



### **Older Adult Centres' Association of Ontario (OACAO)**

### In-Person Seniors Active Living Fair Funding – Single-Site Fair Application

Complete the application on-line at: <a href="www.surveymonkey.com/r/Fair2025Grant">www.surveymonkey.com/r/Fair2025Grant</a>
<a href="mailto:open.com/open.com/r/Fair2025Grant">OR</a> email application to: <a href="mailto:info@oacao.org">info@oacao.org</a>

Refer to the Seniors Active Living Fairs Funding Guidelines PRIOR to completing this application Link to Funding Guidelines: <a href="https://www.oacao.org/events/seniors-active-living-fairs">www.oacao.org/events/seniors-active-living-fairs</a>

#### **TIMELINE AND REVIEW PROCESS:**

- Application Deadline #1: Monday, March 3, 2025, at 5:00 pm EST (For June Sept 2025 Fairs only)
- Application Deadline #2: Monday, June 2, 2025, at 5:00 pm EDT (For Oct 2025 March 16, 2026, Fairs only)
- Applications will be reviewed by the Seniors Active Living Fairs Selection Committee following an
  established assessment process and criteria review including Organizational Capacity; Fair Details; and
  Financial Feasibility. Refer to the Seniors Active Living Fair Funding Guidelines for eligibility criteria and
  project requirements.
- Fairs must follow the criteria laid out in the **Seniors Active Living Fairs Funding Guidelines**.

#### TYPE OF APPLICATION:

In-Person Seniors Active Living Fair Funding – Single-Site Fair Application - up to \$2,500 for eligible individual organization

| PROPOS | ED FAIR DATE:      | PROPOSED FAIR TIMING (i.e. 10 am – 2 pm):        |  |
|--------|--------------------|--|--|
| • ^    | Nov fair changes t | to dates and times must be approved by the OACAO |  |

- Any fair changes to dates and times must be approved by the OACAO.
- Restricted Dates: October 29 November 5, 2025, due to the OACAO's Annual Aging Well Conference
- All Fairs Projects must be completed by March 16, 2026, and must be a minimum of 4 hours in length.

#### ORGANIZATIONAL CAPACITY

| APPLICANT INFORMATION:             |  |
|------------------------------------|--|
| Centre/Organization Name:          |  |
| Centre/Organization Address:       |  |
| City or Town:                      |  |
| Website (if available):            |  |
| Other social media (if available): |  |
| Contact person:                    |  |
| Title:                             |  |
| Telephone number:                  |  |
| Email:                             |  |
|                                    |  |

# **APPLICANT INFORMATION CONTINUED:**

|             | <del></del>   |  |                           |   |
|-------------|---|--|---------------------------|---|
| 2.          | Is your Centre/Organization (check all that app Non-Profit Organization Indigenous Community or Organization  |  | ally Operat<br>ease speci | ed<br>fy:                               |
| 3.          | Are you a current, and in good standing, mem  | ber of the OACAO?  | Yes                       | No                                      |
| 4.          | Are you a provincially funded Seniors Active Li   | ving Centre Program  | operator?                 | Yes No Not S                            |
| 5.          | Centre/Organization annual operating budget   | in 2024 or 2024/202  | 5:                        |   |
| 6.          | What year was your Centre/Organization esta   | blished?   |                           |   |
| 7.          | What OACAO Region is your Centre/Organizat South West M Grand River Ce Golden Horseshoe Ea  | etro<br>entral   |                           | North West<br>North Central<br>Not sure |
|             |   |  |                           |   |
|             | ORS ACTIVE LIVING FAIR PROPOSED e provide us with your proposed plan for the no   |  | detailed sp               | FAIR DETA                               |
| ase<br>:his |   | ext set of questions;  |                           | ecifics are not requir                  |
| ase<br>:his | e provide us with your proposed plan for the no   | ext set of questions;  |                           | ecifics are not requir                  |
| ase<br>:his | e provide us with your proposed plan for the nos stage.  Proposed address for the fair:   | ext set of questions;  | Both                      | ecifics are not requir                  |
| ase<br>:his | e provide us with your proposed plan for the nos stage.  Proposed address for the fair:  a. Is your fair venue: Indoor  b. Is your fair venue accessible & inclusive  | ext set of questions; of the control of the control of the cost of \$12.50 per particular. | Both Not                  | Sure                                    |
| ase<br>his  | e provide us with your proposed plan for the nos stage.  Proposed address for the fair:  a. Is your fair venue: Indoor  b. Is your fair venue accessible & inclusive proposed Healthy Meal or Snacks (maximum of included): | ext set of questions; of the control of the control of the cost of \$12.50 per particular. | Both Not                  | Sure                                    |

# **SENIORS ACTIVE LIVING FAIR PROPOSED DETAILS CONTINUED:**

| 6.  | <u>Proposed</u> Trade Show plan (minimum of 3 hours in length) <u>and</u> exhibitor invitee list (minimum of 10 - 15 exhibitors):  |  |  |  |  |  |
|-----|--|--|--|--|--|--|
| 7.  | sed plan to collect the required Participant and Exhibitor Evaluation Surveys:   |  |  |  |  |  |
| 8.  | Anticipated total number of older adults / seniors: Participants Volunteers supporting the fair  |  |  |  |  |  |
| 9.  | Language of proposed Fair (check all that apply): English French Other (please specify):   |  |  |  |  |  |
| 10. | Specific cultures being targeted for this fair (check all that apply):  Indigenous/First Nations, Inuit, and Métis seniors  Francophone seniors  Other Diverse communities (please specify which communities i.e. BIPOC, LGBQT2S):   |  |  |  |  |  |
| 11. | . What <u>community or geographic area</u> of the province will you serve with this fair (check all that apply):  Located in a rural or underserved area  Located in Northern Ontario  Other (please specify):   |  |  |  |  |  |
| 12. | . <u>Proposed</u> Marketing Strategy and Outreach Plan which includes targeting isolated seniors through (check all that apply): Electronic Marketing:   |  |  |  |  |  |
|     | Website Social media   |  |  |  |  |  |
|     | Local Media Email blasts   |  |  |  |  |  |
|     | Community Outreach:  |  |  |  |  |  |
|     | Municipality program guide Mail outs   |  |  |  |  |  |
|     | Flyers and posters in community Promote and connect with community partners In-House Promotion:  |  |  |  |  |  |
|     | Your newsletter or program guide Flyers or posters in centre   |  |  |  |  |  |
|     | Telephone - call to inform members/broadcast   |  |  |  |  |  |
|     | Other, please list:  |  |  |  |  |  |
| 13. | Briefly describe (up to 250 – 300 words), any <u>unique and interesting features or community</u> <u>partnerships</u> that will take place during your Fair that will assist us to determine eligibility for funding i.e. culturally specific programming, LGBQT2S focus, targeting newcomer or low-income seniors; and for older adults and seniors from underserved geographic areas. (add example of community partnership) |  |  |  |  |  |
|     |  |  |  |  |  |  |
|     |  |  |  |  |  |  |
|     |  |  |  |  |  |  |

# SENIORS ACTIVE LIVING FAIR PROPOSED BUDGET:

|   | PROPOSED                                      |
|---|---|
| In-Person Seniors Active Living Fair Funding – Single-Site Fair - \$2,500             | \$ 2,500.00                                   |
| Please provide us with your proposed plan for the next set of questions; detailed spe | cifics are not required                       |
| at this stage.  |   |
| ELIGIBLE EXPENSES (please briefly describe)   | <del>,</del>                                  |
| Advertising / Promotion / Marketing:  | \$  |
|   |   |
| Audio Visual Equipment Rental:  | \$  |
|   |   |
| Decorations:  | \$  |
|   |   |
| Evaluation Prize:   | \$  |
|   |   |
| Facility Rental:  | \$  |
|   |   |
| First Aid:  | \$  |
|   |   |
| Food Service Supplies:  | \$  |
| 5 1/5 ( )   | _   |
| Food/Refreshments: (max cost of \$12.50/participant & exhibitor, taxes included)      | \$  |
|   | <b>A</b>                                      |
| Honorariums:  | \$  |
| Partitional Process   | <b>A</b>                                      |
| Participant Bags:   | \$  |
| Destage   | 6   |
| Postage:  | \$  |
| Drinting  | \$  |
| Printing:   | <b>&gt;</b>                                   |
| Public Health and Safety Measures:  | \$  |
| Fubile Health and Safety Measures.  | <b>y</b>                                      |
| Translation Services/ Language Interpreters/ASL Interpreters:                         | \$  |
| Translation Services/ Language interpreters/ASE interpreters.                         | , <u>, , , , , , , , , , , , , , , , , , </u> |
| Transportation:   | \$  |
|   | <del> </del>                                  |
| Other:  | \$  |
|   | т   |
| TOTAL EXPENSES:   | \$  |
| BALANCE:  | \$  |
| Notes:  |   |
|   |   |
|   |   |

<sup>\*</sup>Note: Staff costs for planning and executing the fair are not considered eligible fair expenses.

### SENIORS ACTIVE LIVING FAIR APPLICATION DECLARATION

I confirm that the information contained in this application is true, accurate, and complete. I acknowledge that if this application is approved, I will be required to sign a Letter of Agreement (LOA) which legally binds my organization with the Older Adult Centres' Association of Ontario to receive the funding. I understand that once the Letter of Agreement has been signed by both parties, I will receive a cheque for 75% of the grant approximately one month before the fair, and 25% upon satisfactory submission of the final report and relevant receipts (due 30 days after fair completion).

- There will be NO CHARGE for older adults, seniors, care partners and the public to attend.
- I will follow the criteria laid out in the Seniors Active Living Fairs Funding Guidelines.
- I will follow the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and endeavour to hold the Fair in an Accessible venue.
- I will secure adequate liability insurance, and no alcohol will be served.
- I will follow local Public Health Unit guidelines for health protocols.
- I will do marketing and outreach to create awareness for the program, particularly to isolated seniors.
- I will conduct the required Participant and Exhibitor Evaluation Surveys.
- I will provide a final report to OACAO within 30 days of completion of the Fair (or by March 31, 2026, for March Fairs).
- I will return unused funds to the OACAO within 30 days of Fair completion, (or by March 31st, 2026, for March Fairs).
- All fairs must be completed by March 16, 2026.

#### NAME AND SIGNATURE OF AUTHORIZED INDIVIDUAL REPRESENTING THE APPLYING ORGANIZATION:

| Name of Centre/Organization: | <br> |  |
|------------------------------|------|--|
| Name:                        | <br> |  |
| Title:                       |      |  |
| Signature:                   |      |  |
| Date:                        |      |  |

Questions can be submitted by email to: <a href="mailto:info@oacao.org">info@oacao.org</a>

Older Adult Centres' Association of Ontario Toll free: 1-866-835-7693 Local: 905-584-8125

Refer to the 2025-2026 Seniors Active Living Fair Guidelines for more info: www.oacao.org/events/seniors-active-living-fairs