

2025 Donation Request Form

Please complete the below 2025 donation request form. Any questions that have a red *asterisk are considered mandatory fields. Completed hard copy applications can be mailed, hand delivered or placed in our drop-box at Town Hall, 56 Queen Street, Port Hope, L1A 3Z9.

Organization Information

Organization Name: *

Rotary Swim for Independence

Address (Including Postal Code): *

150 Centennial Drive

Contact Information

First and Last Name of Contact Person: *

Bob Wallace

Title of Contact Person: *

Coordinator

Phone Number: *

905-885-4239

Alt. Phone:

905-376-7382

Email: *

rwallace7070@gmail.com

Donation Request Information

1. Total Request (Up to \$2,500) : *

\$2000

Date of Your Organization's Event: *

9/9/2024



2. Please provide your reasoning for the requested donation and description of how the funds will be utilized: *

We had been operating on twice per week for several years for about 50 individuals

- HAVE PAIN OR LIMITED WITH EVERY MOVEMENT.
- THE HYDROTHERAPY PROGRAM SERVES INDIVIDUALS WITH PAIN OR LIMITED MOVEMENT.
- POOL THERAPY USES THE PHYSICAL PROPERTIES OF WATER, ESPECIALLY WARM WATER, TO ASSIST IN THE INDIVIDUAL HEALING AND EXERCISE PERFORMANCE.
- PROVIDES ONE OF THE FASTEST WAY TO RECOVER FROM PAIN/INJURY.
- WARM WATER EXERCISE ASSISTS WITH CIRCULATION, MUSCLE RELAXATION, INCREASES RANGE OF MOTION AND FLEXIBILITY AND IMPROVES CARDIOVASULAR FUNCTIONS.
- IT ENHANCES THE ABILITY TO MOVE FREELY WITHOUT THE USE OF CANES, WALKERS OR CHAIRS AS COMPARED TO A WORKOUT IN A GYM.
- THE PROGRAM SERVES INDIVIDUALS SUFFERING FROM ARTHRITIS, OSTEOPOROSIS, PARKINSON, MS, DIABETES, FIBROMYALGIA, NERVE PAIN, AS WELL AS RECOVERING FROM STROKE, JOINT REPLACEMENT SURGERIES, ETC.
- ANOTHER IMPORTANT ASPECT OF THE PROGRAM IS THE SOCIAL SIDE, MEETING AND GETTING TO KNOW OTHERS WHO ARE THERE TO STRENGTHEN THEMSELVES PHYSICALLY AND MENTALLY.
- IN SOME CASES, THIS IS THE ONLY TYPE OF EXERCISE SOME OF US UNDERTAKEN.

PURPOSE:

- THE TYPE OF EXERCISES INVOLVES STRETCHING, MOVEMENT THROUGH WATER AND IMPROVE CARDIOVASCULAR FUNCTION.

Other Financial Information

3. Please indicate financial support you are expecting to receive from other organizations in 2025: *

Each participant pays a small portion of the costs for the program., which cover about half the costs. The 3 local Rotary clubs have supported the program along with the municipality the remainder. The last municipal grant was 2023

4. If Council approves your Donation Request, please indicate how the Municipality of Port Hope would be given recognition for this donation: *

On all signage and social media

5. Any additional information you find necessary:

Should Council approve your Donation Request please indicate the following:

Special instructions (optional):

I would like to have someone from council present the donation money to the swimmers.

First and Last Name of authorized individual: *

Bob Wallace

Please provide the date you are signing this document: *

8/28/2024



Please provide the signature of the authorized individual: *



Personal information is collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection Act (MFIPPA). This information, once collected, may be accessible by members of the public upon request, unless exempted by law. Furthermore, this information may be published as part of the public record, in accordance with the legal requirements set out in MFIPPA and other legislation. Questions regarding the collection, use and disclosure of personal information can be directed to the Municipal Clerk at [905-885-4544](tel:905-885-4544) or clerk@porthope.ca.