



THE CORPORATION OF THE TOWNSHIP OF MCGARRY
P.O. BOX 99
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705-634-2145, Fax 705-634-2700

MOVED BY COUNCILLOR:

☐ Louanne Caza
☐ Elaine Fic
☒ Annie Keft
☐ Francine Plante
☐ Mayor Culhane

SECONDED BY COUNCILLOR:

☐ Louanne Caza
☐ Elaine Fic
☒ Annie Keft
☐ Francine Plante
☐ Mayor Culhane

RESOLUTION # 46/2025

DATE : February 18, 2025

WHEREAS the government of the Province of Ontario has made important enhancements to the Northern Health Travel Grant;

AND WHEREAS these enhancements will provide meaningful support through partial reimbursement of travel expenses for those travelling long distances for medical care;

AND WHEREAS upfront costs for airfare, accommodations, and other necessities often reach thousands of dollars with some essential travel expenses continuing to remain ineligible for reimbursement;

AND WHEREAS Hope Air continues to bridge this gap, complementing the government's policy to reduce barriers of distance and cost in access to health care for Northern Ontario patients;

AND WHEREAS the demand for the services of Hope Air continues to grow;

NOW THEREFORE BE IT RESOLVED that the Council of the Township of McGarry requests the Ministry of Health consider funding Hope Air, in 2025, to support its vital work in assisting the residents of Northern Ontario to received access to the Health care they deserve;

AND FURTHER that the resolution be directed to the Minister of Health; and circulated to the Premier of Ontario; the Minister of Finance; the Federation of Northern Ontario Municipalities; the Temiskaming Municipal Association; and the Municipalities in the District of Temiskaming.

Recorded vote requested by _____

	For	Against
Councillor Louanne Caza		
Councillor Elaine Fic		
Councillor Annie Keft		
Councillor Francine Plante		
Mayor Bonita Culhane		

I declare this motion

<input checked="" type="checkbox"/> Carried
<input type="checkbox"/> Lost / Defeated
<input type="checkbox"/> Deferred to: _____ (enter date)
Because:
<input type="checkbox"/> Referred to: _____ (enter body)
Expected response: _____ (enter date)

Disclosure of Pecuniary Interest *

Signature of Chair:

Elaine Fic

*Disclosed his/her (their) interest(s), abstained from discussion and did not vote on this question.