Corporation of the Township OF McNab/Braeside

SECTION NAME	POLICY	POLICY NO.
General Administration	2025 Recreation Reimbursement/Non-Resident Fee	
SCOPE	EFFECTIVE DATE	PAGE
All Township Residents	January 1, 2025	1 of 3
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POLICY

McNab/Braeside residents are entitled to a reimbursement for the difference between the resident / non-resident fee applied to programs offered by Arnprior at the Nick Smith Centre that were previously covered under the Joint Use Recreation Agreement.

PROCEDURE

If you intend to submit multiple receipts, when possible, please submit a minimum request value of \$25.

For programs with an indicated term, refunds will be issued after the start date. For programs that overlap different years, the start date is the program year.

DISCLOSURES

Residents are responsible to notify the Township if there are any changes in the terms of the program registration(s) submitted for reimbursement (cancellation, withdrawal, etc.). If it is determined that a reimbursement was paid and the program was subsequently cancelled, without the resident informing the Township, all further reimbursements will be paid following the successful conclusion of the program, not before.

EXCLUSIONS / LIMITS

• Nick Smith Community Hall Facility Rental

The non-resident fee applied to a hall rental is not eligible for reimbursement.

• Indoor Ice Pad Facility Rental

There is a maximum allowable refund of \$1,500 (including HST) per address for a personal, not for profit ice pad rental. Ice rented for the purpose of making a profit is considered a for-profit ice rental and is not eligible for reimbursement.

Facility rentals in McNab/Braeside can be found on the Township website. Residents can register for programs or rent facilities in Renfrew at the resident rate.

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REQUIRED DOCUMENTS

- ✓ Your initial submission must include 2 documents. These are required to be attached once for 2025 unless there is a change in your address/contact information, after initial submission. If you move, change your email or your phone number you are required to submit an updated application and proof of residence:
 - 1. Completed Application Form
 - Proof of residence a clear copy your valid drivers license (not expired), a property tax bill, or a utility bill dated no earlier than December 2024 reflecting a McNab/Braeside address.
- ✓ Receipt(s) from the Town of Arnprior for a valid 2025 program.

REIMBURSEMENT OPTIONS

- EFT (direct deposit) is the preferred, and most efficient method. The application is included below, highlighted fields are required. You need only complete this once.
- Cheque allow up to 4 weeks for reimbursement if mailed through Canada Post.
 Reimbursements valued under \$20 will not be mailed out, these can be collected at the Municipal office.
- Cash available in person, for reimbursements up to \$25 only.

HOW TO SUBMIT YOUR DOCUMENTS

In Person: Municipal Complex, 2473 Russett Dr., Arnprior Monday, Wednesday, Thursday & Friday 8:00 am – 4:00 pm, Tuesday 8:00 am - 6:30 pm Email: <u>finance@mcnabbraeside.com</u>

DEADLINE TO SUBMIT REIMBURSEMENT FORMS

Reimbursement requests for 2025 must be received by January 31, 2026.

Late submissions will not be accepted.

The deadline to submit reimbursement requests for 2024 is January 31, 2025.

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ORGANIZED TEAM FEE

Organized Adult Hockey League Team Fees

The non-resident surcharge for McNab/Braeside players will be reimbursed to the team bank account where applicable. In the absence of a team account, the refund will be issued to the team manager who is responsible to distribute funds accordingly.

In addition to the documents listed above, the team manager is responsible to submit the team roster listing the full name, mailing address and proof of residence for each McNab/Braeside player. The application form is required for each submission throughout the year. All documents are to be submitted at once, partial submissions will not be accepted. It is the responsibility of the team manager to ensure accuracy.

Arnprior Minor Hockey Association (AMHA), Arnprior McNab Ringette Association (AMRA) & Arnprior Skating Club

The Township will pay the difference between the resident and non-resident fee directly to these associations for McNab/Braeside residents. Families will pay the same registration fee for these programs as Arnprior residents

These terms and conditions are subject to change.

Questions can be directed to Andrea Lamontagne, Recreation Director andrea@mcnabbraeside.com 613-623-5756 x 226

2025 Recreation Reimbursement Application

This application and the proof of residence is required only once for 2025 recreation reimbursements. A change in your address/contact information will require a new application.

Recreation Reimbursements are applicable to McNab/Braeside residents for the difference between the resident / non-resident fee applied to programs offered by Amprior at the Nick Smith Centre that were previously covered under the Joint Use Recreation Agreement. Please refer to the 2025 Recreation Reimbursement Policy for full details.

Refunds will be issued in the applicants name. The applicant may be the participant, a parent or guardian or team manager and must be at least 18 years of age.

(please print)		
Applicant First and Last Name:		
Applicant Address including postal code:		
Mailing Address for reimbursement if different than above:		
Phone Number:	Email:	
Adult Hockey League – Team Name:	Issue Refund in the following name:	1 st 2025 submission
	Team Name Applicant Name	subsequent 2025 submission

- ✓ I have included one of the following documents reflecting a McNab/Braeside address.
 - Drivers License (an expired license does not qualify)
 - Property tax or utility bill dated December 2024 or after _____ (initial to confirm)
- ✓ I have read the 2025 Recreation Reimbursement Policy _____ (initial to confirm)
- ✓ I understand that I am responsible to notify the Township of any changes in the terms of the program registration(s) submitted for reimbursement (i.e. cancellation, withdrawal, etc.)
 _____ (initial to confirm)

Date

Collection of Information

Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25. Any personal information collected will be used to determine the address of the participant. Questions should be directed to the contact noted below.



VENDOR ELECTRONIC FUNDS TRANSFER (EFT) REGISTRATION FORM

A vendor (corporation or individual) can use this form to request the payment of amounts owing from the Corporation of the Township of McNab/Braeside (the "Township") to be deposited to a bank account. A payment notification with details will be sent via email. It is recommended that the email account used for the payment notification be a secured generic account that will not be affected by a change of staff in your organization. To be considered for enrolment, all fields must be properly filled in on this application and returned with proper supporting documents as set out below.

The Township's Finance department requires at least 30 days notice to add or process changes to banking information, email address, or to cancel the use of direct deposit.

REQUEST TYPE:

- New Application
- Change Financial Institution /Banking Cancel Direct Deposit (revert to cheque)

IDENTIFICATION:

(please print)			
Name (as stated on bank account / invoice):			
Address:			
City:	Province/State:	Country:	Postal Code/Zip Code:
ony.	i iovince/otate.	Obunay.	
Contact Name:	Contact Phone No.:	Contact Email:	
Email address for remittance advice (only one email addres	s can be setup to receive emailed payment n	otification):	

NEW BANKING INFORMATION:

This see	ction m	ust be c	omplete	ed and s	supporte	ed by 1)	a physi	cal orig	inal voic	led che	que; or :	2) physi	cal orig	inal bar	nking inf	ormatio	n.	
Bank Na	me:																	
								-										
Branch N	Jumber (5-digit			Institutio	on Numb	er (3-	Account	Number	•								
number):	:				digit nur	nber):		(Maximu	um: 12-di	igit numb	er):							

FOR EXISTING APPLICANTS:

Complete this section **ONLY** if you are changing your existing banking information. This section must be completed and supported by 1) a physical original voided cheque; or 2) physical original banking information.

Bank N	ame:										
	Number number)		Institutio (3-digit		Accoun (Maxim		ber):				

APPLICANT SIGNATURE / AUTHORIZATION: *Business Applicants proceed to page 2 for signature

Name (please print):	Signature :	Date (mm-dd-yy):

Business Applicants ONLY - HST / GST ACCOUNT NUMBER:

Not Registered

Registration Number:

Business Applicants ONLY - APPLICANT SIGNATURE / AUTHORIZATION:

Please select if sole proprietorship and only one signature is available.

Name (please print):			Name (please print):	
Title:	Phone I	No (incl. area code):	Title:	Phone No (incl. area code):
Signature * :		Date (mm-dd-yy):	Signature * :	Date (mm-dd-yy):

* We are authorized signing officers for the purpose of completing this request. We authorize the Corporation of the Township of McNab/Braeside to deposit payments to the bank account identified above. We agree that the Township will not be liable for any loss occurring after the deposit has been made to the identified bank account. We also agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the Township. Changes to information will be submitted by filing another form.

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Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25. Personal information will be used by the Township for the purposes of administering the payment of accounts owing by the Corporation of the Township of McNab/Braeside. Questions about this collection and use of your personal information may be directed to Accounts Payable at (613) 623-5756 ext. 0 or by email to <u>finance@mcnabbraeside.com</u>.