



**Town of Arnprior
Regular Meeting of Council: February 14, 2022**

Correspondence Package Number A-22-FEB-01

Recommendation:

That the Correspondence Package Number. A-22-FEB-01 be received, and that the recommendations outlined be brought forward for Council's consideration.

Action Items:

1. **Request for Municipal Grant – In Kind Support – Arnprior Regional Health Auxillary – Waiving of fees for Community Hall Rental**

That Council of the Corporation of the Town of Arnprior receive the Municipal Grant Policy Application from the Arnprior Regional Health Auxiliary; and

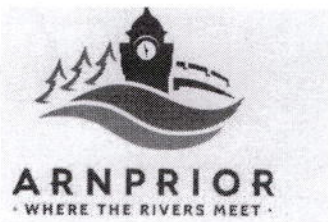
Whereas the Arnprior Regional Health Auxiliary is an eligible community organization under the Municipal Grants Policy.

Therefore Be It Resolved That Council supports the Arnprior Regional Health Auxillary, by providing in-kind support of waiving the fees for 5- hours of Nick Smith Centre Community Hall Rental (value of approximately \$200.00), for the date of Monday, June 20, 2022 from 10:00 am – 3:00 pm , for an Annual General Meeting/Luncheon.

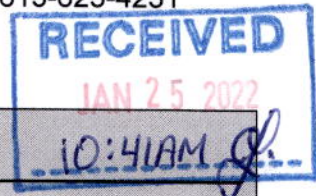
Further That the Arnprior Regional Health Auxiliary be advised that it is mandatory to carry sufficient liability insurance and have the Town of Arnprior added as an additional insured for the event; and

Further That the Arnprior Regional Health Auxiliary be advised that the Nick Smith Centre will determine event capacity based on the public health regulations at the time; and

Further That it is mandatory to follow all COVID-19 public health guidelines, including but not limited to proof of vaccination being required for all participants 12 years of age and older, social distancing, and masking where distancing is not possible.



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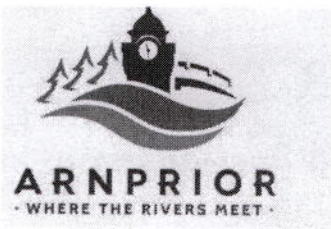


Municipal Grants Application

General Information	Submission Date: _____		
Name of Organization:	Arnprior Regional Health Auxiliary		
Street Address:	350 John St		
City/Town:	Arnprior	Postal Code:	K7S2P6
Contact Person:	Maggie Harbert	Position/Title:	President
Telephone:	6136221104	Fax Number:	
E-mail:	maggieharbert60@gmail.com		
What is your organization's status?	Charitable	Not-for-profit	Other
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorization:	I declare that I am authorized to sign this grant request on behalf of ARH Auxiliary _____ [insert name of organization]		Name (print): Maggie Harbert
	_____ [signature]		Position/Title: President
	January 25, 2022 _____ [date]		Phone: 6136221104

Please provide project/event date(s) or any relevant timelines related to this request.
June 20, 2022, 10:00 am - 3:00 pm, Nick Smith Ctr hall

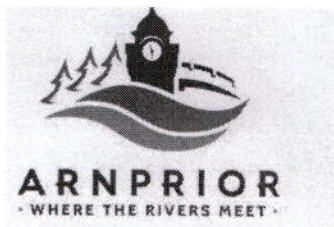
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Grant Request	Please check applicable request	Brief description of request (i.e. dollar amount and/or type of in-kind support, staffing requirements)
Support Funding (complete Parts A and B)	<input type="checkbox"/>	
In-Kind Support (Partnership) (complete Parts A and B)	<input type="checkbox"/>	
In-Kind Support (Single) (complete Part A)	<input type="checkbox"/>	
Festivals and Events Support Funding (complete Parts A and B)	<input checked="" type="checkbox"/>	<p>ARH-Auxiliary annual general meeting/luncheon</p> <p>We are looking for a reduction in cost of hall rental or the fee waived completely</p> <p>The only staff required would be to provide chairs and tables, all set up would be completed by the volunteers</p>

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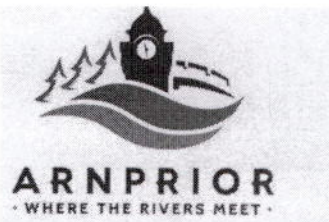


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Part A (to be completed for all municipal grant requests)

Organization/Grant Information	
What is the function of your organization (mandate/key objections)?	
<p>Our organization, in their activities and efforts provides valuable funding to the Arnprior Regional Health. We have been supporting the hospital for over 60 years. Most recently, our sizeable donation of \$600,000 over 5 years to the New Grove long term care facility.</p>	
Please provide an overview of the service, program or event being supported with this funding.	
<p>Our AGM along with being a required meeting as per our bylaws, it is the one time all of our volunteers from the Grove, the hospital and the Opportunity Shop gather and celebrate their accomplishments.</p>	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
<p>Arnprior Regional Health is an integral part of our community, and the Auxiliary supports ARH financially with equipment purchases, and patient and resident care support.</p>	
<p>Does your organization use volunteers?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)</p> <p>80 for the Opportunity shop</p> <p>20 in hospital including the Grove in assistance with patient and resident care: palliative support, meals, and entertainment</p>

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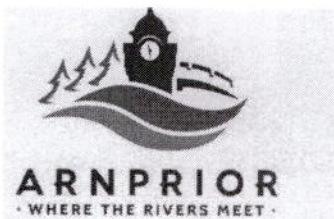
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<p>Please select target population that will benefit from this request.</p>	<p>Age Range:</p> <p><input type="checkbox"/> Children (Ages 0-12)</p> <p><input type="checkbox"/> Youth (Ages 13-18)</p> <p><input checked="" type="checkbox"/> Adults (Ages 19-59)</p> <p><input checked="" type="checkbox"/> Seniors (Ages 60+)</p>	<p>Number of participants benefitting from this request:</p> <p><input type="checkbox"/> 1-50</p> <p><input checked="" type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 101-499</p> <p><input type="checkbox"/> 500-1000</p> <p><input type="checkbox"/> >1000</p>
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Does this request align with the Town of Arnprior's Strategic Plan, as determined by Council? Please explain.

<p><u>Key Priorities</u></p> <ul style="list-style-type: none"> Economic Development – Attraction, retention and marketing initiatives and economic impact 	<p>This is a one time request that is less than \$750 total</p> <p>To support the ARH Auxiliary with the cost of the hall frees up that money that can then be directed towards ARH. Our organization pays NO salaries and all of the funds we raise are channeled back into our community through ARH.</p>
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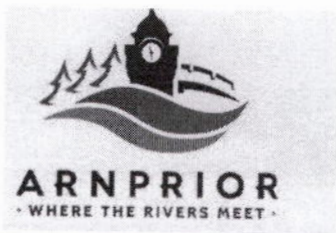
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<ul style="list-style-type: none"> Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives 	<p>This is our first time booking the NS Ctr for this event, due to the possibility of construction at 275 Ida (the old Grove) we can not be guaranteed that the facility will be available to us.</p>	
<p>Has your organization received support from the Town of Arnprior in previous years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>If yes, please provide additional details below.</p>	
	<p>Dollar (\$) value received:</p>	
	<p>Service/ Program/ Festival/ Event grant support was received for:</p>	
	<p>Type of grant support received:</p>	<p><input type="checkbox"/> Support Funding</p> <p><input type="checkbox"/> In-Kind Support</p> <p><input type="checkbox"/> In-Kind Partnership</p> <p><input type="checkbox"/> Festival and Event Support Funding</p>
<p>Was Town staff support provided?</p> <p>If yes, in what capacity?</p>		

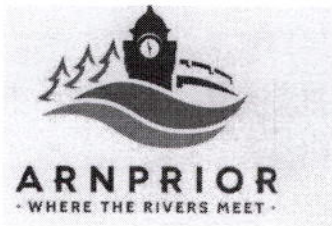
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	If this submission/request differs from previous year(s), please describe the difference?

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Part B (to be completed for the following Streams: Support Funding, In-kind Partnership, Festivals and Events)

Financial Information

Indicate your organizations fundraising policy. Comment on your organizations fundraising plans for the current year and upcoming years. (If Applicable)

we do not have a policy, our goal is to raise money for ARH
Last year we donated \$120,000 to the new Grove project and will continue the same amount every March for the next 4 years. Our goal is to raise as much as we can and support the purchases of hospital equipment

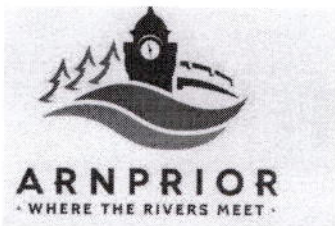
Does your organization raise enough money through fundraising to cover its expenses? If not, indicate your organizations plan to pay these expenses. (If Applicable)

yes

Indicate if you received funding or are seeking funding from sources other than the municipality.

none

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Funding provided must benefit the residents of the Town of Arnprior. Please indicate how the funding would be used to benefit the residents of Arnprior.

in saving the Auxiliary the cost of the hall, that money can be redirected to ARH, which is an integral and valuable resource of our community

In what way is your organization working on becoming self-sufficient?

we have minimal expenses, and no salaries

What effect would the denial of all or a part of this request have on your organization and/or the event/activity/program/service you are applying for?

it would mean we would have to pay for the hall, which would then reduce the funding we can provide to ARH.

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Has your participation been greater, less or more than last year? (If Applicable)

due to covid, our hospital volunteers have been limited
 our Opportunity shop has had some closures

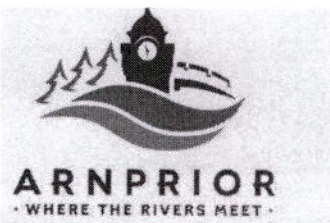
Part B (cont'd)

Projected Budget

Please fill out the projected budget for your organization's festival/event/initiative/project below.

<u>Revenue Description</u>	<u>Budget Amount</u>
Grants – Federal and/or Provincial	\$
Grants – Town of Arnprior	\$
Donations/Sponsorships	\$
Earned Income	\$
Applicant Contribution	\$
User Fees	\$
Membership Fees	\$
Fundraising Efforts	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Total Revenue	\$

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<u>Expenses Description</u>	<u>Budget Amount</u>
Salaries and Benefits	\$ 0
Advertising and Promotion	\$ 0
Entertainment	\$ 0
Administration	\$ 0
Facilities Rental	\$ 600
Prizes and Awards	\$ 50
Other (please specify) meal (luncheon)	\$ 1000
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Total Expenses	\$ 1650

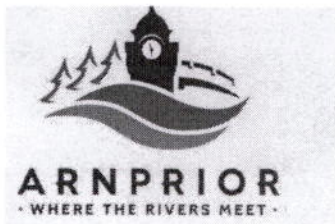
Please attach the listed documentation to your completed application.

- Most recent financial statements
- Financial statement from previous year or previous festival/event
- Budget for program, service, festival/event
- Proof of incorporation, if applicable
- Proof of insurance (required if funding is approved)

MA
 (initial)

I hereby acknowledge that the Town of Arnprior requires any successful applicant to provide a follow-up report, as described in the Municipal Grants Policy.


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Conditions of Assistance

- a) Any Grant funding provided by the Town of Arnprior must be applied to current expenses associated with the approved project, and not be used to subsidize any other project of the applicant, or to reduce or eliminate accumulated deficits.
- b) The Town of Arnprior must be notified in writing of any significant changes and/or purpose of the supported activity or event. In the event that the activity or event is not completed, or does not move forward, the Town of Arnprior reserves the right to request the return of any grant funding provided.
- c) Receipt of a grant does not guarantee funding the following or any subsequent year.
- d) The applicant acknowledges and agrees that the Town of Arnprior shall not be liable for any incidental, indirect, special or consequential damages, injury or any loss of use, revenue or profit of the organization arising out of or in any way related to the approved program/event/ service.
- e) Where applicable, the Town of Arnprior must be acknowledged on promotional materials related to the funded activities/event, including but not limited to brochures, print ads, programs, posters, signage and media releases, as well as websites, e-newsletters, and social media campaigns, where possible. The Marketing and Economic Development Officer will require information from the applicant, in advance on what materials/ electronic formats the Town's logo will be included on to ensure compliance with the Town's brand guidelines.
- f) The Town of Arnprior reserves the right to an onsite presence, or formal role, at Festivals and Events. Failure to acknowledge the Town's support may result in the inability of an organization to obtain grant support in future years.

 _____ (initial)	I acknowledge that I have read and understand the Condition of Assistance for receipt of Town of Arnprior Municipal Grants. I also acknowledge that I have read and agree to follow the Town of Arnprior's Municipal Grants Policy.
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