



Town of Arnprior
Regular Meeting of Council: October 10th, 2023
Correspondence Package Number A-23-OCT-14

Recommendation:

That the Correspondence Package Number. A-23-OCT-14 be received, and that the recommendation(s) outlined be brought forward for Council's consideration.

Action Items:

1. Municipal Grants Application – It Shouldn't hurt to be a child Hockey Tournament

That Council of the Corporation of the Town of Arnprior receive the Municipal Grant (In-Kind Support) request from the It shouldn't hurt to be a child hockey tournament organizers; and

Whereas the It shouldn't hurt to be a child hockey tournament will be hosted on November 17th and 18th, 2023 at the Nick Smith Centre as a fundraising event to raise money for the Arnprior Regional Health Foundation.

Therefore Be It Resolved That Council approve the request for waiving the Nick Smith Centre Community Hall rental fees including set up / tear down and security costs (value of approximately \$1,300.00 plus HST) for the It shouldn't hurt to be a child hockey tournament on November 17th and 18th, 2023; and

Further That the event organizers 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.



General Information		Submission Date: _____	
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:	I declare that I am authorized to sign this grant request on behalf of _____ [insert name of organization] _____ [signature] _____ [date]		Name (print):
			Position/Title:
			Phone:
Please provide project/event date(s) or any relevant timelines related to this request.			

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.



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)		
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)		

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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)?	
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>Yes No</p>	<p>If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)</p>

Please select target population that will benefit from this request.	Age Range:	Number of participants benefitting from this request:
	Children (Ages 0-12)	1-50
	Youth (Ages 13-18)	51-100
	Adults (Ages 19-59)	101-499
	Seniors (Ages 60+)	500-1000
		>1000

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 	

<ul style="list-style-type: none"> Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives 		
<p>Has your organization received support from the Town of Arnprior in previous years?</p> <p>Yes No</p>	<p>If yes, please provide additional details below.</p>	
	<table border="1"> <tr> <td data-bbox="630 768 1013 879">Dollar (\$) value received:</td><td data-bbox="1013 768 1528 879"></td></tr> </table>	Dollar (\$) value received:
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	If this submission/request differs from previous year(s), please describe the difference?
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