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**FW: EXTERNAL Webform submission from: Municipal Grants Program - In-kind and financial support under \$5,000 - Submission #14 - SID #1488**

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**From** Info Clarence-Rockland <info@clarence-rockland.com>

**Date** Fri 2/13/2026 2:14 PM

**To** Kate Morris <kmorris@clarence-rockland.com>

**Cc** Lindsay Doucet <ldoucet@clarence-rockland.com>

 1 attachment (120 KB)

Walk Cost Report for Grant Clarence-Rockland 2026.xlsx;

Internal (info@clarence-rockland.com)

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**Jocelyne Dubuc**

Information Officer / Agente d'information  
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**From:** City of Clarence-Rockland <[no-reply@web-response.com](mailto:no-reply@web-response.com)>

**Sent:** February 13, 2026 2:12 PM

**To:** [tanya@alzheimer-cornwall.ca](mailto:tanya@alzheimer-cornwall.ca)

**Subject:** EXTERNAL Webform submission from: Municipal Grants Program - In-kind and financial support under \$5,000 - Submission #14 - SID #1488

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Submitted on Fri, 02/13/2026 - 10:57am

Submitted by: Anonymous

Submitted values are:

# Part A – First Stage Evaluation

## Eligibility

- The organization is a non-profit organization and/or charitable organization
- The organization operates within the City of Clarence-Rockland.
- This grant application pertains to a future initiative. (Retrospective funding is not considered).
- The grant will be spent during the current fiscal year and must be used for the sole purpose for which it was approved.
- This proposed initiative/activity will benefit the entire community of the City of Clarence-Rockland in an inclusive manner.
- We understand that the available amount in a calendar year is \$5,000 (monetary and in material and technical support, as determined by the Committee).
- We understand the reporting requirements that must be fulfilled by the last Friday of October in the year the grant was approved.
- We have liability insurance.
- We understand that additional documents may be requested (see list of documents in Financial Aid Section).

## Confirmation

Yes

# Part B - General Information

## Contact name :

Tanya Dawson

## Organization name :

Alzheimer Society of Cornwall & District

## Event name :

IG Wealth Management Walk for Alzheimer's

## Mailing Address (including Apt/Unit)

122 Second St West P.O. Box 1852  
Cornwall, Ontario. K6H 6N6  
Canada

## Website :

<https://alzheimer.ca/cornwall/en/home>

## Telephone :

[613-932-4914](tel:613-932-4914)

## Email :

[tanya@alzheimer-cornwall.ca](mailto:tanya@alzheimer-cornwall.ca)

**Is the initiative/activity for which you are applying emerging? (Existing for 3 years or less)**

Yes

**How many volunteers support your organization? Does this number of volunteers fulfill your organizations needs?**

40

**How many members does your organization currently have?**

20

**What is the mission and primary objective of your organization?**

Our mission is alleviate the personal and social consequences of Alzheimer Disease and related dementia through family support, education and advocacy and support to research. And Our Vision: A world without dementia.

**How does/will the Clarence-Rockland community benefit from your organization's presence in the community?**

Clarence-Rockland is part of our catchment area in providing service and supports to our clients and their care partners. Our presence in Clarence-Rockland doing the IG Wealth Management Walk for Alzheimer's allows our clients and their care partners the opportunity to come share their story with the public, and to enjoy a day of socialization and interaction with others in the community. We get to share this event with all community partners.

**Programs offered by your organization are primarily serving which demographic?**

Adults (between the ages of 25-54), Senior Adults (55 years of age and older)

**What are the targets you wish to achieve through this initiative?**

We want to grow in the Clarence-Rockland area and do more fundraising events involving the community and our community partners. We want to grow our sponsorship program, to allow to continue providing the services and supports to more families in need. We want to be able to continue offering education and making our communities more Dementia Friendly.

**How will you evaluate and measure these targets and outcomes? (check all that apply)**

Participant survey, Reviews from local media, Feedback from social media site, Track increase/decrease in membership, Track increase/decrease in participation, Track increase/decrease in volunteerism

**Please indicate what other sources of funding have been obtained or for which a request has been submitted:**

Fundraising Events, Donations

**Please provide details and amounts.**

2025 Walk for Alzheimer's raise over \$56,000 for services and supports through this fundraising event and donations from the community and our community partners. Those funds allowed us to provide

service and supports to our clients and their care partners

**Do the goals and activities of the organization fall within at least one of the four charitable objectives categories? If so, which category is it?**

Advancement of education

**Has the organization been providing community charitable services consistent with its primary objectives for at least one year?**

Yes

**Has the organization been in existence for at least one year and can it demonstrate that it has engaged in charitable activities throughout the year?**

Yes

**Does the organization have an establishment in Ontario?**

Yes

## **PART C – Financial Aid**

**Are you requesting Financial Funding?**

Yes

**Total amount of requested funding**

5,000

**How will your organization be affected if the grant is not approved or if a reduced amount is granted?**

We rely on fundraising to assist our clients and their care partners. If we are not granted this funding, we will continue to fundraise and host events to raise money to continue providing the services and supports to our clients and their care partners. These dollars are so important to our organization as it would allow more people to enjoy the services and supports we offer. It allows clients and their care partners to attend Day Program, Minds in Motion, get the education the families and care providers need to assist their loved one in later stages and how to manage. This is a Major Fundraising event, and if we are not granted these funds our event will not be as successful as the funds raised will be used to pay for our expenses incurred

**This grant application is considered the primary source of funding for our organization:**

No, it is not considered the primary source of funding.

**Describe what you are seeking funding for and how you would specifically use the grant. If this initiative is related to an event(s) please provide the date(s) of the event(s).**

Major fundraising event that requires marketing materials, advertising with Radio, newspapers advertising as well, as not everyone is on social media. Supplies needed for our walk such as water, granola bars and healthy options for our walkers. Transportation of marketing materials and supplies in a vehicle as staff

vehicles are not big enough to transport these items. A-Frames, and coolers, water cases etc.  
Event date is May 31, 2026

**Who will directly benefit from this grant request? (include the estimated number of beneficiaries)**

People living with Dementia and their care partners. 70-100 families and growing every day

**How will this grant funding aid your organization and the intended beneficiaries? (What changes or improvements will members, participants, or volunteers experience?)**

We rely on fundraising and grants to assist our clients and their care partners. These dollars are so important

to our organization as it would allow more people to enjoy the services and supports we offer. It allows clients

and their care partners to attend Day Program, Minds in Motion, get the education the families and care

providers need to assist their loved one in later stages and how to manage. These funds would increase the

amount of services and supports we could provide for new clients and their care partners. Our client base has grown and the need for services has also.

**Please indicate what other sources of funding have been obtained or for which a request has been submitted:**

Fundraising Events, Donations

**Please provide details and amounts.**

This is an annual event the Alzheimer Society of Canada, Alzheimer Society of Ontario actively participates in during the last weekend of May to help raise awareness about Alzheimer and Dementia.

Last year we raised \$56,000 dollars total from all our fundraiser efforts for the IG Wealth Management Walk for Alzheimer's.

This was between 3 locations (Cornwall, Maxville and Rockland) and several Long term care and residence private events for our Society.

Each year we must wait for IG Wealth Management to calculate the totals we receive based on our online platform for the walk and donations made on site at each location. We would only be able to report this information once we receive it.

**Please provide a report showing how the money will be used (e.g. activity budget, expense report, etc.).**

[Walk Cost Report for Grant Clarence-Rockland 2026.xlsx](#)

## **Part D – In-Kind Assistance**

**Are you requesting In-Kind Assistance?**

Yes

**Picnic tables (wood only) : (maximum 6)**

4

**Folding tables (plastic) : (maximum 40)**

8

**Chairs : (maximum 20)**

15

**Trash cans (45 gallons - blue) : (maximum 10)**

2

**Orange cones: (maximum 10)**

10

**Sound system and microphone :**

1

**Podium :**

1

**Invitation to Mayor :**

Yes

**Mayor's Speech :**

Yes

**Invitation to Municipal Council Members :**

Yes

**Message :**

I will personally email Mr. Zanth and member of Municipality.

**Employees present during activity :**

No

**Date and time of activity :**

Sun, 05/31/2026 - 08:00

**Location of the activity :**

Alain Potvin Park

**Please add any additional information to support your request :**

I truly appreciate the continued support from Samantha, Kate, Mia and the staff the day of our event who helps set up and tear down with us. I appreciate the City of Clarence Rockland for providing the materials I need to run a successful event, and for the assistance with eliminating the additional costs. I look forward to working with you in the future.

## **Part E - Confirmation of authorized representative(s).**

### **Authorization**

I have reviewed the entire request, and all information provided is true and accurate to the best of my knowledge and understanding., I am authorized to sign on behalf of this organization.

**Name and title of the signing representative submitting this request for the Municipal Grants Program on behalf of your organization.**

Tanya Dawson - Community Engagement Manage Alzheimer Society of Cornwall & District