



**Town of Arnprior  
Regular Meeting of Council: January 12, 2026**

**Correspondence Package Number A-26-JAN-01**

**Recommendation:**

**That** the Correspondence Package Number. A-26-JAN-02 be received, and that the recommendation(s) outlined be brought forward for Council's consideration.

**Action Item:**

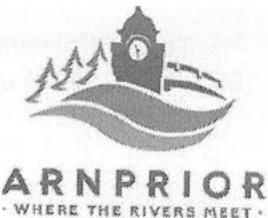
**1. Municipal Grant Request (In Kind) – Arnprior Regional Health Auxiliary (Annual General Meeting)**

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

**Whereas** the Arnprior Regional Health Auxiliary is an eligible organization under the Municipal Grants Policy as they support the community through raising funds to purchase medical equipment and supporting residents and patients at the Grove.

**Therefore Be It Resolved That** Council approve the request for waiving the Nick Smith Centre Community Hall rental fees on June 15, 2026, (value of approximately \$470 plus HST) for their Annual General Meeting; and

**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.

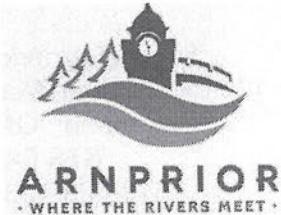


Town of Arnprior  
105 Elgin Street West  
Arnprior, ON.  
K7S 0A8  
613-623-4231

## Municipal Grants Application

<b>General Information</b>		Submission Date: _____	
Name of Organization:	Arnprior Regional Health Auxiliary		
Street Address:	[REDACTED]		
City/Town:	Arnprior	Postal Code:	[REDACTED]
Contact Person:	Maggie Harbert	Position>Title:	Chair
Telephone:	[REDACTED]	Fax Number:	
E-mail:	[REDACTED]		
What is your organization's status?	Charitable	Not-for-profit	Other
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorization:	I declare that I am authorized to sign this grant request on behalf of		
	Arnprior Regional Health Auxiliary		
	[insert name of organization]		
	[REDACTED]		
	[signature]		
Jan 5, 2026			
[date]			
Please provide project/event date(s) or any relevant timelines related to this request.			
June 15, 2026			

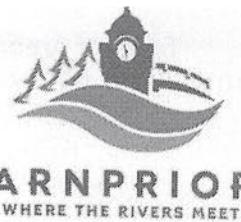
**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:** Personal information collected on this application form is collected under the authority of the Municipal Act, 2001 and will be used for the purpose of processing the application and for administrative purposes. Questions about the collection 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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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 <b>(complete Parts A and B)</b>	<input type="checkbox"/>	
In-Kind Support (Partnership) <b>(complete Parts A and B)</b>	<input type="checkbox"/>	
In-Kind Support (Single) <b>(complete Part A)</b>	<input checked="" type="checkbox"/>	Waive of fee for Nick Smith Ctr for our AGM
Festivals and Events Support Funding <b>(complete Parts A and B)</b>	<input type="checkbox"/>	

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

<b>Organization/Grant Information</b>	
What is the function of your organization (mandate/key objections)? Raise funds for ARH	
Please provide an overview of the service, program or event being supported with this funding. Opportunity Shop Hospital Gift shop raise funds for medical equipment , Assisting residents and patients at the hospital and the Grove	
Please explain how this service, program or event benefits the Town of Arnprior and its residents. assisting visitors, patients, residents raising funds for hospital equipment	
Does your organization use volunteers?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, how many volunteers are involved and in what capacity? (e.g. administration, service level, etc.) 180 active volunteers logging in 25,000 hours in a year

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Please select target population that will benefit from this request.

**Age Range:**

Children (Ages 0-12)  
 Youth (Ages 13-18)  
 Adults (Ages 19-59)  
 Seniors (Ages 60+)

**Number of participants benefitting from this request:**

1-50  
 51-100  
 101-499  
 500-1000  
 >1000

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

**Key Priorities**

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

yes

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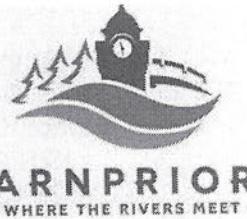


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<ul style="list-style-type: none"><li>Community Well Being – Community support, arts and culture, recreational and leisure, health and well being support initiatives</li></ul>	yes, by providing funds for ARH, life saving medical equipment can be purchased						
Has your organization received support from the Town of Arnprior in previous years?  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>If yes, please provide additional details below.</p> <table border="1"><tr><td data-bbox="652 770 1019 876"><b>Dollar (\$)</b> value received:</td><td data-bbox="1019 770 1543 876">fee waived</td></tr><tr><td data-bbox="652 897 1019 1108"><b>Service/ Program/ Festival/ Event grant support was received for:</b></td><td data-bbox="1019 897 1543 1108"></td></tr><tr><td data-bbox="652 1129 1019 1499"><b>Type of grant support received:</b></td><td data-bbox="1019 1129 1543 1499"><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>Dollar (\$)</b> value received:	fee waived	<b>Service/ Program/ Festival/ Event grant support was received for:</b>		<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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<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						
Was Town staff support provided?  If yes, in what capacity?	yes for set up of venue						

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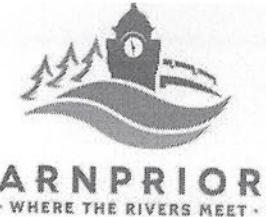


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**If this submission/request differs from previous year(s),  
please describe the difference?**

no change

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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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