



Town of Arnprior
Regular Meeting of Council: November 27th, 2023
Correspondence Package Number A-23-NOV-17

Recommendation:

That the Correspondence Package Number. A-23-NOV-17 be received, and that the recommendation(s) outlined be brought forward for Council's consideration.

Action Items:

1. [Municipal Grants Application – Arnprior Community Choir and Valley Concert Band \(2024 Music! Music! Music! Event\)](#)

That Council of the Corporation of the Town of Arnprior receive the Municipal Grant request from the Arnprior Community Choir and Valley Concert Band; and

Whereas the Arnprior Community Choir and Valley Concert Band has hosted the “Music! Music! Music!” event for the past six years and provides an opportunity to showcase and experience musical talent in the local community;

Therefore Be It Resolved That Council approve the request for waiving the Nick Smith Centre Community Hall rental fees (value of approximately \$350.00 plus HST) for the 2024 “Music! Music! Music!” event on March 2nd, 2024; and

Further That the Arnprior Community Choir and Valley Concert Band 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. [Municipal Grants Application – Arnprior and Area Physician Recruitment Committee \(Doctors Dining Duel\)](#)

That Council of the Corporation of the Town of Arnprior receive the Municipal Grant request from the Arnprior and Area Physician Recruitment Committee; and

Whereas the Arnprior and Area Physician Recruitment Committee is an eligible organization under the Municipal Grants Policy with a mandate to support the recruitment of family physicians in the Greater Arnprior area;

Whereas the Doctors Dining Duel is one of the annual fundraising events which fund the attraction and retention of family physicians to support our community;

Therefore Be It Resolved That Council approve the request for waiving the Nick Smith Centre Community Hall rental fees (value of approximately \$450.00 plus HST) for the Doctors Dining Duel on Thursday, April 25th, 2024; and

Further That the Arnprior and Area Physician Recruitment Committee 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. Municipal Grants Application – Arnprior Minor Hockey Association (Trivia Night and Dance Fundraiser)

That Council of the Corporation of the Town of Arnprior receive the Municipal Grant request from the Arnprior Minor Hockey Association; and

Whereas the Arnprior Minor Hockey Association is an eligible not-for-profit organization under the Municipal Grants Policy who support the participation of local youth in the sport of hockey by providing a fun and safe environment for all participants;

Therefore Be It Resolved That Council approve the request for waiving the Nick Smith Centre Community Hall rental fees (value of approximately \$450.00 plus HST) for the AMHA Trivia Night and Dance Fundraiser on January 27th, 2024; and

Further That the Arnprior Minor Hockey Association 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.



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

Municipal Grants Application

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		Name (print):
	_____		Position/Title:
	[insert name of organization]		
_____		Phone:	
[signature]			

[date]			
Please provide project/event date(s) or any relevant timelines related to this request.			

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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)		
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 style="text-align: center;">Yes No</p>	<p>If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)</p>

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<p>Please select target population that will benefit from this request.</p>	<p>Age Range:</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>Number of participants benefitting from this request:</p> <p>1-50</p> <p>51-100</p> <p>101-499</p> <p>500-1000</p> <p>>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 	
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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>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>	
	<p>Dollar (\$) value received:</p>	
	<p>Service/ Program/ Festival/ Event grant support was received for:</p>	
	<p>Type of grant support received:</p>	<p>Support Funding</p> <p>In-Kind Support</p> <p>In-Kind Partnership</p> <p>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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Municipal Grants Application

General Information	Submission Date: <u>November 6, 2023</u>		
Name of Organization:	Arnprior & Area Physician Recruitment Committee		
Street Address:	346 John Street		
City/Town:	Arnprior	Postal Code:	K7S 2P6
Contact Person:	Kelly Boudreau	Position/Title:	Coordinator
Telephone:	613-622-5763 x 1103	Fax Number:	613-622-0320
E-mail:	kboudreau@arnpriorfht.ca		
What is your organization's status?	Charitable	Not-for-profit	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Authorization:	I declare that I am authorized to sign this grant request on behalf of <u>Arnprior & Area Physician Recruit</u> [insert name of organization]		Name (print): Kelly Boudreau
	_____ [signature]		Position/Title: Coordinator
	<u>November 6, 2023</u> [date]		Phone: 613-622-5763 x 1103
Please provide project/event date(s) or any relevant timelines related to this request.			
<p>The Doctor's Dining Duel will be held on Thursday, April 25th in the evening (5:30 pm - 8:30 pm) in the Nick Smith Centre Hall.</p>			

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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"/>	We are requesting that the Nick Smith Centre Hall be donated for the event.
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)?	
The Arnprior and Area Physician Recruitment Committee works to ensure that every current and future resident have access to a local family physician. Our goal is to both recruit and retain physicians in Arnprior and Area.	
Please provide an overview of the service, program or event being supported with this funding.	
We are requesting that the venue for the Doctor's Dining Duel is donated to the PRC. The purpose of the Doctor's Dining Duel is to raise funds to attract and retain physicians to the Arnprior Area. Physicians team up with local restaurants to see who can create the best appetizer. There is a silent auction, live auction and live music. All funds raised go towards recruiting physicians to Arnprior.	
Please explain how this service, program or event benefits the Town of Arnprior and its residents.	
The Physician Recruitment Committee works to recruit new physicians to the area to support the community in their health care needs.	
<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>Yes, Community members participate as Physician Recruitment Committee Board members.</p>

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<p>Please select target population that will benefit from this request.</p>	<p>Age Range:</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>Number of participants benefitting from this request:</p> <p><input type="checkbox"/> 1-50</p> <p><input type="checkbox"/> 51-100</p> <p><input type="checkbox"/> 101-499</p> <p><input type="checkbox"/> 500-1000</p> <p><input checked="" type="checkbox"/> >1000</p>
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<p>Does this request align with the Town of Arnprior's Strategic Plan, as determined by Council? Please explain.</p>	
<p><u>Key Priorities</u></p> <ul style="list-style-type: none"> Economic Development – Attraction, retention and marketing initiatives and economic impact 	<p>Thanks to your ongoing support over the years, we have been successful in our recruitment efforts. We plan to continue our recruitment efforts in order to ensure that we are able to add additional physicians to provide care to the increasing number of residents in our area. As well we will work to replace those physicians who will announce their retirement in the coming years in a timely manner.</p>

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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>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>Room for the Doctor's Dining Duel has been donated in the previous years.</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 checked="" 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?

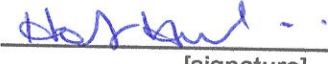
This is the same request as previous years.

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Municipal Grants Application

General Information	Submission Date: <u>November 16, 2023</u>		
Name of Organization:	<u>Arnprior Minor Hockey Association</u>		
Street Address:	<u>77 James Street</u>		
City/Town:	<u>Arnprior</u>	Postal Code:	<u>K7S 1G9</u>
Contact Person:	<u>Holly Hunt</u>	Position/Title:	<u>Fundraising Director</u>
Telephone:	<u>613-716-7664</u>	Fax Number:	<u>—</u>
E-mail:	<u>fundraising@arnpriorminorhockey.ca</u>		
What is your organization's status?	Charitable	Not-for-profit	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Authorization:	I declare that I am authorized to sign this grant request on behalf of		Name (print):
	<u>Arnprior Minor Hockey Ass.</u> [insert name of organization]		<u>Holly Hunt</u>
	<u></u> [signature]		Position/Title:
	<u>November 16, 2023</u> [date]		Phone:
	<u>613-716-7664</u>		
Please provide project/event date(s) or any relevant timelines related to this request.			
<u>January 27th noon - 12pm.</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)	<input type="checkbox"/>	
In-Kind Support (Partnership) (complete Parts A and B)	<input checked="" type="checkbox"/>	Seeking the fee for the Nick Smith Centre hall rental + bartender fee to be waived for the January 27th Arnprior Minor Hockey fundraiser.
In-Kind Support (Single) (complete Part A)	<input type="checkbox"/>	
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	
<p>What is the function of your organization (mandate/key objections)?</p> <p>We want the children and youth of Arnprior to be able to play hockey in a fun and safe environment - aiming to make the sport accessible to everyone.</p>	
<p>Please provide an overview of the service, program or event being supported with this funding.</p> <p>The event will be a trivia night / dance hosted by AMHA to raise funds that will be split amongst teams to help cover the costs of tournament fees.</p>	
<p>Please explain how this service, program or event benefits the Town of Arnprior and its residents.</p> <p>This fundraiser will support over 200 children who are currently registered with AMHA.</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>The entire organization is run by volunteers. There are currently 17 volunteer executive members and over 60 volunteers coaching, training, and managing each team (20 teams total this year).</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>Yes - minor hockey is a huge part of the town. AMHA rents the ice surface, uses the community hall, markets our programming, and hosts tournaments that brings in many visitors to our community.</p>
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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>offers recreation while promoting a healthy life style and sense of community.</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>unsure.</p>
	<p>Service/ Program/ Festival/ Event grant support was received for:</p>	<p>2017 Hall rental fee for a fundraising dance.</p>
	<p>Type of grant support received:</p>	<p> <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 </p>
<p>Was Town staff support provided?</p> <p>If yes, in what capacity?</p>	<p>unsure. (i'm new to this role).</p>	

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

I am requesting that a bartender be provided, as this allows for more funds for our children/youth - I am not sure if this is a possibility. Hall rental + bartender are the main expense for this event and we appreciate any help with this!