



**Town of Arnprior**  
**Regular Meeting of Council: December 12, 2022**  
**Correspondence Package Number A-22-DEC-14**

**Recommendation:**

**That** the Correspondence Package Number. A-22-DEC-14 be received, and that the recommendation(s) outlined be brought forward for Council's consideration.

**Action Items:**

1. **Request In-Kind Support (Single) – Waive Nick Smith Centre Community Hall Rental Fees – Arnprior Braeside McNab Seniors At Home Program Christmas Craft Fair**

**That** Council of the Corporation of the Town of Arnprior receive the Municipal Grant (In-Kind Support) request from Arnprior Braeside McNab Seniors at Home Program; and

**Whereas** Arnprior Braeside McNab Seniors at Home Program provides practical home support services, transportation, and socialization opportunities for seniors, the disabled and individuals with special needs; and

**Whereas** the Arnprior Braeside McNab Seniors at Home Program hosted its' annual Christmas Craft Fair on Saturday, November 26, 2022 between the hours of 8:00 am and 5pm at the Nick Smith Centre Community Hall; and

**Whereas** the Christmas Craft Fair is an annual fundraising event for Seniors at Home, enjoyed by the Arnprior area community, as well as providing an opportunity for local crafters/entrepreneurs to sell their goods and promote their businesses;

**Therefore Be It Resolved That** Council approve the request for waiving the Nick Smith Centre Community Hall rental fees, including, set up and tear down (value of \$350.00) for the annual Arnprior Braeside McNab Seniors at Home Program Christmas Craft Fair; on Saturday, November 26, 2022; and

**Further That** the Arnprior Braeside McNab Seniors at Home Program 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.

**2. Request In-Kind Support (Single) – Waive Nick Smith Centre Community Hall Rental Fee – Arnprior & District Humane Society**

**That** Council of the Corporation of the Town of Arnprior receive the Municipal Grant (In-Kind Support) request from Arnprior & District Humane Society; and

**Whereas** the Arnprior & District Humane Society is a not-for-profit organization relying heavily on many fundraising events, in order to provide food, shelter, and veterinary care for cats and dogs until they are adopted; and

**Whereas** the Arnprior & District Humane Society hosted a Bake and Craft Sale on December 4, 2022, between the hours of 8:00 am and 4:00 pm.; and

**Whereas** the funds raised from the Bake and Craft Sale will allow the Arnprior & District Humane Society to provide spaying and neutering of animals thereby reducing the number of stray, abandoned, and neglected animals in the Town of Arnprior;

**Therefore Be It Resolved That** Council approve the request for waiving the Nick Smith Centre Community Hall rental fees, including, set up and tear down (value of \$350.00) for the Arnprior & District Humane Society Bake and Craft Sale, on Sunday, December 4, 2022; and

**Further That** the Arnprior & District Humane Society 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.

**3. Request In-Kind Support (Single) – Waive Nick Smith Centre Ice Rental Fees – Arnprior Optimistic Women’s Club**

**That** Council of the Corporation of the Town of Arnprior receive the Municipal Grant (In-Kind Support) request from the Arnprior Optimistic Women’s Club; and

**Whereas** the Arnprior Optimistic Women’s Club is a volunteer service club, working to bring out the best in children, youth, families community, and each other; and

**Whereas** the Arnprior Optimistic Women’s Club hosted the Dr. Seuss on Ice Event, on December 10<sup>th</sup>; in support of giving back to the community and collecting donations for the Arnprior Food Bank; and

**Whereas** the on Ice Event is a great opportunity for family and friends to enjoy a free skate and promote the Town’s lending hub;

**Therefore Be It Resolved That** Council approve the request for waiving the fees for one (1) hour of ice time, including one staff member (value of \$145.50) for the 2022 Dr. Seuss on Ice Event on Saturday, December 10<sup>th</sup> from 5-6 p.m.; and

**Further That** the Arnprior Optimistic Women’s Club 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.

#### **4. Request In-Kind Support (Single) – Waive Nick Smith Centre Community Hall Rental Fees – Canadian Blood Services**

**That** Council of the Corporation of the Town of Arnprior receive the Municipal Grant (In-Kind Support) request from Canadian Blood Services; and

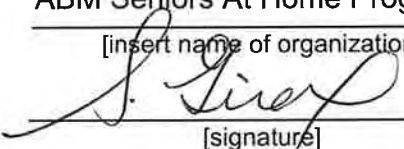
**Whereas** Canadian Blood Services is a not-for-profit organization that manages the national supply of blood products for all of the provinces and territories (excluding Quebec); and

**Whereas** Canadian Blood Services hosts blood collection events, and the residents of Arnprior are dedicated to Canadian Blood Services by coming together as a community and giving back to patients in need;

**Therefore Be It Resolved That** Council approve the request to waive the Nick Smith Centre Community Hall rental fees (value of \$350 / event) for March 8, 2023, June 7, 2023, September 20, 2023 and December 13, 2023; and

**Further That** Canadian Blood Services 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.

## Municipal Grants Application

<b>General Information</b>	<b>Submission Date:</b> Nov. 24, 2022		
<b>Name of Organization:</b>	Arnprior Braeside McNab Seniors At Home Program		
<b>Street Address:</b>	Towne Centre, 106 McGongial St. W., Unit A1		
<b>City/Town:</b>	Arnprior	<b>Postal Code:</b>	K7S 1M4
<b>Contact Person:</b>	Suzanne Giroux	<b>Position/Title:</b>	Dev. Coord.
<b>Telephone:</b>	613-623-7981	<b>Fax Number:</b>	613-623-8927
<b>E-mail:</b>	suzannegiroux@cssagency.ca		
<b>What is your organization's status?</b>	<b>Charitable</b>	<b>Not-for-profit</b>	<b>Other</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Authorization:</b>	<p>I declare that I am authorized to sign this grant request on behalf of</p> <p style="text-align: center;"><u>ABM Seniors At Home Program</u></p> <p style="text-align: center;">[insert name of organization]</p> <p style="text-align: center;"></p> <p style="text-align: center;">[signature]</p> <p style="text-align: center;"><u>December 24, 2022</u></p> <p style="text-align: center;">[date]</p>		<b>Name (print):</b>
			Jocelyn Dunn
			<b>Position/Title:</b>
			Dev. Coord.
		<b>Phone:</b>	
		613-623-7981	
<b>Please provide project/event date(s) or any relevant timelines related to this request.</b>			
Christmas Craft Fair: Saturday, November 26th, 2022 - 8:00am to 5pm			

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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 checked="" type="checkbox"/>	Use of Nick Smith Centre Community Hall including set-up and tear down of tables and janitorial staff
Festivals and Events Support Funding (complete Parts A and B)	<input type="checkbox"/>	

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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)?	
In the spirit of neighbours helping neighbours, our staff and volunteers provide practical home support services, transportation, and socializing opportunities to encourage independent living and enhance the quality of life of seniors, disabled, and individuals with special needs. Our main programs and services include: medical and accessible transportation, hot meals on wheels,	
Please provide an overview of the service, program or event being supported with this funding.	
The Christmas Craft Fair is an annual fund raising event for Seniors At Home that is very anticipated and enjoyed by the Arnprior and area community. People can go to do their shopping at the vendor booths for the Christmas season. The vendor fees, raffle tickets, craft donations, etc all go towards raising funds to provide our community support services.	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
This Christmas Craft Fair will give opportunity for 30-34 *local* crafters/entrepreneurs to sell their goods and promote their businesses within the community, keeping Christmas shoppers' dollars within the town of Arnprior, all while promoting and adhering to safe Covid-19 protocols to keep shoppers, staff, volunteers and vendors alike safe. This event also promotes the Town of Arnprior's recreational facility. Proceeds raised through this event support Arnprior-Braeside-McNab Seniors At Home Program and go directly back into our community we serve through our many programs and services.	
<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>We have approx. 150 active volunteers contributing to our programs and services including: event support, meal deliver, grocery delivery, medical transportation, safety and wellness calls, social programs, and administrative duties. This Christmas Craft event would utilize between 10-15 volunteers.</p>

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<p>Please select target population that will benefit from this request.</p>	<p><b>Age Range:</b></p> <p><input checked="" type="checkbox"/> Children (Ages 0-12)</p> <p><input checked="" 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><b>Number of participants benefitting from this request:</b></p> <p><input type="checkbox"/> 1-50</p> <p><input type="checkbox"/> 51-100</p> <p><input checked="" type="checkbox"/> 101-499</p> <p><input type="checkbox"/> 500-1000</p> <p><input type="checkbox"/> &gt;1000</p>
<p>Does this request align with the Town of Arnprior's <a href="#">Strategic Plan</a>, as determined by Council? Please explain.</p>		
<p><b><u>Key Priorities</u></b></p> <ul style="list-style-type: none"> <li>Economic Development – Attraction, retention and marketing initiatives and economic impact</li> </ul>	<p>Yes, by drawing approx 34 vendors and several hundred shoppers to the Nick Smith Centre each year, this event acts as great promotion opportunity for local small businesses and crafters, as well as the Town of Arnprior's recreation facility. All income and proceeds from vendors and shoppers alike stay directly within our community, supporting our local economy.</p>	

<ul style="list-style-type: none"> <li>Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives</li> </ul>	<p>This annual event is highly anticipated by local residents, vendors and shoppers alike, and is a positive way to raise moral support and excitement around the Christmas season within the Town of Arnprior, especially after the shortage of community occasions over the last year in the pandemic.</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>			
	<table border="1"> <tr> <td data-bbox="639 785 1005 890"><b>Dollar (\$) value received:</b></td><td data-bbox="1005 785 1494 890"></td></tr> <tr> <td data-bbox="639 890 1005 1100"><b>Service/ Program/ Festival/ Event grant support was received for:</b></td><td data-bbox="1005 890 1494 1100">We have received in-kind support through fee waivers in regards to the use of municipal property for various fundraising and social events. this event included</td></tr> </table>	<b>Dollar (\$) value received:</b>		<b>Service/ Program/ Festival/ Event grant support was received for:</b>
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<b>Service/ Program/ Festival/ Event grant support was received for:</b>	We have received in-kind support through fee waivers in regards to the use of municipal property for various fundraising and social events. this event included			
<table border="1"> <tr> <td data-bbox="639 1100 1005 1488"><b>Type of grant support received:</b></td><td data-bbox="1005 1100 1494 1488"> <input type="checkbox"/> Support Funding  <input checked="" type="checkbox"/> In-Kind Support  <input type="checkbox"/> In-Kind Partnership  <input type="checkbox"/> Festival and Event Support Funding </td></tr> </table>	<b>Type of grant support received:</b>	<input type="checkbox"/> Support Funding <input checked="" type="checkbox"/> In-Kind Support <input type="checkbox"/> In-Kind Partnership <input type="checkbox"/> Festival and Event Support Funding		
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<table border="1"> <tr> <td data-bbox="639 1488 1005 1806"> <b>Was Town staff support provided?</b>   <b>If yes, in what capacity?</b> </td><td data-bbox="1005 1488 1494 1806"> <p>Yes, support was gratefully supplied in regards to set-up and tear-down of municipal property (tables, chairs, equipment) to host the aforementioned events.</p> </td></tr> </table>	<b>Was Town staff support provided?</b>  <b>If yes, in what capacity?</b>	<p>Yes, support was gratefully supplied in regards to set-up and tear-down of municipal property (tables, chairs, equipment) to host the aforementioned events.</p>		
<b>Was Town staff support provided?</b>  <b>If yes, in what capacity?</b>	<p>Yes, support was gratefully supplied in regards to set-up and tear-down of municipal property (tables, chairs, equipment) to host the aforementioned events.</p>			

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Town of Arnprior  
105 Elgin Street West  
Arnprior, ON.  
K7S 0A8  
613-623-4231

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

In previous years we have submitted a fee waiver request by email for the use of the Nick Smith Center community hall, and facilities were granted free of charge.

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181 University Ave, Suite 1700 Toronto, ON M5H 3M7  
T. 416 599-5530 1 800 668-5901 F. 416 599-5458

**CERTIFICATE OF INSURANCE**  
**2022-23 No 3**

THIS IS TO CERTIFY TO: Town of Arnprior  
105 Elgin St West  
Arnprior, ON, K7S 0A8

that the following described policy(ies) or cover note(s) in force at this date have been effected to cover as shown below:

NAMED INSURED: Arnprior-Braeside-McNab Seniors at Home Program Inc.

ADDRESS: 106 McGonigal Street West, Towne Centre Unit A1  
Arnprior, ON K7S 1M4

Description of operations and/or activities and/or locations and/or vehicles to which this certificate applies:

RE: Event Christmas Craft Fair, Fundraising Event, held on Saturday, November 26, 2022 from 06.30 am to 05.30 pm - Location:  
Nick Smith Centre, 77 James Street, Arnprior, ON, K7S 1C9

TYPE	INSURER	POLICY NO	POLICY PERIOD from (mm/dd/yyyy) to (mm/dd/yyyy)	LIMIT OF INSURANCE
Commercial General Liability Insurance	Northbridge Insurance Company	CBC0674818	04/01/2022 to 04/01/2023	\$5,000,000 Bodily Injury & Property Damage per Occurrence & In Aggregate \$5,000,000 Tenants Legal Liability \$5,000,000 Personal & Advertising Injury \$5,000,000 Products-Completed Operations Aggregate Limit \$5,000,000 Professional Liability \$100,000 Medical Payments Per Occurrence

**Additional Information:**

It is understood and agreed that Town of Arnprior is added to the General Liability Insurance Policy noted above as Additional Insured but only with respect to liability arising out of the operations of the Named Insured as it relates to the activity to which this certificate applies.

This certificate is issued as a matter of information only and is subject to all the limitations, exclusions and conditions of the above-listed policies as they now exist or may hereafter be endorsed.

Should one of the above noted policy(ies) be cancelled before the expiry date shown, the insurer(s) will endeavor to provide 30 days of written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Limits shown above may be reduced by Claims or Expenses paid.

**BFL CANADA Risk and Insurance Services Inc.**

Signed in Toronto on November 15, 2022

Per: \_\_\_\_\_

Authorized Representative

## Municipal Grants Application

<b>General Information</b>	<b>Submission Date:</b> <u>Nov 1, 2022</u>		
Name of Organization:	<u>ARNPRIOR + DISTRICT HUMANE SOCIETY</u>		
Street Address:	<u>490 DIDAK DRIVE</u>		
City/Town:	<u>ARNPRIOR</u>	Postal Code:	<u>K7S 0C3</u>
Contact Person:	<u>LYNDA DUFFY</u>	Position/Title:	<u>PRESIDENT</u>
Telephone:	<u>613-623-2086</u>	Fax Number:	<u>—</u>
E-mail:	<u>lynda.arnpriorhumane.society@gmail.com</u>		
What is your organization's status?	Charitable	Not-for-profit	Other
		<u>✓</u>	
Authorization:	I declare that I am authorized to sign this grant request on behalf of		Name (print):
	<u>ARNPRIOR + DISTRICT HUMANE SOCIETY</u> [insert name of organization]		<u>LYNDA DUFFY</u>
	<u>[Signature]</u> [signature]		Position/Title:
	<u>NOVEMBER 1, 2022</u> [date]		Phone:
			<u>613-623-2086</u> <u>819-743-3373</u>
Please provide project/event date(s) or any relevant timelines related to this request.			
<u>SUNDAY, DECEMBER 4, 2022</u> <u>FULL DAY FOR BAKE AND CRAFT SALE</u> <u>COMMUNITY HALL - NICK SMITH CENTRE</u> <u>8:00 AM VENDOR SET UP - 4:00 PM - VENDOR TEAR DOWN</u>			

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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)		
In-Kind Support (Partnership) (complete Parts A and B)		
In-Kind Support (Single) (complete Part A)	✓	REQUEST TO WAIVE HALL RENTAL FEE. COMMUNITY HALL - NICK SMITH CENTRE. SUNDAY, DECEMBER 4, 2022
Festivals and Events Support Funding (complete Parts A and B)		

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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)?	
ANIMAL SHELTER PROVIDING A SAFE HAVEN FOR CATS AND DOGS, FOOD, VETINARY CARE UNTIL ANIMALS ARE ADOPTED TO LOVING HOMES	
Please provide an overview of the service, program or event being supported with this funding.	
WE ARE A NOT FOR PROFIT ORGANIZATION RELYING ON MANY FUNDRAISING EVENTS THROUGHOUT THE YEAR. OUR BAKE AND CRAFT SALE, HELD ANNUALLY, HELPS SUPPORT OUR SHELTER.	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
FUNDS RAISED ALLOW US TO PROVIDE SPAY NEUTERING TO OUR ANIMALS. REDUCING A NUMBER OF STRAY, ABANDONED AND NEGLECTED ANIMALS.	
Does your organization use volunteers?	If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)
<input checked="" type="radio"/> Yes <input type="radio"/> No	APPROXIMATELY 50 VOLUNTEERS. SHELTER CLEANERS, ADMINISTRATION, FUNDRAISING, DRIVERS TO AND FROM VET CLINICS

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<p>Please select target population that will benefit from this request.</p>	<p><b>Age Range:</b></p> <ul style="list-style-type: none"> <li>✓ Children (Ages 0-12)</li> <li>✓ Youth (Ages 13-18)</li> <li>✓ Adults (Ages 19-59)</li> <li>✓ Seniors (Ages 60+)</li> </ul>	<p><b>Number of participants benefitting from this request:</b></p> <p>1-50</p> <p>51-100</p> <p>101-499</p> <p>500-1000</p> <p>&gt;1000</p>
<p>Does this request align with the Town of Arnprior's <a href="#">Strategic Plan</a>, as determined by Council? Please explain.</p>		
<p><b><u>Key Priorities</u></b></p> <ul style="list-style-type: none"> <li>Economic Development – Attraction, retention and marketing initiatives and economic impact</li> </ul>	<p>WE HAVE VISITORS FROM OTTAWA, GATINEAU, OTTAWA VALLEY TOWNS AND VILLAGES AS VENDORS AND SHOPPERS FOR THIS EVENT</p>	

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<ul style="list-style-type: none"> <li>Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives</li> </ul>		
<p>Has your organization received support from the Town of Arnprior in previous years?</p> <p><u>Yes</u>      No</p>	<p>If yes, please provide additional details below.</p>	
	<table border="1"> <tr> <td data-bbox="630 785 982 877"> <p><b>Dollar (\$) value received:</b></p> </td><td data-bbox="982 772 1466 877"> <p><i>\$450.00 - RENTAL FEE WAIVED FOR HACC</i></p> </td></tr> </table>	<p><b>Dollar (\$) value received:</b></p>
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<table border="1"> <tr> <td data-bbox="630 1100 982 1465" rowspan="2"> <p><b>Type of grant support received:</b></p> </td><td data-bbox="982 1087 1466 1465"> <p>Support Funding</p> <p><u>✓ In-Kind Support</u></p> <p>In-Kind Partnership</p> <p>Festival and Event Support Funding</p> </td></tr> </table>	<p><b>Type of grant support received:</b></p>	<p>Support Funding</p> <p><u>✓ In-Kind Support</u></p> <p>In-Kind Partnership</p> <p>Festival and Event Support Funding</p>
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	<table border="1"> <tr> <td data-bbox="630 1478 982 1780"> <p><b>Was Town staff support provided?</b></p> <p><b>If yes, in what capacity?</b></p> </td><td data-bbox="982 1465 1466 1780"> <p><i>No</i></p> </td></tr> </table>	<p><b>Was Town staff support provided?</b></p> <p><b>If yes, in what capacity?</b></p>
<p><b>Was Town staff support provided?</b></p> <p><b>If yes, in what capacity?</b></p>	<p><i>No</i></p>	

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

*SAME AS IN PREVIOUS YEARS*

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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 OFFER ONLINE AUCTIONS, MICROCHIP EVENTS, WALK-A-THONS, BAKE SALES, YARD SALES, TRIVIA NIGHT, BEER-WINE-LIQUOR BOTTLE RETURNS
Does your organization raise enough money through fundraising to cover its expenses? If not, indicate your organizations plan to pay these expenses. (If Applicable)
THROUGH GENEROUS DONATIONS FROM INDIVIDUALS AND BUSINESSES WE MEET OUR FINANCIAL OBLIGATIONS
Indicate if you received funding or are seeking funding from sources other than the municipality.
NONE

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



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.

FUNDING PROVIDED HELPS THE SHELTER DOORS OPEN.  
PROVIDING A SAFE PLACE FOR ANIMALS.  
WE HAVE MANY VISITORS FROM OUTSIDE ARNPRIOR,  
OFTEN THEY STOP FOR LUNCH THUS HELPING SMALL  
BUSINESSES IN TOWN.

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

CONSTANT FUNDRAISING, REQUESTS FOR GRANTS  
AND DONATIONS FROM VARIOUS CORPORATIONS

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?

ALL PROFITS FROM THIS EVENT GOES TOWARDS  
THE UPKEEP OF ANIMALS IN OUR CARE.  
IF DENIED, WE WOULD BE FACED WITH YET ANOTHER  
FINANCIAL CHALLENGE.



Town of Arnprior  
105 Elgin Street West  
Arnprior, ON.  
K7S 0A8  
613-623-4231

Has your participation been greater, less or more than last year? (If Applicable)
THE COVID PANDEMIC RESTRICTIONS HAVE GREATLY CURTAILED OUR FUNDRAISING EFFORTS DURING THE LAST TWO YEARS.

## Part B (cont'd)

Projected Budget	
Please fill out the projected budget for your organization's festival/event/initiative/project below.	
Revenue Description	Budget Amount
Grants – Federal and/or Provincial	\$ 0
Grants – Town of Arnprior HALL RENTAL	\$ 450.-
Donations/Sponsorships	\$ 0
Earned Income	\$ 0
Applicant Contribution	\$ 0
User Fees	\$ 0
Membership Fees	\$ 0
Fundraising Efforts	\$ 3,000 <sup>xx</sup>
Other (please specify)	\$ 0
Other (please specify)	\$ 0
Other (please specify)	\$ 0
Other (please specify)	\$ 0
<b>Total Revenue</b>	<b>\$ 3,450.-</b>

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<u>Expenses Description</u>	<u>Budget Amount</u>
Salaries and Benefits	\$ <u>0</u>
Advertising and Promotion <i>VOLUNTEER DONATION</i>	\$ <u>0</u>
Entertainment	\$ <u>0</u>
Administration	\$ <u>0</u>
Facilities Rental <i>?</i>	\$ <u>0</u>
Prizes and Awards <i>VOLUNTEER DONATIONS</i>	\$ <u>0</u>
Other (please specify)	\$ <u>0</u>
Other (please specify)	\$ <u>0</u>
Other (please specify)	\$ <u>0</u>
Other (please specify)	\$ <u>0</u>
<b>Total Expenses</b>	<b>\$</b>

Please attach the listed documentation to your completed application.	<input checked="" type="checkbox"/> Most recent financial statements  Financial statement from previous year or previous festival/event  Budget for program, service, festival/event  Proof of incorporation, if applicable  <input checked="" type="checkbox"/> Proof of insurance (required if funding is approved)
---	---


<u>LCJ</u> (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.
-------------------------	--

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



## 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.
--	---

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.

### Certificate of Insurance

This is to confirm to: **TOWN OF ARNPRIOR (Also listed as additional insured on the policy)**

**105 ELGIN ST W  
ARNPRIOR, Ontario, K7S 0A8**

The insurance afforded under the policies listed below are subject to the terms, conditions and exclusion of the applicable policy. This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

The Insurer will endeavour to mail to the additional insured specifically named on this certificate 30 days' written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

That policies of insurance as herein described have been issued to the Insured named below and are in force at this date.

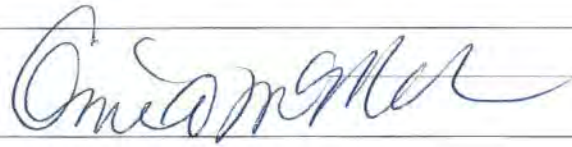
*The limits shown below may have been reduced by paid claims and are in Canadian dollars.*

<b>Policy Information</b>	<b>Policy Number</b> 1074784259 <b>Effective Date:</b> October 01, 2022 <b>Expiry Date:</b> October 01, 2023			
	<b>Primary Insured Name</b>			
	ARNPRIOR & DISTRICT HUMANE SOCIETY ANIMAL SHELTER			
	<b>Address</b>			
	490 DIDAK DR			
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
	ARNPRIOR	ON	K7S 3G7	
<b>Policy Operations</b>	Operations to which this certificate applies:			
	<b>Description</b>			
	Veterinarians, including animal hospitals - B&P Services			
<b>Location 1 Information</b>	Location to which this certificate applies:			
	<b>Address</b>			
	490 DIDAK DR			
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
	ARNPRIOR	ON	K7S 3G7	
<b>Liability Information</b>	Liability Coverages to which this certificate applies:			
	<b>Commercial General Liability Policy - Occurrence Basis</b>			
	<b>Bodily Injury And Property Damage Liability</b>	<b>Co-insurance</b>	<b>Deductible</b>	<b>Limit</b>
	Each Occurrence Limit			\$5,000,000
	Products-Completed Operations Aggregate Limit			\$5,000,000
	Each Occurrence Deductible - Property Damage		\$1,000	
	<b>Personal And Advertising Injury Liability</b>			\$5,000,000
	Tenants' Legal Liability Limit - Any One Premises			\$250,000
	Deductible - Each Occurrence		\$1,000	
	Medical Expense Limit (Any one person)			\$25,000
<b>CGL Included Coverages</b>	Liability Coverages to which this certificate applies:			
	<b>Commercial General Liability Policy - Occurrence Basis includes the following:</b>			
	Bodily Injury and Property Damage including:			
	<ul style="list-style-type: none"> <li>• Broad Form Products and Completed Operations</li> <li>• Broad Form Property Damage</li> <li>• Blanket Contractual Liability</li> <li>• Contingent Employers Liability</li> <li>• Additional Insured as required by contract</li> <li>• Other Insurance Clause - Primary and Non-contributory if agreed by a written contract for the additional insured.</li> <li>• Owners and Contractors Protective</li> <li>• Severability of Interests, Cross Liability</li> </ul>			
<b>Non-Owned Automobile Liability</b>	Liability Coverages to which this certificate applies:			
	<b>Non-Owned Automobile Liability</b>			
	<b>Non-Owned Automobile Liability</b>	<b>Co-insurance</b>	<b>Deductible</b>	<b>Limit</b>
	Contractual Liability Endorsement			\$2,000,000
	Excluding Long Term Leased Vehicle Endorsement			
<b>Directors' and Officers'</b>	<b>Policy Number</b> 1076441711 <b>Effective Date:</b> October 01, 2022 <b>Expiry Date:</b> October 01, 2023			
	<b>Directors' and Officers'</b>			
	Prior or Pending Litigation Date: October 01, 2009		<b>Deductible</b>	<b>Limit</b>
	Directors' And Officers' And Employment Practices Liability Policy - Entity Form		\$1,000	\$1,000,000

Notes

Notes:

For Bake sale



Representative  
of the Insurer

Date: October 28, 2022

Authorized Representative of the Insurer: CONNIE MCMAHON & ASSOCIATES INC AO72680

Agency Office: CONNIE MCMAHON & ASSOCIATES INC AO72680

130 MACDONELL STREET  
GUELPH ON N1H 6P8  
PHONE (519) 824-4400  
FAX (519) 826-0925  
[www.cooperators.ca](http://www.cooperators.ca)



### Certificate of Insurance

This is to confirm to: **TOWN OF ARNPRIOR** (Also listed as additional insured on the policy)

105 ELGIN ST W  
ARNPRIOR, Ontario, K7S 0A8

The insurance afforded under the policies listed below are subject to the terms, conditions and exclusion of the applicable policy. This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

The Insurer will endeavour to mail to the additional insured specifically named on this certificate 30 days' written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

That policies of insurance as herein described have been issued to the Insured named below and are in force at this date.

The limits shown below may have been reduced by paid claims and are in Canadian dollars.

<b>Policy Information</b>	<b>Policy Number</b> 1074784259 <b>Effective Date:</b> October 01, 2022 <b>Expiry Date:</b> October 01, 2023			
	<b>Primary Insured Name</b>			
	ARNPRIOR & DISTRICT HUMANE SOCIETY ANIMAL SHELTER			
	<b>Address</b>			
	490 DIDAK DR			
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
	ARNPRIOR	ON	K7S 3G7	
<b>Policy Operations</b>	<b>Operations to which this certificate applies:</b>			
	<b>Description</b>			
	Veterinarians, including animal hospitals - B&P Services			
<b>Location 1 Information</b>	<b>Location to which this certificate applies:</b>			
	<b>Address</b>			
	490 DIDAK DR			
	<b>City</b>	<b>Province</b>	<b>Postal Code</b>	
	ARNPRIOR	ON	K7S 3G7	
<b>Liability Information</b>	<b>Liability Coverages to which this certificate applies:</b>			
	<b>Commercial General Liability Policy - Occurrence Basis</b>			
	<b>Bodily Injury And Property Damage Liability</b>	<b>Co-insurance</b>	<b>Deductible</b>	<b>Limit</b>
	Each Occurrence Limit			\$5,000,000
	Products-Completed Operations Aggregate Limit			\$5,000,000
	Each Occurrence Deductible - Property Damage		\$1,000	
	<b>Personal And Advertising Injury Liability</b>			\$5,000,000
	<b>Tenants' Legal Liability Limit - Any One Premises</b>			\$250,000
	Deductible - Each Occurrence		\$1,000	
	<b>Medical Expense Limit (Any one person)</b>			\$25,000
<b>CGI Included Coverages</b>	<b>Liability Coverages to which this certificate applies:</b>			
	<b>Commercial General Liability Policy - Occurrence Basis includes the following:</b>			
	<b>Bodily Injury and Property Damage including:</b>			
	<ul style="list-style-type: none"> <li>• Broad Form Products and Completed Operations</li> <li>• Broad Form Property Damage</li> <li>• Blanket Contractual Liability</li> <li>• Contingent Employers Liability</li> <li>• Additional Insured as required by contract</li> <li>• Other Insurance Clause - Primary and Non-contributory if agreed by a written contract for the additional insured.</li> <li>• Owners and Contractors Protective</li> <li>• Severability of Interests, Cross Liability</li> </ul>			
<b>Non-Owned Automobile Liability</b>	<b>Liability Coverages to which this certificate applies:</b>			
	<b>Non-Owned Automobile Liability</b>	<b>Co-insurance</b>	<b>Deductible</b>	<b>Limit</b>
	Non-Owned Automobile Liability			\$2,000,000
	<b>Contractual Liability Endorsement</b>			
	Excluding Long Term Leased Vehicle Endorsement			
<b>Directors' and Officers'</b>	<b>Policy Number</b> 1076441711 <b>Effective Date:</b> October 01, 2022 <b>Expiry Date:</b> October 01, 2023			
	<b>Directors' and Officers'</b>			
	<b>Prior or Pending Litigation Date:</b> October 01, 2009		<b>Deductible</b>	<b>Limit</b>
	Directors' And Officers' And Employment Practices Liability Policy - Entity Form		\$1,000	\$1,000,000

Notes

Notes:

For Bake sale



Representative  
of the Insurer

Date: October 28, 2022

Authorized Representative of the Insurer: CONNIE MCMAHON & ASSOCIATES INC A072680

Agency Office: CONNIE MCMAHON & ASSOCIATES INC A072680

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## Municipal Grants Application

<b>General Information</b>	<b>Submission Date:</b> _____		
Name of Organization:			
Street Address:			
City/Town:		Postal Code:	
Contact Person:		Position/Title:	
Telephone:		Fax Number:	
E-mail:			
What is your organization's status?	Charitable	Not-for-profit	Other
Authorization:	<p>I declare that I am authorized to sign this grant request on behalf of</p> <p>_____</p> <p style="text-align: center;">[insert name of organization]</p> <p style="text-align: center;"><a href="#">Amanda Smith</a></p> <p>_____</p> <p style="text-align: center;">[signature]</p> <p>_____</p> <p style="text-align: center;">[date]</p>		Name (print):
			Position/Title:
			Phone:
Please provide project/event date(s) or any relevant timelines related to this request.			





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)		
In-Kind Support (Partnership) (complete Parts A and B)		
In-Kind Support (Single) (complete Part A)		
Festivals and Events Support Funding (complete Parts A and B)		



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

Organization/Grant Information	
What is the function of your organization (mandate/key objections)?	
Please provide an overview of the service, program or event being supported with this funding.	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
<p>Does your organization use volunteers?</p> <p><b>Yes</b>      <b>No</b></p>	<p>If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)</p>

<p>Please select target population that will benefit from this request.</p>	<p><b>Age Range:</b></p> <p>Children (Ages 0-12)</p> <p>Youth (Ages 13-18)</p> <p>Adults (Ages 19-59)</p> <p>Seniors (Ages 60+)</p>	<p><b>Number of participants benefitting from this request:</b></p> <p>1-50</p> <p>51-100</p> <p>101-499</p> <p>500-1000</p> <p>&gt;1000</p>
<p>Does this request align with the Town of Arnprior's <a href="#">Strategic Plan</a>, as determined by Council? Please explain.</p>		
<p><b><u>Key Priorities</u></b></p> <ul style="list-style-type: none"> <li>Economic Development – Attraction, retention and marketing initiatives and economic impact</li> </ul>		



<ul style="list-style-type: none"> <li>Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives</li> </ul>		
<p>Has your organization received support from the Town of Arnprior in previous years?</p> <p><b>Yes                  No</b></p>	If yes, please provide additional details below.	
	<b>Dollar (\$) value received:</b>	
	<b>Service/ Program/ Festival/ Event grant support was received for:</b>	
	<b>Type of grant support received:</b>	<p>Support Funding</p> <p>In-Kind Support</p> <p>In-Kind Partnership</p> <p>Festival and Event Support Funding</p>
	<b>Was Town staff support provided?</b> <p><b>If yes, in what capacity?</b></p>	



Town of Arnprior  
105 Elgin Street West  
Arnprior, ON.  
K7S 0A8  
613-623-4231

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



**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)
Does your organization raise enough money through fundraising to cover its expenses? If not, indicate your organizations plan to pay these expenses. (If Applicable)
Indicate if you received funding or are seeking funding from sources other than the municipality.





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

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?

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

## **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)	\$
<b>Total Revenue</b>	<b>\$</b>



<b><u>Expenses Description</u></b>		<b><u>Budget Amount</u></b>
Salaries and Benefits		\$
Advertising and Promotion		\$
Entertainment		\$
Administration		\$
Facilities Rental		\$
Prizes and Awards		\$
Other (please specify)		\$
Other (please specify)		\$
Other (please specify)		\$
Other (please specify)		\$
<b>Total Expenses</b>		<b>\$</b>
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)	
_____ (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.	



## 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.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> (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.
--	---

## Municipal Grants Application

<b>General Information</b>	<b>Submission Date:</b> <u>Aug 3, 2022</u>		
Name of Organization:	Canadian Blood Services		
Street Address:	1575 Carling Avenue		
City/Town:	Ottawa	Postal Code:	K1Z 7M3
Contact Person:	Jan Grant	Position/Title:	Territory Manager
Telephone:	343-996-2464	Fax Number:	n/a
E-mail:	jan.grant@blood.ca		
What is your organization's status?	Charitable	Not-for-profit	Other
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorization:	<p>I declare that I am authorized to sign this grant request on behalf of</p> <p style="text-align: center;">Canadian Blood Services</p> <p style="text-align: center;">[insert name of organization]</p> <p style="text-align: center;"><b>Jan Grant</b> <small>Digitally signed by Jan Grant Date: 2022.08.03 12:28:01 -04'00'</small></p> <p style="text-align: center;">[signature]</p> <p style="text-align: center;">2022-08-03</p> <p style="text-align: center;">[date]</p>		Name (print):
			Position/Title:
			Territory Manager
			Phone:
343-996-2464			
Please provide project/event date(s) or any relevant timelines related to this request.			
<p>March 8, 2023</p> <p>June 7, 2023</p> <p>Sept 20, 2023</p> <p>Dec 13, 2023</p>			

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Town of Arnprior  
105 Elgin Street West  
Arnprior, ON.  
K7S 0A8  
613-623-4231

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 checked="" type="checkbox"/>	
Festivals and Events Support Funding (complete Parts A and B)	<input type="checkbox"/>	

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



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

Organization/Grant Information	
What is the function of your organization (mandate/key objections)?	
Blood collection	
Please provide an overview of the service, program or event being supported with this funding.	
Blood collection events	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
The residents of Arnprior are dedicated to Canadian Blood Services. They residents come together as a community and give back to those patients in need. Our regular donor base and volunteer groups thrive on making a difference in their home town.	
<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>2</p>

<p>Please select target population that will benefit from this request.</p>	<p><b>Age Range:</b></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><b>Number of participants benefitting from this request:</b></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"/> &gt;1000</p>
<p>Does this request align with the Town of Arnprior's <a href="#">Strategic Plan</a>, as determined by Council? Please explain.</p>		
<p><b><u>Key Priorities</u></b></p> <ul style="list-style-type: none"> <li>Economic Development – Attraction, retention and marketing initiatives and economic impact</li> </ul>		

<ul style="list-style-type: none"> <li>Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives</li> </ul>		
<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><b>Dollar (\$) value received:</b></p>	<p>event venue</p>
	<p><b>Service/ Program/ Festival/ Event grant support was received for:</b></p>	<p>Our fees have been waived in previous years as we do not gain any profits from blood donation. Our mission is to collect blood donations</p>
	<p><b>Type of grant support received:</b></p>	<p> <input type="checkbox"/> Support Funding  <input type="checkbox"/> In-Kind Support  <input checked="" type="checkbox"/> In-Kind Partnership  <input type="checkbox"/> Festival and Event Support Funding         </p>
<p><b>Was Town staff support provided?</b></p> <p><b>If yes, in what capacity?</b></p>	<p>no</p>	

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION: Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information in accordance with the Municipal Freedom of Information and Protection of Privacy Act may be made to the Town Clerk, 105 Elgin Street West, Arnprior, ON K7S 0A8 or by phone: (613) 623-4231 ext. 1817.



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	<b>If this submission/request differs from previous year(s), please describe the difference?</b>
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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)
Does your organization raise enough money through fundraising to cover its expenses? If not, indicate your organizations plan to pay these expenses. (If Applicable)
Indicate if you received funding or are seeking funding from sources other than the municipality.

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

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?

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


## **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)	\$
<b>Total Revenue</b>	<b>\$</b>

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<u>Expenses Description</u>	<u>Budget Amount</u>
Salaries and Benefits	\$
Advertising and Promotion	\$
Entertainment	\$
Administration	\$
Facilities Rental	\$
Prizes and Awards	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
Other (please specify)	\$
<b>Total Expenses</b>	<b>\$</b>

<p>Please attach the listed documentation to your completed application.</p>	<p><input type="checkbox"/> Most recent financial statements</p> <p><input type="checkbox"/> Financial statement from previous year or previous festival/event</p> <p><input type="checkbox"/> Budget for program, service, festival/event</p> <p><input type="checkbox"/> Proof of incorporation, if applicable</p> <p><input type="checkbox"/> Proof of insurance (required if funding is approved)</p>
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<p> (initial)</p>	<p>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.</p>
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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.

 Digitally signed by Jan Grant Date: 2022.08.03 12:35:34 -04'00' _____ (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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