

CITY OF HAMILTON

2025

ADVISORY COMMITTEES

BUDGET SUBMISSION FORM

<p>ACCESSIBILITY COMMITTEE FOR PERSONS WITH DISABILITIES</p>

PART A: General Information

ADVISORY COMMITTEE MEMBERS:

James Kemp (Chair)	Jake Maurice
Paula Kilburn (Vice-Chair)	Mark McNeil
Hope Bonenfant	Tim Murphy
Ben Cullimore	Kim Nolan
Lance Dingman	Tim Nolan
Cara Hernould	Robert Westbrook
Levi Janosi	Mark Tadeson (Councillor)
Leif Johanson	
Hargun Kaur	

MANDATE:

The Accessibility Committee for Persons with Disabilities advises Council on providing full accessibility and inclusion of persons with disabilities in the City related to City goods and services and City-owned facilities and spaces and recommends to the City of Hamilton policies, procedures, standards and guidelines.

PART B: Strategic Planning

STRATEGIC OBJECTIVES:

Terms of Reference:

1. In accordance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), Ontario Human Rights Code (OHRC), and all applicable legislation, regulations, standards, policies and guidelines:
 - i. Advise Council and staff on barriers affecting full participation of persons with disabilities in the City.
 - ii. Advise Council and staff, annually about the preparation, implementation, and effectiveness of its accessibility plan required pursuant to the AODA.
 - iii. Ensure that the right of access for persons with disabilities to programs and services provided by the City is sustained, maintained, and/or improved.
 - iv. Review and comment to Council and other levels of government on pertinent reports, proposed legislation and studies which affect all persons with disabilities, where appropriate.
 - v. Provide a forum where persons with disabilities and service representatives can express their concerns, identify barriers, share information and recommend improvements to the existing level of City services, goods, facilities and spaces, for

persons with disabilities, while taking into consideration a wide spectrum of disabilities in discussions and decision making.

- vi. Educate and increase awareness to City Council and staff on issues which affect people with disabilities.
- vii. Regularly review the progress and measure the success of the committee and its activities.
- 2. The Chair and Vice-Chair of the Advisory Committee for Persons with Disabilities may serve for more than one year in a Council term.
- 3. Members are expected to attend all meetings. If a member misses more than three consecutive (3) meetings during their term, the Chair, after hearing and considering any explanation provided by the member, may ask the member to resign, or request that Council remove the member.
- 4. Members are to adhere to the Procedural Handbook for Citizen Appointees to City of Hamilton Local Boards.

ALIGNMENT WITH CORPORATE GOALS:

Please check off which Council approved Strategic Commitments your Advisory Committee supports			
1) Community Engagement & Participation	X	2) Economic Prosperity & Growth	X
3) Healthy & Safe Communities	X	4) Clean & Green	X
5) Built Environment & Infrastructure	X	6) Culture & Diversity	X
7) Our People & Performance	X		

PART C: Budget Request

INCIDENTAL COSTS:

Monthly Meetings Expenses (photocopying, refreshments, advertising, postage, MS Teams, etc.)	\$4,672.00
Administrative Assistance (note-taking) for special meetings such as Roundtable.	
SUB TOTAL	\$4,672.00

SPECIAL EVENT/PROJECT COSTS:

Conference and related travel expenses	\$1,500.00
"Ability First" Accessibility Fair	\$8,000.00
Accessibility Award Program	\$9,000.00
SUB TOTAL	\$18,500.00

TOTAL COSTS	\$23,172.00
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Funding from Advisory Committee Reserve (only available to Advisory Committees with reserve balances)	\$
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TOTAL 2025 BUDGET REQUEST (net of reserve funding)	\$23,172.00
PREVIOUS YEAR (2024) APPROVED BUDGET (2024 Request \$23,172)	\$23,172.00

CERTIFICATION:

Please note that this document is a request for a Budget from the City of Hamilton Operating budget. The submission of this document does not guarantee the requested budget amount. Please have a representative sign and date the document below.

Representative's Name:

Signature:

Date:

Telephone #:
