**Age-Friendly Manitoba Milestones Recognition**

Age-Friendly Community Milestones were developed by the Province of Manitoba, the World Health Organization (WHO), and the Public Health Agency of Canada, as a basis on which communities can be recognized for their age-friendly community efforts.

**Recognizing a Community’s Age-Friendly Efforts**

When a community completes the Age-Friendly Milestones, the municipal government can apply to have the community officially recognized by the Province of Manitoba, the Public Health Agency of Canada and the World Health Organization.

**The Benefits of the Milestone Recognition Program**

The program is designed to recognize and reward communities that have shown dedication in the promotion and development of age-friendly initiatives and recognize achievements in becoming an age-friendly community. The benefits include:

* An Age-Friendly Manitoba Initiative (AFMI) recognition award from the Province of Manitoba
* National and international recognition as an age-friendly community
* Promotion of the community’s achievements on the Seniors and Healthy Aging branch website
* Financial recognition to assist the community with any age-friendly initiative

**For more information, please contact:**

**Seniors and Healthy Aging:**   
In Winnipeg: 204-945-6565  
Toll-free: 1-800-665-6565  
Email: [seniors@gov.mb.ca](mailto:seniors@gov.mb.ca)

**Application Form**

**The Age-Friendly Manitoba Milestones Recognition Program**

Upon completion of the age-friendly milestones, communities are encouraged to complete the form. Please type directly in this form, or print. Additional pages may be used if required.

Please send completed application form and all required attachments via e-mail, mail or fax to:

**Seniors and Healthy Aging**

1610 - 155 Carlton Street  
**Winnipeg**, MB R3C 3H8   
Phone: 204-945-2127  
Toll-free: 1-800-665-6565

**Fax: 204-948-2514**

**Email:** [**seniors@gov.mb.ca**](mailto:seniors@gov.mb.ca)

Municipal Government

Local / Municipal Government:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date joined the AFMI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following steps have been taken towards becoming an Age Friendly community:**

**SECTION 1**

Milestone I: Community Engagement

**Established an age-friendly advisory or steering committee that included the active participation of older adults, including engagement in the planning and process of age-friendly activities.** (An existing committee with a mandate that aligns with the age-friendly initiative can also serve in this role).

* How many people sit on the committee and how many are older adults?
* List the organizations represented on your committee (attach separate list if required).
* How has the committee consulted with seniors in the community in other ways? For example, community meetings or other events, requests for submission comments (attach separate list if required).

**SECTION 2**

Milestone II: Council Resolution

**Passed a local council resolution that actively supports, promotes and works towards becoming age-friendly (please attach a copy).**

(If your community has chosen to include specific age-friendly goals, objectives and policies in your official community plan or strategic plan, please attach the relevant document. See Section 5.)

* Date passed:

**SECTION 3**

Milestone III: Action Plan

**Conducted an age-friendly community assessment/consultation (please attach a copy of results report).**

* Date age-friendly community consultation/ assessment/survey completed:
* Please describe how seniors were involved in these processes (e.g., focus groups, surveys, number of participants) or indicate where this is described in your report on results.
* Date action plan completed:

**SECTION 4**

Milestone IV: Public Awareness

**Developed and publicized an action plan in consultation with older adults. The plan includes goals, objectives, activities, timing, funding and other resources and target measures (please attach copy).**

* Date and location(s) of action plan post (for example, municipal office, municipal website, community centre, other):

**SECTION 5**

Required attachments and/or website links.

Please submit the following with your application:

Age-friendly committee terms-of-reference ( if developed)

Link (url)  Attachment

Age-friendly council/board resolution, official community plan or strategic plan

Link (url)  Attachment

Age-friendly needs consultation/assessment

Link (url)  Attachment

Age-friendly action plan

Link (url)  Attachment

Additional material that you can provide will be helpful to us in promoting age-friendly accomplishments in your community. Please provide the following (if available):

Outcomes and progress reports on age-friendly action plan:

Link (url)  Attachment

Evaluation reports (may include anecdotal):

Link (url)  Attachment

Photographs of age-friendly features. Please contact [seniors@gov.mb.ca](mailto:seniors@gov.mb.ca) for a release form and to arrange the use of photographs.

Additional Comments

**Please use this space to add any additional comments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that the contents of this form are accurate to the best of my knowledge. I agree that the Seniors and Healthy Aging Branch may publish the documents I have provided, and may reference or share them with the Public Health Agency of Canada and the World Health Organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mayor / Reeve/ Head of Council Date