Present: Councillor M. Ferguson (Chairman)  
Councillors C. Collins, T. Jackson, S. Merulla

Absent with regrets: Councillor B. Kelly – City Business

Also Present: T. Tollis, J. Kirkpatrick, C. Biggs

THE GRANTS SUB-COMMITTEE PRESENTS REPORT 05-006 AND RESPECTFULLY RECOMMENDS:

1. Fee Waiver Request for Flamborough Hockey Association (Ward 15) (GRA05001(f)) (Item 3)

   That the fee waiver in the amount of $665.50 be approved for the Flamborough Hockey Association to utilize facility space at Carlisle Community Centre Hall to provide Coach and Trainer Clinics for minor hockey.

2. Fee Waiver Request for Cancer Assistance Program (CAP) (Ward 7) (GRA05001(g)) (Item 4)

   That the fee waiver in the amount of $260 be approved for the Cancer Assistance Program (CAP) for the period of September 2005 until December 2005 to utilize facility space at Sackville Hill Seniors Centre for their monthly meetings.
For the Information of the Committee:

(a) Declarations of Interest (Item 1)

None

(b) Approval of Previous Minutes (Item 2)

The Minutes of the meeting held on September 23, 2005 were received and adopted as presented.

There being no further business, the Sub-Committee adjourned at 1:30 p.m.

Respectfully submitted

Councillor M. Ferguson
Chairman
Grants Sub-Committee

Carolyn Biggs
Legislative Assistant
November 10, 2005
SUBJECT: Fee Waiver Request for Flamborough Hockey Association (Ward 15) (GRA05001f)

RECOMMENDATION:

That the fee waiver in the amount of $665.50 be approved for the Flamborough Hockey Association to utilize facility space at Carlisle Community Centre Hall to provide Coach and Trainer Clinics for minor hockey.

Joseph L. Rinaldo, General Manager
Finance and Corporate Services

EXECUTIVE SUMMARY:

The coaching clinics are operated by the local hockey associations and are mandated by the provincial hockey organization to ensure that children are taught the appropriate level of play. The trainer clinics will teach adults the care and safety for players who have been injured.

BACKGROUND:

On September 11, 2002, Council approved the Fee Waiver Policy Report submitted by staff on the Community Services Department. The purpose of the policy is to provide financial assistance, in the form of fee reduction for facility expenses, to community groups and organizations for eligible events and activities that benefit the greater community. Bases on the approved criteria, Culture and Recreation staff review and determine the eligibility of each request.

On July 9, 2003, Council approved the Community Grant City-Wide (GRA03008) report. Within that report was a recommendation that fee waivers in excess of $200 would be
reviewed by the appropriate technical team and that a recommendation would be forwarded to the Grant Sub-Committee.

**ANALYSIS OF ALTERNATIVES:**

These activities will allow adults to obtain a coaching and/or trainer certification to coach children in hockey and provide a safe environment for the Flamborough Minor Hockey Association.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

The fee waiver figures are currently absorbed in the Culture and Recreation budget, not from the Grants budget.

**POLICIES AFFECTING PROPOSAL:**

The regular fee will be waived because the Flamborough Hockey Association is a volunteer organization. The program offered is for volunteer coaches and trainers of children’s hockey activities.

**CONSULTATION WITH RELEVANT DEPARTMENTS/AGENCIES:**

No outside agencies were necessary. This is an internal program for recreation.

**CITY STRATEGIC COMMITMENT:**

The philosophy of the Flamborough Minor Hockey Association supports the City’s vision of a city where people come first.
**FACILITY FEE WAIVER FORM**

**Name of Organization:** FLANBOROUGH HOCKEY ASSOCIATION  
**Date:** MAY 10TH, 2005

**Contact Person:** DON MUNDELL  
**Position in Organization:** TECHNICAL DIRECTOR

**Facility Requested:** (i.e. pool, room, gym etc.)  
CALLUS COMMUNITY CENTRE (UNION HALL)

**Purpose of Event:**  
COACH & TRAINER CLINICS FOR FLANBOROUGH MINOR HOCKEY.

**Where are the proceeds of the event going?**  
FLANBOROUGH HOCKEY ASSOCIATION

**What percentage of proceeds are going to this organization?**  
100%

**Date(s)/Time(s):**  
SEPT 30, OCT 29, NOV 19 - 8:00AM - 6:00PM  
NOV 6 - 8:00AM - 5:00PM  
OCT 10, OCT 12, NOV 2, DEC 10 - 5:00AM - 10:00PM

**Number of People:** 25-50

**Fee Charged:** (if any) $15-50

**Purpose of Fees:** COVER COST OF OTHER FEES

**Do you have a booking contract?**  
Yes No

**If Yes Please attach** 19/07

**Do you have a liquor license?**  
Yes No

**Do you have insurance?**  
Yes No

**How will the proceeds from your activity enhance parks, recreation and/or leisure, in Hamilton?**  
This will allow athletes to obtain coach/ orator certification to coach children in Flanborough Minor Hockey.

---

**DECLARATION OF AUTHENTICITY OF INFORMATION SUBMITTED ON AND WITH THIS APPLICATION**

10 MAY 2005 DON MUNDELL

DATE: PRESIDENT or CHAIR NAME SIGNATURE

**Base Rental Fee:** $  
**Add any Other Fees:** $  
**TOTAL FEES FOR EVENT:** $665.50

**DATE APPROVED:**  
**DATE DENIED:**

**DEPARTMENT COMMENTS:**  
Meets with the Department's criteria for the waiver. Minor plan...
2005 FHA Clinics

Prevention Services - Tuesday September 20th (5:30-
                          Wednesday October 12th (10:00 pm)
                          Wednesday November 2nd

Trainer 1 - Saturday September 24th (8:00 am-
                          Saturday November 19th (6:00 pm)

Trainer 1 (Refresher) - Thursday October 13th (5:30 -
                          Wednesday October 13th (10:00 pm)

Initiation (CHIP) - Sunday November 6th (8:00 am-

Coach (Rec Stream) - Saturday October 29th (8:00 am-

Coach (Refresher) - Thursday November 10th (6:30 -

CARLISLE COMMUNITY CENTRE - UPPER LEVEL
SUBJECT: Fee Waiver Request for Cancer Assistance Program (CAP) (Ward 7) (GRA05001g)

RECOMMENDATION:

That the fee waiver in the amount of $260.00 be approved for the Cancer Assistance Program (CAP) for the period of September 2005 until December 2005. The user group has requested the use of the Board Room, one occasion per month to the end of this year (four months).

Joseph L. Rinaldo, General Manager
Finance and Corporate Services

EXECUTIVE SUMMARY:

The Cancer Assistance Program is a community based volunteer organization. Their mandate is to assist not only cancer patients but also their families through the crisis of cancer. All services provided by the Cancer Assistance Program are free of charge. A fee waiver request to waive the fees to rent meeting room space at Sackville Hill Senior Centre was presented to staff. Staff is recommending the waiving of the $260.00 rental fee.

BACKGROUND:

On September 11, 2002, Council approved the Fee Waiver Policy Report submitted by staff on the Community Services Department. The purpose of the policy is to provide financial assistance, in the form of fee reduction for facility expenses, to community groups and organizations for eligible events and activities that benefit the greater community. Bases on the approved criteria, Culture and Recreation staff review and determine the eligibility of each request.
On July 9, 2003, Council approved the Community Grant City-Wide (GRA03008) report. Contained in that report was a recommendation that fee waivers in excess of $200 would be reviewed by the appropriate technical team and that a recommendation would be forwarded to the Grant Sub-Committee.

The Cancer Assistance Program organization was the vision of an 80 year old who had decided that cancer patients required more assistance than they were being given. This organization officially started in March of 1994. Presently, the Cancer Assistance Program serves over 1,500 individuals per annum.

The Board of Directors for the Cancer Assistance Program has been meeting at the Sackville Hill Seniors Centre since 1994. As a partner in this initiative, the Sackville Hill Seniors Centre has assisted CAP in their growing service by providing space in their building for monthly meetings. The facility being centrally located and totally accessible makes Sackville Hill an ideal location.

The following services are available, free of charge through CAP to cancer patients and/or their families: equipment loan, transportation to and from the cancer clinic, emotional support, respite care, supplementary diet, babysitting, circle of friends.

**ANALYSIS OF ALTERNATIVES:**

Not applicable.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

Scheduled meeting times are during the operational hours of the Sackville Hill Seniors Facility. Therefore there are no additional costs being incurred for staffing or building operation.

Presently CAP is paying $15.00 per month for the use of the Board Room.

The following gives a breakdown of the requested fee waiver:

\[
\begin{align*}
\text{# of Months} & = 4 \text{ (September 2005 to December 2005)} \\
\text{# of Hours} & = 2 \\
\text{Rental Fee} & = $40.00 \\
\text{Their monthly payment for use of Board Room} & = $15.00 \text{ per meeting} \\
\text{Monthly payment} & = 2 \times $40.00 - $15.00 = $65.00 \times 4 \text{ months} = $260.00
\end{align*}
\]

The fee waiver figures are currently absorbed in the Culture & Recreation budget, and not from the Grants budget.
POLICIES AFFECTING PROPOSAL:

The Fee Waiver Policy approved by Council September 11, 2002 and a subsequent recommendation from the July 9, 2003 Community Grant City-Wide Report (GRA03008) have an impact on this report.

CONSULTATION WITH RELEVANT DEPARTMENTS/AGENCIES:

Cancer Assistance Program (C.A.P.)

CITY STRATEGIC COMMITMENT:

The Sackville Hill Seniors Centre has been the long established home of the Cancer Assistance Programs monthly meetings for the past eleven (11) years. The facility offers amenities such as total accessibility and a central location for the volunteer group. This volunteer community group supports cancer patients and their families emotionally, through loan services, network services to other agencies and transportation to and from treatments for patients for the entire Hamilton-Wentworth area.
# FACILITY FEE WAIVER FORM

<table>
<thead>
<tr>
<th>Name of Organization:</th>
<th>Cancer Assistant Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>S. Easton</td>
</tr>
<tr>
<td>Address:</td>
<td>569 Concession St.</td>
</tr>
<tr>
<td>Phone Number (Day):</td>
<td>905-283-9797</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="http://www.cancerassistant.ca">www.cancerassistant.ca</a></td>
</tr>
</tbody>
</table>

**Date:** Sept 10

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## FACILITY FEE WAIVER REQUEST

**Facility/Centre Name:** Sackville Hill

**Location:** Board Room

**Date(s):** Sept 12, Oct 17

**Time(s):** 4:15 pm - 6:30 pm

**Number of People Attending:** approx 15

**What percentage of proceeds are going to this organization?** N/A

**Company Name:** Allen DeBlaauw Insurance

**Policy Number:** 501112727

**Applicant Name (print):** [Signature]

**Applicant Signature:** Sept 2005

---

### BASE RENTAL FEE: $40.00

### ADD ANY OTHER FEES $ 0

### TOTAL FEES FOR EVENT: $130.00

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### FEE WAIVER: Approved: [ ] Denied: [x]

**ACCOUNT NUMBER:** [Redacted]

**DATE APPROVED:** Sept 20/05

**SUPERVISOR'S SIGNATURE:** [Martin]

**SUPERVISOR'S COMMENTS:** Long time users

**MANAGER'S SIGNATURE:** [Redacted]

**DIRECTOR'S SIGNATURE - APPROVAL:** [Redacted]

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*40 per Hour x 2 Hrs x 20% = 160 TOTAL P. 31
160 - 30% PARTIAL FEE = 130.00*
**FACILITY FEE WAIVER FORM**

**Name of Organization:** Cancer Assistance Program  
**Contact Person:** S. Easton  
**Address:** 569 Concession St.

**Date:** Sept 10

**Position in Organization:** Executive Director

**Phone Number (Day):** 905-383-9797  
**Phone Number (Evening):**  
**Email Address:** www.cancerassista

### FACILITY FEE WAIVER REQUEST

**Facility/Center Name:** Oakville Hill  
**Location:** Board Room

**Date(s):** Nov 14 & Dec 12  
**Time(s):** 4:15-6:15

**Number of People attending:**  
**What percentage of proceeds are going to this organization?** NA

**Fee Charged:** (if any) $15.00  
**Do you have a rental contract?** Yes No

**Do you have a liquor license?** Yes No

**Do you have insurance?** Yes No

**Company Name:** Allen DeBlauw Insurance  
**Policy Number:** 50111272

**Applicant Name (print):**  
**Applicant Signature:**  
**Date:** Sept 2005

**Please attach background information on the group requesting the fee waiver.**  
**i.e., years in existence, non profit/volunteer, membership and purpose for this event:**

### BASE RENTAL FEE

- **Amount:** $40.00

### ADD ANY OTHER FEES

- **Total Fees:** $130.00

### SUPERVISOR’S SIGNATURE

**Date Approved:**

**Date Denied:**

**Manager’s Signature:**

**Director’s Signature - Approval:**

**Longtime Users**

**Amount Waiver:**  
**Account Number:**

**Date Approved:**

**Date Denied:**

**Manager’s Signature:**

**Director’s Signature:**

**40° x 2 HRS x 2 DATES = $160**

**$160 - 30°**  
**PARTIAL FEE $130.00**

**TOTAL P. 31**
September 23, 2004

FAX TO:
Cathy Kohler,
Recreation Co-ordinator
Sackville Hill Senior Centre
FAX (905) 546-2545

FAX FROM: Sharon Easton
Executive Director
Cancer Assistance Program
(905) 383-0202

The Cancer Assistance Program is a community-based volunteer organization with a commitment to helping cancer patients and their families through the crisis of cancer. The volunteer team and the community at large raise the funds needed to support service, thus allowing the organization the privilege of saying “YES” to that all-important call for help. All our services are free-of-charge. We receive no government funding and operate in a fiscally responsible manner.

The organization was the vision of an 80-year-old, who in a time of downsizing by everyone decided that cancer patients needed more help. The organization got official status in March of 1994 and since that time has continued to grow to meet the changes in the healthcare system and the needs of the patient. From serving 508 patients in 1998, we grew to provide service to 1,562 in 2003.

The Board of Directors greatly appreciates the opportunity to meet at the Sackville Hill Seniors Centre. The location is central and easily accessible to all concerned. We meet on a monthly basis on the second Monday of the month at 4:15 p.m. The privilege of meeting at Sackville goes back to our beginnings in 1994.

WITH HELP...WE ARE PRIVILEGED TO HELP...WE ARE GROWING IN SERVICE.

Thanks to Sackville Hill for being a partner in this Initiative

569 Concession Street, Hamilton ON L8V 1B2 (905) 383-9797  FAX 383-0202
Prevention.........A Key
A Healthy Future......The Goal

INVESTIGATE THE BASICS

Don’t Smoke
Avoid Second Hand Smoke

Avoid Overexposure to the Sun
especially between the hours
of 11 a.m and 4 p.m.

Scale down the fat in your
diet. Increase your intake of
foods that have
antioxidant vitamins.

Vitamin C –
oranges, broccoli, grapefruits,
cantaloupe, tomatoes,

Vitamin E –
whole grain breads, cereals,
and green leafy vegetables

Beta Carotene – sweet
potatoes, carrots, spinach, squash

“Daring to Dream”

CANCER ASSISTANCE
PROGRAM
569 Concession Street,
Hamilton, ON
L8V 1B2
North side of Concession Street
located at the corner of Cliff Ave.
(between Upper Sherman & Upper Wentworth)
(905) 383-9797
Fax (905) 383-0202

EMOTIONAL SUPPORT
EVERNING
“TAKING TIME”
meets the first THURSDAY
of each month at C.A.P.
House

Junior Board of Hope

A youth opportunity
to grow in
organizational,
interpersonal and
leadership skills

Charitable Registration No. 14026 2759 RR0001
©CAP 2005/2

fighting cancer on the homefront

CANCER ASSISTANCE
PROGRAM
(C.A.P.)

serving
HAMILTON &
SURROUNDING COMMUNITIES
by providing
CARING SERVICE

GROWING TOGETHER
IN COMMUNITY CARE
CANCER ASSISTANCE PROGRAM (C.A.P.)

WHERE DOES THE MONEY GO?

Through Patient Service Programs, C.A.P. is able to assist the cancer patients and their families in the community. A preventative education program provides education for a healthier tomorrow.

Available Patient Services include:
- loan equipment
- transportation to clinic & other appointments
- emotional peer support – networks
- & groups
- respite care
- friendly visiting
- supplemental diet
- baby-sitting
- Circle of Friends
- and more...

CANCER ASSISTANCE PROGRAM
Hamilton & Surrounding Communities
569 Hamilton Rd, On.
Hamilton, ON L8E 2S6
Phone: (905) 365-9797

MAKE A DIFFERENCE

VOLUNTEERS ARE THE KEY TO EFFECTIVE PROGRAMS

VOLUNTEERS ARE VITAL

DID YOU KNOW...
- that C.A.P. has been helping over 1,000 patients and their families since 1999?
- that C.A.P. serves 120 clients and their families?
- that there are over 1,000 volunteers involved in the program?
- Regional Hamilton Cancer Centre clients?
- that C.A.P. has been serving patients and their families since 1997?
- that C.A.P. served 62 clients and their families?
- that there are more than 1,000 clients who rely on C.A.P. services?
- that the program is available to clients in need?
- that the program provides more than 1,500 hours of free-of-charge assistance?
- that the program has been providing care for over 10 years?

Funds raised through door-to-door canvassing, memorial gifts, and special events and through government contributions help to ensure the needs of cancer patients and their families are met.

Charitable Registration No. 14062 2239 R.R.0001

JOIN THE TEAM

WITH HELP, WE ARE PRIMED TO HELP

HELP C.A.P. continue to grow in commitment to community service.

BE A VALUED TEAM MEMBER

Contact: (905) 365-9797

Challenge registration No. 14062 2239 R.R.0001