ENTRY DATE/TIME:  
22/02/18 08:42:57  
PAY DATE/TIME:  
22/02/18 12:21:07  
PARK-DUR.: HRS:MIN  
0:03:39

PURCHASE  
MASTERCARD  
AMOUNT \$16.00  
\*\*\*\*\*8133

Date: FEB-22-2018  
Time: 12:20:50  
661861470010018720C  
Auth.#: 01516B

MasterCard  
A000000041010  
TVR: 0000008000  
TSI: E800

01 APPROVED - THANK YOU  
027

VERIFIED BY PIN  
\*IMPORTANT - retain this  
copy for your records  
\*\*\*CUSTOMER COPY\*\*\*  
\*\*\*\*\*

YOU HAVE 30 MIN.  
TO EXIT PARKING!  
HST No.: 849702444  
\*\* HST INCLUDED\*\*  
THANK YOU

TEL: 902-425-1986

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

<b>OF THE COUNTY OF RICHMOND</b>	<b>MUNICIPALITY TRAVEL</b>					
<b>EXPENSE CLAIM</b>						
<b>Name of Claimant:</b>	Chris Boudreau					
<b>Destination:</b>	Strait Engineering - Port Hawkesbury					
<b>Purpose of Travel:</b>	See below					
<b>Departure Date/Time:</b>	February 27, 2018 - 11:00 AM					
<b>Return Date/Time:</b>	February 27, 2018 - 12:00 PM					
<b>Approval to Travel</b>						Date: February 27, 2018
<b>Description</b>	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Mileage: # of Km	86	0	0	0	0	36.89
<b>Accommodation: Direct Bill</b>						
<b>Hotel Name:</b> <i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						0.00
Lunch \$25						0.00
Dinner \$30						0.00
Other Meals (Receipts Required)						0.00
Incidentals (\$10 per overnight stay)						0.00
Taxi/Parking/Tolls (Receipts Required)						0.00
<b>Total Amount Being Claimed</b>						36.89

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial CB N/A

Travel to Louisdale for WTP construction meeting and then to Town of Port Hawkesbury for meeting with Town staff related to Landrie Lake Utility and other inter-municipal issues.

*No formal agenda provided.*

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	
Date:	Feb 28 / 18
Travel Approved by Supervisor:	
GL Code:	10-242-3070-242110

Goods Rec'd. Date.....	Initial.....	<u>CB</u>
Prices Checked.....		<u>0</u>
Add. & Ext. Checked.....		<u>0</u>
Approval for Payment.....		<u>0</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No	10-242-3070-242110	









Municipality of the County of Richmond - February 2018		
Meetings Held:		10 km
Date:	Meeting:	James Goyetche
February-07-18	Audit	1
February-12-18	COW	1
February-20-18	Policy	1
February-26-18	Council	1
<i>[Handwritten Signature]</i>		
Total # of Meetings Attended:		4
x kms/trip (return):		10
Total Mileage (kms):		40
Rate		0.4289
Total Owed		\$17.16

Brian Marchand

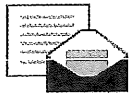
Goods Rec'd. Date.....	Initial.....	A
Prices Checked.....		A
Add. & Ext. Checked.....		A
Approval for Payment.....		A
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.	10 210 2110 210130	

HST 3

*[Handwritten Signature]*







**Re: February Travel 2018**   
jason maclean to: Yvonne Boudreau

01/03/2018 08:52 PM

Hi Yvonne, looks good.

Thanks.

Jason

Yvonne Boudreau

Please reply indicating confirmation of attendan...

01/03/2018 10:54:12 AM

---

From: Yvonne Boudreau/Richmond  
To: Jason MacLean/Richmond@Richmond  
Date: 01/03/2018 10:54 AM  
Subject: February Travel 2018

---

Please reply indicating confirmation of attendance to the attached meetings.

Thanks,

Yvonne Boudreau  
Municipal Clerk, Communications & Administrative Officer  
Municipality of the County of Richmond  
2357 Hwy 206, PO Box 120  
Arichat, NS  
B0E 1A0  
PH:(902) 226-3971  
FAX: (902) 226-1510  
yboudreau@richmondcounty.ca

----- Forwarded by Yvonne Boudreau/Richmond on 01/03/2018 10:51 AM -----

---

From: ricoh@county.richmond.ns.ca  
To: "Yvonne Boudreau" <yboudreau@richmondcounty.ca>  
Date: 01/03/2018 10:48 AM  
Subject: Ricoh Scanned Document

---

This E-mail was sent from "RNP002673A93E00" (MP C4503).

Scan Date: 03.01.2018 10:43:26 (-0500)  
Queries to: ricoh@county.richmond.ns.ca

[attachment "20180301104327005.pdf" deleted by jason maclean/Richmond]



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	SAT Org Review & Board Room
Purpose of Travel:	Reg Board Meeting
Departure Date/Time:	Feb 20-2018 - 9:00 AM
Return Date/Time:	Feb 20-2018 - 1:00 PM
Approval to Travel	<i>[Signature]</i> Date: Feb. 20/2018

Description	Day 1					Total
Mileage: # of Km 54 KM	\$ 23.16					\$ 23.16
Accommodation:						
Hotel Name:						
(Indicate if Direct Bill or Provide Receipt)						\$ -
Meals: Breakfast \$20						\$ -
Lunch \$25						\$ -
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 23.16					\$ 23.16

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

Meeting to Review Re-organizational Documents

All claims are to be submitted not later than 30 days after return.

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>Feb 27/2018</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2100 2101</i>		<i>10</i>

*HSR 3*

## Re: Sat Board Meeting-Feb 20-2018

kmacintyre@richmondcounty.ca

Tue 2018-02-20 8:39 AM

To: Brian <brianmarchand@hotmail.com>;

yes.

Kent

From: "Brian" <brianmarchand@hotmail.com>  
To: "Kent MacIntyre" <kmacintyre@richmondcounty.ca>  
Date: 2018-02-19 11:12 AM  
Subject: Sat Board Meeting-Feb 20-2018

---

Looking for permission to attend the Sat Board Meeting tomorrow Feb 20th?  
Brian





THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM

Name of Claimant:	Brian Marchand
Destination:	SAT Org Review & Board Room, PH.
Purpose of Travel:	Reg Board Meeting
Departure Date/Time:	Feb 6-2018 - 9:00 AM
Return Date/Time:	Feb 6-2018, - 2:30 PM
Approval to Travel	<i>[Signature]</i> Date: Feb. 6/2018

Description	Day 1					Total
Mileage: # of Km 60 KM	\$ 25.73					\$ 25.73
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>						\$ -
Meals: Breakfast \$20						\$ -
Lunch \$25	\$ 25.00					\$ 25.00
Dinner \$30						\$ -
Other Meals (Receipts Required)						\$ -
Incidentals (\$10 per overnight stay)						\$ -
Taxi/Parking/Tolls (Receipts Required)						\$ -
Total Amount Being Claimed	\$ 50.73					\$ 50.73

Written Travel Report - Policy Requirements (Section 1.3.ii)

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial BM N/A

All claims are to be submitted not later than 30 days after return.

Claimant Signature:	<i>Brian Marchand</i>
Date:	Feb 7 - 2018
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	
Prices Checked.....		
Add. & Ext. Checked.....		
Approval for Payment.....		
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. 10 210 2100 2101 10		

HST 3



Strait Area Transit Board Meeting

February 6th 2018, Strait Area Transit Boardroom

**Agenda**

- 1) Call to order
- 2) Approval of Agenda
- 3) In Camera (if required)
- 4) Minutes
- 5) Manager's Report
- 6) Vehicle Report
- 7) Financial Report
- 8) Richmond County
- 9) Garage/Office Space Update
- 10) CTAP
- 11) Business Plan
- 12) Additional items: a  
b  
c  
d
- 13) Adjournment

Next meeting:

Re: SAT

kmacintyre@richmondcounty.ca

Tue 2018-02-06 9:48 AM

To: Brian <brianmarchand@hotmail.com>;

Yes.

Kent

From: "Brian" <brianmarchand@hotmail.com>  
To: "Kent MacIntyre" <kmacintyre@richmondcounty.ca>  
Date: 2018-02-06 09:18 AM  
Subject: SAT

---

Looking for permission to attend a SAT meeting this morning.

Thanks.

Brian







THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTÉ DE  
**RICHMOND**

**MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM**

**Name of Claimant:** Brian Marchand  
**Destination:** Port Hawkesbury PHCC  
**Purpose of Travel:** Meeting with Board/Staff- Organizational Structure  
**Departure Date/Time:** Feb 28-2018 - 5:45 PM  
**Return Date/Time:** Feb 28-2018 - 9:35 PM  
**Approval to Travel:** *Km Inlyns* Date: *Feb. 28/2018*

Description	Day 1						Total
Mileage: # of Km 54 KM	\$ 23.16						\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25							\$ -
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
<b>Total Amount Being Claimed</b>	<b>\$ 23.16</b>						<b>\$ 23.16</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial *BM* N/A  
 Meeting with Board & Staff to discuss new Organizational Structure

All claims are to be submitted not later than 30 days after return.  
 Claimant Signature: *Brian Marchand*  
 Date: *March 6/2018*  
 Travel Approved by Supervisor: *Km Inlyns*  
 GL Code:

Goods Rec'd. Date.....	Initial.....	<i>A</i>
Prices Checked.....		<i>A</i>
Add. & Ext. Checked.....		<i>A</i>
Approval for Payment.....		<i>A</i>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No. <i>10 210 2100 210</i>		<i>110</i>

*HSF 3*

Outlook Mail

Re: ~~Print~~ Cancel  
Sat

Brian

---

kmacintyre@richmondcounty.ca

Wed 2018-02-28 9:15 AM

To: Brian <brianmarchand@hotmail.com>;

Yes.

Kent

From: "Brian" <brianmarchand@hotmail.com>  
To: "Kent MacIntyre" <kmacintyre@richmondcounty.ca>  
Date: 2018-02-27 03:26 PM  
Subject: Sat

---

Looking for permission to attend sat meeting Wed Feb 28-2018?

Thanks.

Brian



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

**MUNICIPALITY OF THE COUNTY OF RICHMOND  
TRAVEL EXPENSE CLAIM**

Name of Claimant:	Brian Marchand
Destination:	Port Hawkesbury Maritime Inn
Purpose of Travel:	Strait Area Chamber of Commerce Event
Departure Date/Time:	Mar 7-2018 - 11:00 AM
Return Date/Time:	Mar 7-2018 - 2:00 PM
Approval to Travel	<i>[Signature]</i> Date: <i>March 6/2018</i>

Description	Day 1						Total
Mileage: # of Km 54 KM	\$ 23.16						\$ 23.16
Accommodation: Hotel Name: <i>(Indicate if Direct Bill or Provide Receipt)</i>							\$ -
Meals: Breakfast \$20							\$ -
Lunch \$25							\$ -
Dinner \$30							\$ -
Other Meals (Receipts Required)							\$ -
Incidentals (\$10 per overnight stay)							\$ -
Taxi/Parking/Tolls (Receipts Required)							\$ -
Total Amount Being Claimed	\$ 23.16						\$ 23.16

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial *BM* N/A

Presentation on Federal Budget

All claims are to be submitted not later than 30 days after return.

Claimant Signature:	<i>Brian Marchand</i>
Date:	<i>March 9/2018</i>
Travel Approved by Supervisor:	<i>[Signature]</i>
GL Code:	

Goods Rec'd. Date.....	Initial.....	<i>P</i>
Prices Checked.....	.....	<i>P</i>
Add. & Ext. Checked.....	.....	<i>P</i>
Approval for Payment.....	.....	<i>P</i>
Discount Date.....	.....	
Paid by Cheque No.....	.....	
Distribution: Acc't. No. <i>10 210 2100 21011</i>		<i>0</i>

## Re: Strait Area Chamber

kmacintyre@richmondcounty.ca

Tue 2018-03-06 11:26 PM

To: Brian <brianmarchand@hotmail.com>



Yes.

Kent

Sent from my iPhone using IBM Verse

---

On Mar 6, 2018, 11:25:54 PM, brianmarchand@hotmail.com wrote:

From: brianmarchand@hotmail.com  
To: kmacintyre@richmondcounty.ca  
Cc:  
Date: Mar 6, 2018, 11:25:54 PM  
Subject: Strait Area Chamber

Can I have permission to attend the Strait Area Chamber session on the Federal Budget on Wednesday March 7th?

Thanks.

Brian



Re: February Travel 2018  
Alvin Martell  
to:  
Yvonne Boudreau  
01/03/2018 12:15 PM  
Hide Details  
From: Alvin Martell/Richmond  
To: Yvonne Boudreau/Richmond@Richmond  
Yes I'm confirming that I attended these meetings

Sent from my iPhone

On Mar 1, 2018, at 11:48 AM, Yvonne Boudreau <[yboudreau@richmondcounty.ca](mailto:yboudreau@richmondcounty.ca)> wrote:

Alvin,

Can you confirm you attended the attached meetings?

Thanks,

Yvonne Boudreau  
Municipal Clerk, Communications & Administrative Officer  
Municipality of the County of Richmond  
2357 Hwy 206, PO Box 120  
Arichat, NS  
B0E 1A0  
PH: (902) 226-3971  
FAX: (902) 226-1510  
[yboudreau@richmondcounty.ca](mailto:yboudreau@richmondcounty.ca)

----- Forwarded by Yvonne Boudreau/Richmond on 01/03/2018 11:48 AM -----

From: [ricoh@county.richmond.ns.ca](mailto:ricoh@county.richmond.ns.ca)  
To: "Yvonne Boudreau" <[yboudreau@richmondcounty.ca](mailto:yboudreau@richmondcounty.ca)>  
Date: 01/03/2018 11:00 AM  
Subject: Ricoh Scanned Document

---

This E-mail was sent from "RNP002673A93E00" (MP C4503).

Scan Date: 03.01.2018 10:55:15 (-0500)  
Queries to: [ricoh@county.richmond.ns.ca](mailto:ricoh@county.richmond.ns.ca)

(See attached file: 20180301105515300.pdf)

<20180301105515300.pdf>



**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

<b>TRAVEL EXPENSE CLAIM</b>	<b>Rate \$0.4289</b>
-----------------------------	----------------------

<b>Name of Claimant:</b>	Sharla Sampson
<b>Destination:</b>	Heritage Park, Membertou
<b>Purpose of Travel:</b>	Active Cape Breton Communities
<b>Departure Date/Time:</b>	02-Mar-18
<b>Return Date/Time:</b>	02-Mar-18

Approval to Travel Date: 02/26/18

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 0.00						0.00
<b>Total Cost of Mileage:</b> \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial \_\_\_\_\_ N/A \_\_\_\_\_

---



---

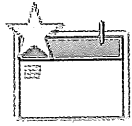


---



---

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	
Date:	_____
Travel Approved by Supervisor:	_____
GL Code:	_____



## Invitation: Active Cape Breton Communities Meeting

Fri 02/03/2018 10:00 AM - 2:00

PM

Attendance is **required** for sharla mombourquette

Chair: [Wayne.McKay@novascotia.ca](mailto:Wayne.McKay@novascotia.ca)

Location: Sydney/Membertou (exact location TBD)

**Wayne.McKay@novascotia.ca** Wayne.McKay has invited you to a meeting. You have not yet responded.

Required: [aeeisan@cbrm.ns.ca](mailto:aeeisan@cbrm.ns.ca), [annalee.maceachern@invernesscounty.ca](mailto:annalee.maceachern@invernesscounty.ca),  
[Aron.Ashton@cbdha.nshealth.ca](mailto:Aron.Ashton@cbdha.nshealth.ca), [caclare@cbrm.ns.ca](mailto:caclare@cbrm.ns.ca), [cgillis@townofph.ca](mailto:cgillis@townofph.ca),  
[cmmacdonald@cbrm.ns.ca](mailto:cmmacdonald@cbrm.ns.ca), [phcc@mac.com](mailto:phcc@mac.com), [donna.macdonald@invernesscounty.ca](mailto:donna.macdonald@invernesscounty.ca),

### Description

Hello everyone. Over the past month, we have had two small focus group sessions with a number of members of this group. The purpose was to determine some priority areas for the region to use some possible funding for. During these sessions, we had very fruitful discussions and I want to thank the participants for their input:

Krista Dev e  
Wally Bernard  
Stephanie Johnstone-Laurette  
Vince Forrestall  
Anna Lee MacEachern  
Sharla Sampson  
Larry Maxwell

Based on these focus group discussions, the attached draft regional strategy document has been developed.

I would like to invite you to an important ACBC meeting in Sydney/Membertou on Friday March 2 to discuss the draft document with an aim of approving it as a guiding document for ACBC's regional work in the future. Please read the document in advance of the meeting. I look forward to further developing the ideas presented.

If you have any questions, please contact me. Thanks.

Wayne  



- Focus Group Report.docx

Active Cape Breton Communities  
Regional Physical Activity Strategy

**Background:**

In Cape Breton, we have 5 municipalities and 5 Mi'kmaw communities. 9 of these communities are involved in the MPAL program. All 10 communities are part of the Active Cape Breton Communities (ACBC) network. ACBC also includes representation from the NS Department of Communities, Culture and Heritage (CCH), Public Health Services, Ecology Action Centre (EAC), Heart and Stroke Walkabout and the Cape Breton Victoria Regional School Board. ACBC meets every two months to network about physical activity topics that are common across the region.

Recently, a small focus group was brought together from the membership of the group to determine priorities for ACBC. This focus group included members from Membertou and Waycobah First Nations, Richmond County, Victoria County and Inverness County, EAC and CCH. The focus group met twice. The first meeting was at the Gaelic College and the group went through a process to identify priority areas that are common across the region. The second meeting was in Baddeck and the purpose was to probe deeper into the identified priority areas to develop regional areas of focus.

This document represents the outcomes from those focus group sessions.

**Guiding Principles:**

1. Accessibility – all our work will strive to make physical activity opportunities more accessible. This includes accessibility for people with disabilities and people with financial and other barriers. We will aim to remove as many barriers as possible and to bring opportunities to people where they live.
2. Gender equity – all our work will strive for gender equity. We want all residents to have access and gender should not limit participation.
3. Cultural inclusion – all our work will strive for cultural inclusion. We want to ensure that people from all cultures feel included in physical activity and have opportunities to participate.
4. Evidence based – all our work will incorporate the best available local, provincial, national and international data. We will aim to intentionally show how our work is based in this evidence.

**The Big Three:**

1. Walking – ACBC will fully implement the Cape Breton Regional Walking Strategy.
2. Aquatics – Starting from the premise that all Cape Breton residents should know how to swim, we will aim to build aquatics leadership and programs in all communities. We will use the

Unama'ki Aquatics Strategy as a guide to develop a strategy for Cape Breton and we will fully implement this strategy.

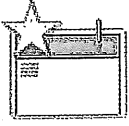
3. Skating – We will create a Learn to Skate program that has curriculum. We will train leaders in all communities and develop Learn to Skate programs in all communities. As part of this work, we will aim to ensure that these programs have access to appropriate ice time, provide equipment for those who need it and are of no cost to participants. We will have programs aimed at children and adults.

#### Social Marketing:

All ACBC members will use traditional and social media to distribute messaging about our initiatives to residents in our communities. We will connect with a provincial social marketing campaign to further our social marketing if one is created.

#### Formalizing ACBC:

ACBC will become a formal non-profit with the ability to apply for funding to support our Big Three initiatives and others that are identified as priorities.



## Invitation: Active Cape Breton Communities Meeting

Fri 02/03/2018 10:00 AM - 2:00

PM

Attendance is **required** for sharla mombourquette

Chair: [Wayne.McKay@novascotia.ca](mailto:Wayne.McKay@novascotia.ca)

Location: Sydney/Membertou (exact location TBD)

**Wayne.McKay@novascotia.ca** Wayne.McKay has invited you to a meeting. You have not yet responded.

Required: [aeisan@cbrm.ns.ca](mailto:aeisan@cbrm.ns.ca), [annalee.maceachern@invernesscounty.ca](mailto:annalee.maceachern@invernesscounty.ca),  
[Aron.Ashton@cbdha.nshealth.ca](mailto:Aron.Ashton@cbdha.nshealth.ca), [caclare@cbrm.ns.ca](mailto:caclare@cbrm.ns.ca), [cgillis@townofph.ca](mailto:cgillis@townofph.ca),  
[cmmacdonald@cbrm.ns.ca](mailto:cmmacdonald@cbrm.ns.ca), [phcc@mac.com](mailto:phcc@mac.com), [donna.macdonald@invernesscounty.ca](mailto:donna.macdonald@invernesscounty.ca),

### Description

Hello everyone. Over the past month, we have had two small focus group sessions with a number of members of this group. The purpose was to determine some priority areas for the region to use some possible funding for. During these sessions, we had very fruitful discussions and I want to thank the participants for their input:

Krista Devoe  
Wally Bernard  
Stephanie Johnstone-Laurette  
Vince Forrestall  
Anna Lee MacEachern  
Sharla Sampson  
Larry Maxwell

Based on these focus group discussions, the attached draft regional strategy document has been developed.

I would like to invite you to an important ACBC meeting in Sydney/Membertou on Friday March 2 to discuss the draft document with an aim of approving it as a guiding document for ACBC's regional work in the future. Please read the document in advance of the meeting. I look forward to further developing the ideas presented.

If you have any questions, please contact me. Thanks.

Wayne ☺



- Focus Group Report.docx

SCHEDULE "B"



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Sharla Sampson	
<b>Destination:</b>	Membertou Entrepreneur Centre, Membertou	
<b>Purpose of Travel:</b>	Active Cape Breton Communities	
<b>Departure Date/Time:</b>	02-Mar-18 <u>8 am</u>	
<b>Return Date/Time:</b>	02-Mar-18 <u>4 pm</u>	
<b>Approval to Travel</b>	<b>Date:</b>	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 42.20	42.20					42.20
<b>Total Cost of Mileage:</b> \$18.10	\$18.10	\$0.00	\$0.00	\$0.00	\$0.00	\$18.10
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25	\$25.00					\$25.00
Dinner \$30						\$0.00
<b>Other Meals (Receipts Required)</b>						\$0.00
<b>Incidentals (\$10 per overnight stay)</b>						\$0.00
<b>Taxi/Parking/Tolls (Receipts Required)</b>						\$0.00
<b>Total Amount Being Claimed</b>	\$43.10	\$0.00	\$0.00	\$0.00	\$0.00	\$43.10

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial SS N/A \_\_\_\_\_

Carpooled with the MPAL for the Town of Port Hawkesbury

**All claims are to be submitted not later than 30 days after return**

Claimant Signature: Sharla Sampson

Date: 05/03/2018

Travel Approved by Supervisor: Car

GL Code: 10 270 4120 270130

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	P
Add. & Ext. Checked.....	P
Approval for Payment.....	HSI 3 P
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <u>10 270 4120 270130</u>	

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
<b>Name of Claimant:</b>	Sharla Sampson	
<b>Destination:</b>	Baddeck Municipal Office ( Courthouse ) Baddeck	
<b>Purpose of Travel:</b>	Phase 2: Regional Physical Activity Focus Group	
<b>Departure Date/Time:</b>	16-Feb-18	
<b>Return Date/Time:</b>	16-Feb-18	
<b>Approval to Travel</b>		<b>Date:</b> 02/06/18

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 0.00						0.00
<b>Total Cost of Mileage:</b> \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						\$0.00
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial \_\_\_\_\_ N/A \_\_\_\_\_

---



---



---



---

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	
Date:	02/06/18
Travel Approved by Supervisor:	
GL Code:	

SCHEDULE "B"



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

<b>TRAVEL EXPENSE CLAIM</b>		<b>Rate \$0.4289</b>
Name of Claimant:	Sharla Sampson	
Destination:	Baddeck Court House, Baddeck	
Purpose of Travel:	Regional Physical Activity Focus Group ; Phase 2	
Departure Date/Time:	February 16, 2018 @ 8:00 AM	
Return Date/Time:	February 16, 2018 @ 1:30 PM	
Approval to Travel		Date:

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	240.00	240.00				240.00
Total Cost of Mileage:	\$102.94	\$102.94	\$0.00	\$0.00	\$0.00	\$102.94
Accomodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25	\$25.00					\$25.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$127.94	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$127.94</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial SS N/A \_\_\_\_\_

---



---



---



---

All claims are to be submitted not later than 30 days after return.

Claimant Signature: Sharla Sampson

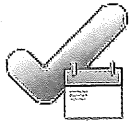
Date: February 20, 2018

Travel Approved by Supervisor: [Signature]

GL Code: 10 270 4120 270130

Goods Rec'd. Date.....	Initial.....
Prices Checked.....	
Add. & Ext. Checked.....	
Approval for Payment.....	
Discount Date.....	
Paid by Cheque No.....	
Distribution: Acc't. No. <u>10 270 4120 270130</u>	

HST 3



## PA focus group follow up

Fri 16/02/2018 10:00 AM - 12:00 PM

sharla mombourquette

Chair: Wayne.McKay@novascotia.ca

Location: Baddeck Courthouse

vince.forrestall@countyvictoria.ns.ca, annalee.maceachern@invernesscounty.ca, sharla mombourquette/Richmond, wallacembernard@gmail.com, kristadevoe@membertou.ca, stp-cb@ecologyaction.ca, Erin.Forsey@nshealth.ca, Larry.Maxwell@novascotia.ca

Description | \$30,000.00

- Provincial Funding (Island wide PA initiatives)
- Big 3 (skating, swimming + walking)
  - programs
  - leadership dev.
  - equipment loan (expand)
- work w/ ACBC Comm. to deliver programs

Personal Notes

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTE DE RICHMOND

**TRAVEL EXPENSE CLAIM** Rate **\$0.4289**

<b>Name of Claimant:</b>	Sharla Sampson
<b>Destination:</b>	Brightwood Golf and Country Club, Dartmouth
<b>Purpose of Travel:</b>	Creating Active Communities Together
<b>Departure Date/Time:</b>	05-Mar-18
<b>Return Date/Time:</b>	06-Mar-18
<b>Approval to Travel</b> <span style="float: right;">Date: 02/20/18</span>	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 0.00						0.00
<b>Total Cost of Mileage:</b> \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended: Initial \_\_\_\_\_ N/A \_\_\_\_\_

---



---



---



---

<b>All claims are to be submitted not later than 30 days after return.</b>	
Claimant Signature:	
Date:	_____
Travel Approved by Supervisor:	_____
GL Code:	_____

**SCHEDULE "B"**



THE MUNICIPALITY OF THE COUNTY OF  
LA MUNICIPALITÉ DU COMTE DE  
**RICHMOND**

<b>TRAVEL EXPENSE CLAIM</b>		Rate <b>\$0.4289</b>
Name of Claimant:	Sharla Sampson	
Destination:	Brightwood Golf and Country Club, Dartmouth	
Purpose of Travel:	Creating Active Communities Together	
Departure Date/Time:	06-Mar-18 <b>5:00 am</b>	
Return Date/Time:	March 6, 2018 <b>9:00 pm</b>	
Approval to Travel	Date:	

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 624.00	624.00					624.00
<b>Total Cost of Mileage:</b> \$267.63	\$267.63	\$0.00	\$0.00	\$0.00	\$0.00	\$267.63
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast    \$20	\$20.00					\$20.00
Lunch        \$25						\$0.00
Dinner      \$30	\$30.00					\$30.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	<b>\$317.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$317.63</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80%

I confirm that I attended 80% or more of the conference I attended:    Initial **SS** . N/A \_\_\_\_\_

**All claims are to be submitted not later than 30 days after return.**

Claimant Signature: Sharla Sampson

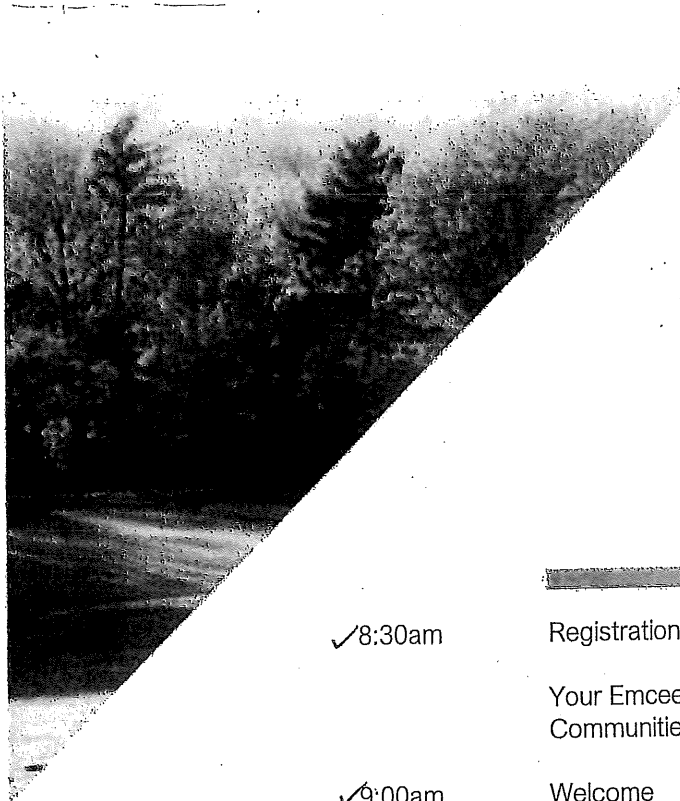
Date: March 8, 2018

Travel Approved by Supervisor: \_\_\_\_\_

GL Code: 10 270 4/20 270130

Goods Rec'd. Date.....	Initial.....	<u>A</u>
Prices Checked.....		<u>A</u>
Odd. & Ext. Checked.....		<u>A</u>
Approval for Payment.....		<u>A</u>
Discount Date.....		
Paid by Cheque No.....		
Distribution: Acc't. No.....		

HSR  
3



# CREATING ACTIVE COMMUNITIES TOGETHER

TUESDAY, MARCH 6, 2018

Brightwood Golf & Country Club  
Dartmouth, Nova Scotia

- 
- ✓8:30am Registration Open  
  
Your Emcee for the Day: Aaron Nutting, Director of Provincial Services, Communities Sport and Recreation
  - ✓9:00am Welcome
  - ✓9:05am Round Dance: Bryson Knockwood
  - ✓9:15am The FUN of Movement Behaviour Dr. John Spence
  - ✓10:15am Morning Break
  - ✓10:30am Physical Activity Campaigns Dr. Reger-Nash
  - ✓11:15am Discussion
  - ✓11:45am Lunch
  - ✓12:00pm Perspectives from the Chief Medical Officer of Health, Dr. Robert Strang (over lunch)
  - ✓12:30pm Walk
  - ✓1:00pm Community Based Strategies:  
Albert Lea, Minnesota: Ellen Kehr ✓  
Somerville, Massachusetts: Lisa Robinson ✓  
Membertou, Nova Scotia: Krista Devoe
  - ✓2:30pm Afternoon Break
  - ✓3:00pm Community Based Strategies:  
Pelham, Ontario: Vickie vanRavenswaay and Darren Ottaway ✓  
Amherst, Nova Scotia: (Bill Schurman)
  - 4:00pm Discussion
  - 4:25pm Closing Remarks

bring community members to provide you w/ ideas, no cost, run by volunteers.

# CREATING ACTIVE COMMUNITIES TOGETHER

## TUESDAY, MARCH 6, 2018

## SPEAKER BIOGRAPHIES

---

**DR. JOHN C. SPENCE** is a professor in the Faculty of Kinésiology, Sport and Recreation at University of Alberta. His research examines activity, inactivity, and sedentary behaviour. He has a range of expertise in quantitative methods, systematic reviews, and program evaluation. He serves on various advisory committees for provincial and national bodies such as the Alberta Centre for Active Living, the Canadian Fitness and Lifestyle Research Institute, and ParticipACTION.

**BILL REGER-NASH**, EdD, is professor emeritus in the West Virginia University School of Public Health. He has a doctoral degree in exercise physiology from West Virginia University and a master's in educational psychology and political science from the University of Hawaii. His university research focused on communitywide health behavioral change using social marketing. Bill enjoys cross-country skiing; sailing, bicycling, walking in the woods and gardening.

**DR. ROBERT STRANG** is Chief Medical Officer of Health in Nova Scotia. He was appointed in August 2007. He received his medical degree from the University of British Columbia and completed Family Practice and Community Medicine residencies at UBC. As CMOH, he has provided leadership around the renewal of the public health system in Nova Scotia and the importance of creating policies and environments that support better health for families and communities.

*ALBERT LEA, Minnesota is a community of 18,000 people. It participates in the Blue Zones project. This is a community-wide wellbeing improvement initiative designed to make healthy choices easier for everyone in the community. By engaging workplaces, schools and improving infrastructure, participation in physical activity opportunities has increased. Albert Lea has experienced a wide range of improvements in broad well-being and economic indicators*

**ELLEN KEHR** is the Organization Lead for the City of Albert Lea's Blue Zones Project team. Prior to Albert Lea, Ellen worked as the Coordinator for the Freeborn County Statewide Health Improvement Partnership and the Organization Lead for the Blue Zones Project Mason City. Known for her boundless energy, passion and ability to develop strong relationships, Ellen has pioneered many grassroots initiatives to improve the quality of life in Albert Lea. Currently, she is a past president and board member of the Riverland Community College Foundation.

*Shape Up SOMERVILLE (SUS) is an office within the City of Somerville's Health and Human Services Department. It implements a strategy to build and sustain a healthier, more equitable community for everyone that lives in, works in, and visits the city by optimizing food access and active living opportunities. Interagency collaboration and community partnerships are integral to this work. SUS began in 2002 as a CDC-funded research study led by Somerville community members and Tufts University, to prevent obesity in 1st-3rd graders through environmental change. Building from a community coalition, SUS was formally adopted in 2009 by the City of Somerville and has evolved as a comprehensive approach to build and support community-wide health, health equity, and social justice.*

**LISA ROBINSON**, MPH, RD, serves the City of Somerville, Massachusetts as Director of Shape Up Somerville. Lisa is a Registered Dietitian and has worked in several healthcare settings including hospitals, pediatric and adult outpatient clinics, academia and research. She enjoys applying her past experiences which targeted individual health behaviors and knowledge to the public health realm where Somerville prioritizes policy, systems and environment change to improve health equity on a community level.

*MEMBERTOU FIRST NATION sits in the heart of the Cape Breton Regional Municipality. The location, leadership and ambition of the community lends significantly to the growth and changes that has happened within the community over the last number of years. Membertou's population is over 1400, and like most First Nations communities, the youth population is expanding.*

*Membertou has successfully developed a physical activity strategy, and has developed several policies and partnerships supportive of physical activity. The community was awarded a Walkability Award for a Walkable Community in 2015 and continues to work towards removing barriers to an active, healthy lifestyle for all its community members.*

...bios cntd.

# TUESDAY MARCH 6, 2018 CREATING ACTIVE COMMUNITIES TOGETHER

An event for individuals who are working to address physical inactivity.

Join us and listen to leading physical activity researchers and inspiring community stories. Expand your understanding of how to successfully take action to create more vibrant, physically active communities. Participate in discussion to inform the creation of an active Nova Scotia.



  
NOVA SCOTIA

**Brightwood Golf  
and Country Club**  
227 School St., Dartmouth NS

**9:00am – 4:30pm**  
(registration starts at 8:30am)

#### GUEST SPEAKERS:

Dr. John Spence,  
University of Alberta

Dr. Bill Reger-Nash,  
West Virginia University

Dr. Robert Strang,  
Chief Medical Officer of  
Health

#### FEATURED COMMUNITIES:

Membertou, Nova Scotia  
Somerville, Massachusetts  
Pelham, Ontario  
Albert Lee, Minnesota  
Amherst, Nova Scotia

#### PLEASE NOTE:

A separate event for  
**decision makers** will be held  
on March 7<sup>th</sup>.

By invitation only.  
Space is limited.  
RSVP by Feb 12<sup>th</sup>  
to reserve your spot  
(identify food restrictions)

[colleen.strickland@novascotia.ca](mailto:colleen.strickland@novascotia.ca)



THE MUNICIPALITY OF THE COUNTY OF RICHMOND  
 LA MUNICIPALITÉ DU COMTÉ DE RICHMOND

**TRAVEL EXPENSE CLAIM** Rate **\$0.4289**

<b>Name of Claimant:</b>	Laurier Samson
<b>Destination:</b>	Membertou Trade and Convention Centre
<b>Purpose of Travel:</b>	Active Cape Breton Communities Meeting & CB Connect Subcommittee Meeting
<b>Departure Date/Time:</b>	Friday, March 2 - 8:00 am
<b>Return Date/Time:</b>	Friday, March 2 - 4:00 pm
<b>Approval to Travel</b>	Date: <i>Feb. 28/2018</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
<b>Total Mileage (# of Km):</b> 0.00						0.00
<b>Total Cost of Mileage:</b> \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Accommodation/Hotel Name:</b>						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
<b>Meals:</b> Breakfast \$20						\$0.00
Lunch \$25						\$0.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

*Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.*

I confirm that I attended 80% or more of the conference I attended: Initial \_\_\_\_\_ N/A \_\_\_\_\_

**All claims are to be submitted not later than 60 days after return.**

Claimant Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Travel Approved by Supervisor: \_\_\_\_\_

GL Code: \_\_\_\_\_

# **Active Cape Breton Communities**

## Regional Physical Activity Strategy

### **Background:**

In Cape Breton, we have 5 municipalities and 5 Mi'kmaq communities. 9 of these communities are involved in the MPAL program. All 10 communities are part of the Active Cape Breton Communities (ACBC) network. ACBC also includes representation from the NS Department of Communities, Culture and Heritage (CCH), Public Health Services, Ecology Action Centre (EAC), Heart and Stroke Walkabout and the Cape Breton Victoria Regional School Board. ACBC meets every two months to network about physical activity topics that are common across the region.

Recently, a small focus group was brought together from the membership of the group to determine priorities for ACBC. This focus group included members from Membertou and Waycobah First Nations, Richmond County, Victoria County and Inverness County, EAC and CCH. The focus group met twice. The first meeting was at the Gaelic College and the group went through a process to identify priority areas that are common across the region. The second meeting was in Baddeck and the purpose was to probe deeper into the identified priority areas to develop regional areas of focus.

This document represents the outcomes from those focus group sessions.

### **Guiding Principles:**

1. Accessibility – all our work will strive to make physical activity opportunities more accessible. This includes accessibility for people with disabilities and people with financial and other barriers. We will aim to remove as many barriers as possible and to bring opportunities to people where they live.
2. Gender equity – all our work will strive for gender equity. We want all residents to have access and gender should not limit participation,
3. Cultural inclusion – all our work will strive for cultural inclusion. We want to ensure that people from all cultures feel included in physical activity and have opportunities to participate.
4. Evidence based – all our work will incorporate the best available local, provincial, national and international data. We will aim to intentionally show how our work is based in this evidence.



<b>TRAVEL EXPENSE CLAIM</b>		Rate <u>\$0.4289</u>
Name of Claimant:	Laurier Samson	
Destination:	Membertou, NS	
Purpose of Travel:	Active Cape Breton Communities Meeting & CB Connect Subcommittee Meeting	
Departure Date/Time:	Friday, March 2, 2018 - 8:00 am	
Return Date/Time:	Friday, March 2, 2018 - 5:30 pm	
Approval to Travel	<i>[Signature]</i>	Date: <del>March 6/2018</del> <i>March 6/2018</i>

Description	Day 1	Day 2	Day 3	Day 4	Day 5	Total
Total Mileage (# of Km):	244.00	244.00				244.00
Total Cost of Mileage:	\$104.65	\$104.65	\$0.00	\$0.00	\$0.00	\$104.65
Accommodation/Hotel Name:						\$0.00
<i>(Indicate if Direct Bill or Provide Receipt)</i>						
Meals: Breakfast \$20						\$0.00
Lunch \$25	\$25.00					\$25.00
Dinner \$30						\$0.00
Other Meals (Receipts Required)						\$0.00
Incidentals (\$10 per overnight stay)						\$0.00
Taxi/Parking/Tolls (Receipts Required)						\$0.00
<b>Total Amount Being Claimed</b>	\$129.65	\$0.00	\$0.00	\$0.00	\$0.00	<b>\$129.65</b>

**Written Travel Report - Policy Requirements (Section 1.3.ii)**

Please provide a copy of the agenda or briefly outline the time, location, duration, attendees and purpose of your travel. Please indicate if the 80% attendance threshold has been met.

I confirm that I attended 80% or more of the conference I attended: Initial LS N/A \_\_\_\_\_

*ACBC topic attached. CB Connect subcommittee discussed our next steps re: Active for life landing page. Attendees were Wayne MacKay, Ashley Eisan, and Anne Lee MacEadern (by phone).*

All claims are to be submitted not later than 60 days after return.

Claimant Signature: *[Signature]*

Date Submitted: 03/05/18

Travel Approved by Supervisor: *[Signature]*

GL Code: \_\_\_\_\_

Government of Canada	Initial	<i>[Initials]</i>
Prices Checked		<i>[Initials]</i>
Add. & Ext. Checked		<i>[Initials]</i>
Approval for Payment	<i>HS 3</i>	<i>[Initials]</i>
Discount Date		
Paid by Cheque No.		
Distribution: Acc't. No.	<i>10 270 4120 270180</i>	