

# Town of Arnprior Regular Meeting of Council: January 27<sup>th</sup>, 2025

## Correspondence Package Number A-25-JAN-02

## **Recommendation:**

**That** the Correspondence Package Number. A-25-JAN-02 be received, and that the recommendation(s) outlined be brought forward for Council's consideration.

#### **Action Items:**

1. Municipal Grants Application – Arnprior Regional Health Auxiliary (2025 Annual General Meeting)

**That** Council of the Corporation of the Town of Amprior receive the Municipal Grant request from Amprior Regional Health Auxiliary; and

**Whereas** the Arnprior Regional Health Auxiliary is an eligible organization under the Municipal Grants Policy and supports local health care through active volunteer engagement and fundraising through the Opportunity Shop and Hospital Gift Shop;

Therefore Be It Resolved That Council approve the request for waiving the Nick Smith Centre Community Hall rental fees (value of approximately \$255.00 plus HST) for the Auxiliary's 2025 Annual General Meeting on June 23<sup>rd</sup>, 2025;

**Further That** 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.



# **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	Charitable	Not-for-profit	Other
What is your organization's status?			
Authorization:	I declare that I am authorized to sign this grant request on behalf of  [insert name of organization]		Name (print):
	[signature]		Position/Title:
	[date]		Phone:
Please provide project/event	date(s) or any relevar	nt timelines related to t	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.



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 organiz	ation (mandate/key objections)?
Please provide an overview of the s	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.	
Does your organization use volunteers?	If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.)
Yes No	

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Please select target population that will benefit from this request.	Age Range:	Number of participants benefitting from this
	Children (Ages 0-12)	request:
	), II (A 40.40)	1-50
	Youth (Ages 13-18)	
	Adults (Ages 19-59)	51-100
	/ tautie (/ tgee 10 00)	101-499
	Seniors (Ages 60+)	
		500-1000
		>1000

Does this request align with the Town of Arnprior's <u>Strategic Plan</u>, as determined by Council? Please explain.

## **Key Priorities**

 Economic Development – Attraction, retention and marketing initiatives and economic impact



Community Well Being –     Community support, arts and culture, recreational and leisure, health and well being support initiatives		
Has your organization received	If yes, please provide add	itional details below.
support from the Town of Arnprior in previous years?	Dollar (\$) value received:	
Yes No	Service/ Program/ Festival/ Event grant support was received for:	
	Type of grant support received:	Support Funding In-Kind Support In-Kind Partnership Festival and Event Support Funding
	Was Town staff support provided?  If yes, in what capacity?	

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

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## **Conditions of Assistance**

- a) Any Grant funding provided by the Town of Amprior 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.

	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
(initial)	Policy.

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