Community Flag Flying and Raising Form

Name of Requesting Organization *

Alzheimer Society of Grey-Bruce

Contact Information

Name *	Email Address *
Michelle Fleming	mfleming@alzheimergreybruce.com
Home/Cell Phone Number *	Work Dhana Number
Home/Gen i none namber	Work Phone Number

Flag Raising and Lowering Date

Please note that the raising and lowering of the flags must take place on a weekday. Flags will be raised by 9:00 a.m. and lowered by 4:00 p.m.

Бу 1.00 р.пп.			
Date of Flag Raising *	Date of Flag Lowering *		
1/15/2024	1/29/2024		
Are you having a Ceremony? * (*) Yes (*) No	Date of the Ceremony *	Ceremony Start Time	
()	1/15/2024	09:30 AM ②	
The ceremony will require:			
A Microphone and Speaker System			
Greetings from the Mayor			
An invitation extended to Mayor and Council			

Purpose of the Event or Occasion *

January is Alzheimer's Awareness month. The number of Ontarians living with Alzheimer's disease and other dementias is growing – and growing fast. In 2023, there were 63,000 new cases of dementia in Ontario. That number is expected to rise to over 85,000 new cases per year by 2030. Locally in Grey-Bruce we serve over 1000 families living with dementia. Our hope is that we can bring awareness to Alzheimer's Disease and other dementia's. Let's start the conversations this January and reduce the stigma. Studies show that the earlier people begin to learn and strategize about coping with dementia, the better they can provide support over time.

Details of the Event or Occasion *

January is Alzheimer's Awareness month. If we could have the flag up for 2 weeks that would be great. I understand there is an opportunity for a ceremony? That would be wonderful. We are willing to do this any weekday that works for you.

We are flexible as the awareness is for the full month. Do you require us to say a few words as well? I wasn't sure of how the ceremony works? We would be happy to say a few words and perhaps have the Mayor and some staff? Would the Mayor say a few words?

Description of your Organization or Individual including a Brief History and any Other Relevant Information *

The Alzheimer Society of Grey-Bruce provides support and services to over 1000 local families living with Alzheimer's Disease and other dementias. We provide education, counselling services and recreation programs to individuals living with dementia and their loved ones.

File Name Picture of Flag.pdf 189.0 KB

Insurance Requirements (for ceremonies only):

Applicants must provide proof of insurance (Insurance Certificate) for the use of facilities owned, rented, occupied or operated by the City of Owen Sound.

Applicants have the following 2 options:

- 1) Provide a \$2,000,000 Commercial General Liability Certificate naming the City of Owen Sound as an additional insured.
- 2) Purchase insurance coverage from the City of Owen Sound.

Do you need to p	urchase insurance for this event? *
Yes	(♠ No

Agreement and Approval

By providing your name and today's date in this form, you affirm that the facts set forth in it are true and complete.

The personal information on this form is collected under the authority of the Municipal Act, 2001,

34. 227 and City Policy CMA34. The information is used for the community flag raising process including, but not limited to, evaluating requests for community flags and contacting the requestor.

Name *	Please enter today's date *	
Michelle Fleming	11/20/2023	

FOR OFFICE USE ONLY

Staff Approval by City Manager or Delegate

Name: Tim, Simmonde

Signature:

Date: _

Date on Council Consent Agenda: