



THE REGIONAL MUNICIPALITY OF NIAGARA

COUNCIL WEEKLY CORRESPONDENCE DISTRIBUTION

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Friday, October 9, 2026

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If you require any accommodations for a disability in order to attend or participate in meetings or events, please contact the Accessibility Advisor at 905-980-6000 ext. 3252 (office), 289-929-8376 (cellphone) or accessibility@niagararegion.ca (email).

Memorandum

CWCD 2026-224

Subject: Competitive Procurement Awards Between \$100,000 and \$10,000,000
– September 2026

Date: Friday, October 9, 2026

To: Regional Council

From: Bart Menage, Director, Procurement Services

Please be advised that the Competitive Procurements included in Appendix 1 have been awarded.

As per the Procurement By-law 2025-57, section 19, Reporting, item 19.1 the Director of Procurement Services shall:

(b) report to Council on a monthly basis via the Councillor Weekly Correspondence Distribution, all Competitive Procurement Awards between \$100,000 and \$10,000,000 excluding VAT.

Respectfully submitted and signed by

Bart Menage
Director, Procurement Services

Appendices

Appendix 1 Competitive Procurement Awards Between \$100,000 and \$10,000,000 –
September 2026

Request for Tender, By-law section 13.3.5

BID NUMBER	PROJECT NAME	AWARD VALUE (PRE-TAX)	SUPPLIER	REGISTERED SUPPLIERS	COMPLETED SUBMISSIONS
2025-T-43	Proposed Thorold West Flume	\$688,000.00	Spand Construction Ltd.	25	6
2026-T-88	Rehabilitation Of Bridges And Culverts In The Niagara Region	\$1,697,762.80	Julmac Contracting Ltd	41	5
2026-T-100	Manufacture, Supply, and Delivery of Organics Collection Containers	\$218,600.00	ORBIS Canada Limited	5	3
2026-T-137	Supply and Delivery of Five (5) Three-Quarter Tonne Pick-up Trucks	\$457,616.13	Mohawk Ford Sales (1996) Limited	12	4

NOTES

NRPS, NRH and NTC are not included in the datasets outlined herein as these agencies operated under their own Procurement By-law and/or Governing Bodies.

Registered supplier data is unaltered and includes construction agencies as registered suppliers.

Completed submission data includes all submissions received, including those that were determined to be non-compliant.

Bid numbers preceded by an asterisk indicate that those bids were not included in the prior monthly reports and are therefore included in this report.

Competitive procurements are counted based on the procurement process rather than the number of suppliers awarded. A single competitive process that results in multiple supplier awards is reported as one competitive procurement in the Corporate Competitive Procurement Awards Between \$100,000 and \$10,000,000 report. However, each individual award is identified in the appendix for reference.

Memorandum

CWCD 2026-225

Subject: Summary of Active Bid Solicitations

Date: Friday, October 9, 2026

To: Regional Council

From: Bart Menage, Director, Procurement Services

Please be advised that the Bid Solicitations included in Appendix 1 are currently active.

As per the Procurement By-law 2025-57, section 19. Reporting, item 19.1 The Director, Procurement Services shall:

(a) report to Council on a weekly basis via Councillor Weekly Correspondence Distribution:

(i) a summary of active Bid Solicitations.

Respectfully submitted and signed by

Bart Menage
Director, Procurement Services

Appendices

Appendix 1 Summary of Active Bid Solicitations

Bid Number	Name	Closing Date
2026-T-161	Supply and Delivery of Nine (9) Light-Duty Half-Tonne Pickup Trucks	October 08, 2026
2026-NRFT-154	Brock University South Parking Lot, City of Thorold	October 13, 2026
2026-RFSQ-136	Roster for Election Compliance Auditors	October 16, 2026
2026-RFP-156	2026 Internal Audit - Competitive and Non-competitive Procurement	October 21, 2026
2026-RFP-157	Temporary Clerical Administrative Staffing Services and Police Clearance	October 22, 2026
2026-T-150	Fort Erie Childcare HVAC Upgrades	October 26, 2026
2026-RFP-116	Pest Control Services	October 28, 2026
2026-Q-145	Geotechnical, Hydrogeological, Excess Soils Management For the Lister Road Gravity Sewer Detailed Design	October 29, 2026
2026-RFSQ-139	Public Works Roster for Consultancy Services 2027, 2028, and 2029	October 29, 2026
2026-RFP-163	Freedom of Information (FOI) Software for the Niagara Regional Police Service	November 02, 2026
2026-RFP-169	Feasibility Study to Redirect Flow from Port Weller WWTP to Port Dalhousie WWTP	November 03, 2026
2026-T-155	Long term care Home Handrail Replacement & IPAC Compliance Project	November 03, 2026
2026-T-135	200 Division St SAEO Amalgamation Renovation Project	November 12, 2026

Memorandum

CWCD 2026-226

Subject: Extension of Curbside Collection/Haulage of Garbage, Recyclables and Organics Contracts (Contract 2019-RFP-156) to March 3, 2030

Date: October 9, 2026

To: Regional Council

From: Mariano Singzon, Associate Director, Waste Collection and Diversion Operations

The purpose of this memorandum is to update Council that the necessary amending agreements have been executed for Contract 2019-RFP-156 for Curbside Collection/Haulage of Garbage, Recyclables and Organic Waste with Miller Waste Systems Inc. (Miller Waste) and GFL Environmental Inc. (GFL), originally executed on November 19, 2019. The amending agreements effect the extension of the contracts for one additional year, from March 5, 2029 to March 3, 2030.

This memorandum also provides public disclosure of the financial terms of the extensions, in accordance with the direction contained in Report PW 6-2026:

“That staff **BE DIRECTED** to advise Council via weekly correspondence once the extension agreements have been executed, with such update to include the public disclosure of the financial terms of the extensions.”

All figures noted in this memorandum are inclusive of non-recoverable HST.

Background

The Region’s current waste collection contracts with Miller Waste and GFL are scheduled to expire on March 4, 2029. Council approval was requested to authorize staff to negotiate a further one-year extension to March 3, 2030, in accordance with the Region’s Procurement By-law.

The one-year extension will help mitigate procurement and market-cost risks, defer potential cost increases observed in recent municipal procurements, and provide additional time to establish a funding strategy before entering a potentially higher-cost market environment.

The amending agreements with Miller Waste and GFL were fully executed as of September 28, 2026.

Financial Impact

Staff estimated as of February 10, 2026 that the annual contract value for both Contracts, before incremental fleet maintenance, combined will be approximately \$21,730,749 for the one (1) additional year extension from March 5, 2029 to March 3, 2030, by applying the annual Contract Price Adjustment¹ to the Contract values in the 2026 operating budget.

To support the additional one-year extension, Miller Waste negotiated incremental fleet maintenance and refurbishment costs to maintain the collection fleet in a state of good repair through 2030. The costs will be incurred over a four (4) year period from 2026 to 2029 payable by the Region with annual instalments leading up to the extension year. It is estimated that these costs will total \$1,037,319 including annual adjustments related to CPI.

The 2026 instalment of \$251,678 was not included in the approved Waste Management Services operating budget; however, staff will manage this amount within the approved budget. The subsequent instalments will be incorporated into the proposed 2027 and 2028–2029 Waste Management Services operating budget.

There was no change to the GFL contract pricing for the one-year extension, subject only to the annual Contract Price Adjustment¹.

¹Contract Price Adjustment is calculated to account for the annual changes in cost of living, cost of fuel and household count. It is calculated using the base contract value with 80% of the value subject to CPI price adjustment, 10% of the value subject to fuel adjustment and a year over year net difference in low density residential units. The Contract is adjusted annually for the Contract Price Adjustment.

Respectfully submitted and signed by

Mariano Singzon

Associate Director, Waste Collection and Diversion Operations

Memorandum

CWCD 2026-227

Subject: Niagararegion.ca Website Mitigation

Date: Friday, October 9, 2026

To: Regional Council

From: Matt Robinson, Director, Partnerships and Communication

Niagara Region has been working to migrate the Region's current website, niagararegion.ca, to a new, modern Content Management System (CMS). As one of the Region's most used and critical communication tools, moving to a CMS will allow for more seamless integration with other external applications, broader access for internal users, integration of AI, enhanced security and platform upgrades. The web platform itself is used by dozens of Ontario municipalities, including many in Niagara.

We are pleased to announce the **launch date for the new site is Oct. 14, 2026.**

We have taken a resident-first approach to our new website and content organization to create a more modernized and intuitive platform. Working with our consultant and through resident focus groups and testing, we have reworked our entire sitemap, putting resident needs and top searches in priority placement. This will allow residents to access information in the most logical way with the least amount of clicks as possible.

The new homepage is now organized by data-driven top tasks, with the most searched and visited pages up front for visitors to locate quickly and easily. There are also new search features to help visitors navigate the site to find what they need quickly and easily.

The migration is scheduled to occur outside of business hours and should not result in any resident-facing impact while the change over occurs.

To reiterate, niagararegion.ca remains the primary URL for our website. Those who have websites or social media platforms that link to specific pages on the Region's site will need to change them as it will break the link. Please check and update any links after Oct. 14, otherwise all redirects will go to the niagararegion.ca homepage.

As we work toward a successful website launch, please feel free to reach out to me at matt.robinson@niagararegion.ca with any questions you may have.

Respectfully submitted and signed by,

Matt Robinson
Director, Partnerships and Communication



Windsor-Essex County Health Unit Board of Health

RESOLUTION – Recommendations for Improvements to the Provincial Publicly Funded Immunization Program

2026-09-24

ISSUE/PURPOSE

Hepatitis B (HB) virus is a vaccine-preventable infection that affects the liver. Infection can become chronic and lead to cirrhosis, liver failure, liver cancer, disability, and premature death. The risk of chronic infection is greatest when HB is acquired early in life. Approximately 90% to 95% of infants infected with HB will develop chronic infection, compared with approximately 3% to 10% of infected adolescents and adults.¹

Currently Ontario publicly funds HB vaccine as a two-dose series offered in Grade 7. The WECHU provides this series through school-based immunization clinics to ensure equitable access. Ontario's routine infant schedule does not include HB in the DTaP-IPV-Hib vaccine at 2, 4, 6, and 18 months of age. As a result, most children do not receive routine protection against HB until approximately 12 years of age.²

Several Canadian jurisdictions already provide universal HB vaccination in infancy including British Columbia, Alberta, Prince Edward Island, Yukon, and Quebec. Introducing DTaP-HB-IPV-Hib vaccine in Ontario would add HB protection to existing infant vaccination visits without requiring an additional injection.³

On February 25, 2026, the [Board of Health for the District of Algoma Health Unit passed Resolution 2026-19](#), calling on the Ontario Ministry of Health to incorporate DTaP-HB-IPV-Hib vaccine into Ontario's publicly funded immunization schedule. Subsequently, [Association of Local Public Health Agencies \(alPHA\) passed Resolution A26-01](#), which called for a provincial review of shifting universal HB vaccination from Grade 7 to the first year of life, with DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months identified as the preferred option.^{4,5}

The current Publicly Funded Immunization Schedules of Ontario leave children without routine protection during the period when HB infection is most likely to become chronic. Incorporating HB into the routine infant schedule would provide earlier protection and reduce the likelihood of chronic HB infection.

BACKGROUND

HB is transmitted through contact with infected blood and certain bodily fluids, including during childbirth and through close household contact. Initial infection may be asymptomatic in up to 90% of children, making some childhood infections difficult to identify.¹

An Ontario population-based study found that 92.7% of pregnant individuals were screened for HB between 2012 and 2016. Among children born in Ontario between 2003 and 2013 who were tested before 12 years of age, 139 of 23,759 tested positive for HB. The authors noted that this was a minimum estimate since most children are not routinely tested and early infection is often asymptomatic.⁶

Ontario children continue to acquire hepatitis B before adolescence through missed prenatal screening, incomplete post-exposure prophylaxis, close household exposure to an undiagnosed carrier, travel, and migration from regions where hepatitis B is more prevalent. Universal infant vaccination would provide protection that does not depend on identifying these risks in advance.

The Canadian Immunization Guide recommends routine HB immunization for all children. HB-containing vaccines are 95% to 100% effective in preventing chronic infection for at least 30 years, and reactions to vaccinations are generally mild and temporary.¹

A 2023 Ontario modelling study projected that an infant DTaP-HB-IPV-Hib program would prevent approximately 550 to 560 additional acute and 160 chronic pediatric HB infections between 2020 and 2050. The study estimated that cumulative immunization program costs would decrease from approximately \$46 million under the current adolescent program to \$23 million under the combined infant program, a modelled reduction of approximately \$23 million or 50%, based on 2020 cost estimates.⁷

Ontario modelling further projected that an infant hepatitis B vaccination program could prevent 43.2% of chronic hepatitis B illness, 48.2% of hepatitis B-related liver cancers, and 51.9% of hepatitis B-related deaths attributable to infections occurring in childhood.

HB vaccination coverage among local 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026. This represents an 18.2 percentage-point decline over two school years, leaving approximately four in ten local 17-year-olds without a complete HB vaccination series documented. This growing coverage gap supports providing HB protection earlier through the routine infant immunization schedule.⁸

Moving hepatitis B vaccination into the routine infant schedule would also advance health equity. Protection would be offered through established well-baby visits rather than depending on school attendance, parental consent forms, student availability on clinic dates, and completion of a second school-based dose months later.

By comparison, local coverage among 7-year-olds was 89.1% for diphtheria, pertussis, and polio and 89.8% for tetanus, components included in Ontario's routine childhood DTaP-IPV-Hib schedule. These rates indicate that delivering hepatitis B through the same infant platform could reach substantially more children than the current Grade 7 program, although actual hepatitis B coverage would depend on uptake of all required infant doses.⁸

Using a combination vaccine at existing infant appointments would avoid an additional injection and reduce reliance on a separate, resource-intensive school-based hepatitis B program. This would allow public health capacity to be redirected to catch-up and emerging vaccination needs, outbreak response, and students facing barriers to immunization.

PROPOSED MOTION

Whereas, hepatitis B infection acquired in infancy or early childhood carries the greatest risk of chronic infection and related complications, and

Whereas, Ontario's routine publicly funded hepatitis B vaccination program is delivered in Grade 7, leaving children without routine protection during the first 12 years of life, and

Whereas, the Canadian Immunization Guide recommends routine hepatitis B immunization for all children and recognizes hepatitis B-containing vaccine schedules beginning in infancy as safe and effective, and

Whereas, an Ontario modelling study found that an infant DTaP-HB-IPV-Hib program would prevent additional acute and chronic pediatric infections and generate approximately \$23 million in cumulative savings by 2050, and

Whereas, hepatitis B vaccination coverage among 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026;

Whereas, incorporating hepatitis B into an existing infant combination vaccine would provide universal access without an additional injection, reduce dependence on school attendance and completion of a multi-visit school-based series, and permit public health resources to be redirected to catch-up and other priority immunization activities, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario incorporate the combined DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months of age into Ontario's publicly funded immunization schedule; and

Further that the Windsor-Essex County Board of Health recommends that the Ministry of Health maintain Grade 7 and catch-up access for children who did not receive hepatitis B vaccine in infancy, and continue prenatal screening, timely assessment and treatment of pregnant individuals who test positive, hepatitis B immune globulin and vaccine for exposed newborns, and post-vaccination serologic testing for those infants; and

Further that this resolution be forwarded to the Ontario Minister of Health, the Chief Medical Officer of Health, Public Health Ontario, the Association of Local Public Health Agencies, and all Ontario boards of health.

¹ Public Health Agency of Canada. Hepatitis B vaccines: Canadian Immunization Guide. Evergreen Edition. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-7-hepatitis-b-vaccine.html>

² Government of Ontario. Ontario's routine immunization schedule. Available from: <https://www.ontario.ca/page/ontarios-routine-immunization-schedule>

³ Public Health Agency of Canada. Provincial and territorial routine and catch-up vaccination schedule for infants and children in Canada. Updated July 2026. Available from: <https://www.canada.ca/en/public-health/services/immunization-vaccines/provincial-territorial-routine-vaccination-programs-infants-children.html>

⁴ Board of Health for the District of Algoma Health Unit. Resolution 2026-19: Support for Transitioning to the Combined DTaP-HB-IPV-Hib Vaccine into Ontario's Publicly Funded Immunization Schedule. February 25, 2026. Available from: <https://www.algomapublichealth.com/media/ohzbsgsj/02-february-25-2026-board-of-health-meeting-minutes.pdf>

⁵ Association of Local Public Health Agencies. Resolution A26-01: Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life. 2026. Available from: https://cdn.ymaws.com/www.alphaweb.org/resource/collection/BAE032FB-16BB-4BDD-B41C-34E4EDEF9E33/A26-01_HBV_Schedule.pdf

⁶ Biondi MJ, Marchand-Austin A, Cronin K, Nanwa N, Ravirajan V, Mandel E, et al. Prenatal hepatitis B screening, and hepatitis B burden among children, in Ontario: a descriptive study. CMAJ. 2020;192(43):E1299-E1305. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7577574/>

⁷ Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, et al. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

⁸ Windsor-Essex County Health Unit. PHO and Local Immunization Coverage Rates, 2024-2025 School Year. March 12, 2026. Available from: <https://www.wechu.org/board-health-meeting-agendas-and-minutes/march-2026-board-health-meeting-pho-and-local-immunization>



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Smoke Free Ontario Amendment Act (Vaping is Not for Kids)

2026-09-24

BACKGROUND

The high rates of vaping nicotine among youth in Ontario remain a growing concern. Among grade 7-12 students, 10.5% report vaping within the past year. This figure grows to 17.3% among grade 12 students (Boak & Hamilton, 2026). Vaping poses adverse physical and mental health outcomes, especially for youth. Vaping can lead to shortness of breath, coughing, nausea, headache, mouth and throat irritation, and reduced exercise capacity (Health Canada, 2026a; Williams et al., 2026). Furthermore, nicotine affects brain development, which can negatively impact memory, attention, emotional regulation, and decision-making skills in youth (Health Canada, 2026; Versace, 2024). Youth who vape nicotine are also more likely to start smoking tobacco cigarettes or develop a substance use disorder in the future (Versace, 2024; Physicians for a Smoke-Free Canada, 2022).

Ontario has made notable progress in decreasing the prevalence of smoking and exposure to second-hand smoke (Ontario Tobacco Research Unit, 2009; PHO, 2018). Smoking prevalence among adults in Ontario decreased from 24% in 2000 to approximately 10% in 2020 (University of Waterloo, n.d.). Furthermore, the province saw a 10% reduction in exposure to second-hand smoke in workplaces as well as a 28% reduction in exposure to second-hand smoke in bars from 2003 – 2007 immediately following the implementation of the *Smoke-Free Ontario Act, 2017* (SFOA) (Ontario Tobacco Research Unit, 2009). Despite this progress, numerous regulatory gaps remain pertaining to vapour products. Youth are exposed to vaping advertising and promotion efforts both online and in stores, as well as the plethora of fruit, candy, and dessert flavours that increase attraction to vaping (Al-Hamdani, 2020; WHO, 2025). Despite the *Vapour Products Promotions and Regulations* and the SFOA, non-compliance remains a significant concern (Silver et al., 2023; Health Canada, 2026b). Youth access to vapour products also remains an issue. Over the first six months of 2026, the WECHU's TVEOs have laid 19 charges against vapour product retailers for selling products to minors. Furthermore, almost 60% of Ontario youth report that it is easy to access vapes, suggesting that although the sale of vapour products is prohibited for individuals under the age of 19, most youth can still access vapour products (Boak & Hamilton, 2026). This reveals the regulatory gaps that are contributing to high rates of youth vaping and underscores the importance of legislative action to implement prevention efforts.

In May of 2026, *Bill 125, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, passed the first reading in the Ontario legislature. This bill proposes several amendments to the current SFOA, including:

- Prohibiting the promotion of vapour products

- Prohibiting the sale of tobacco or vapour products to individuals under 21 years old (currently 19 years old)
- Prohibiting the sale of flavoured vapour products except for tobacco flavour
- Prohibiting the sale of vapour products anywhere other than specialty vape stores
- Tax revenue generated by vapour products must be used to educate the public about the health effects of vaping
- Requiring Ontario Health to create an annual report to the Minister regarding current information on youth vaping as well as policy recommendations

Although the federal government vowed in 2021 to outlaw flavoured vapour products, this action has not yet been taken, resulting in a patchwork of different provincial regulations across the country (Stackelberg, 2026). Provinces that have banned flavours in vapes include Nova Scotia, Prince Edward Island, New Brunswick, Northwest Territories, Nunavut, and Quebec (Physicians for a Smoke-Free Canada, 2025). **In the provinces that have banned flavours, youth between ages 16-19 are more likely to vape less or stop vaping compared to provinces with no or partial flavour restrictions** (Hammond et al., 2026). Among youth who currently vape flavoured products, almost half (43%) claim they would discontinue vaping if flavours were removed (Al-Hamdani et al., 2020). Furthermore, **strong evidence supports the effectiveness of increasing the minimum age for tobacco to 21 in several U.S. studies** (Taylor et al., 2021). Increasing the minimum age of purchase for e-cigarettes to 21, as Prince Edward Island and the United States have done (Taylor et al., 2021), is one of several important components of the comprehensive strategy to reduce youth vaping proposed in the *Smoke-Free Ontario Amendment Act, 2026*.

PROPOSED MOTION

Whereas, youth vaping rates in Ontario remain unacceptably high, with 10.5% of students in grades 7–12 reporting vaping in the past year and prevalence increasing to 17.3% among grade 12 students; and

Whereas, vaping exposes youth to nicotine and other harmful substances that can adversely affect physical health, brain development, mental well-being, memory, attention, emotional regulation, and decision-making; and

Whereas, youth continue to be exposed to flavoured vapour products, advertising, and other factors that increase the appeal of vaping, while enforcement activities demonstrate that youth access to vapour products remains a significant concern; and

Whereas, evidence indicates that comprehensive approaches, including restrictions on flavours, promotion, youth access, and retail availability, can reduce youth vaping and protect the health of young people; and

Whereas, Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, proposes legislative measures intended to strengthen protections against youth vaping and support population-level prevention efforts;

Now therefore be it resolved that the Windsor-Essex County Board of Health endorses Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, and urges the Government of Ontario to enact the proposed amendments to strengthen protections for children and youth from the harms associated with vaping;

FURTHER THAT, the Windsor-Essex County Board of Health calls upon the Government of Ontario to implement evidence-informed measures that reduce the appeal, accessibility, and availability of vapour

products to youth, including restrictions on flavoured vapour products, promotion and advertising, and youth access;

FURTHER THAT, a copy of this resolution be forwarded to the Premier of Ontario, the Minister of Health, local Members of Provincial Parliament, the Association of Local Public Health Agencies (aLPHa), Ontario Boards of Health, and other relevant stakeholders for their consideration and support.

REFERENCES

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Watchfile

October 08, 2026



AMO calls for improvements to Buy Ontario rules with industry partners

Municipalities already make most of their purchases from Ontario and Canadian businesses.

However, AMO has heard from our members that the Buy Ontario Act requirements have introduced red tape, making it more difficult for local companies to comply while increasing the cost of major infrastructure projects.

In a joint letter to the province, AMO and its partners outlined four key recommendations.

[Read the Letter](#)

AMO Submission to Municipal Accountability Act Consultation

AMO has submitted its formal feedback regarding the provincial consultation on

Canada–Ontario Affordable Child Care Agreement Extended

regulations under the Municipal Accountability Act, 2026.

AMO's position is that municipal elected officials must be held to high ethical standards through an accessible Integrity Commissioner process.

At the same time, local democracy must be protected from politically motivated or inappropriate complaints to avoid misuse of the system.

AMO and the province welcomes this additional federal funding which will maintain current parent fees.

Work will be undertaken to determine the next steps necessary to sustain and deliver its child care program.

Municipal Service Managers have been central to implementation, bringing local knowledge of community needs, child care capacity, and waitlists.

[Read the Full Update](#)

[Read the Full Update](#)

Key Updates

Early Bird Rates at ROMA 2027

Don't miss out on [early bird registration rates](#) at the 2027 ROMA conference, available until October 30th.

Connect with the province, network with other rural Ontario leaders, and hear from experts on issues impacting Ontario's rural communities.

New Councillor Day at ROMA

Coming to Toronto for the ROMA conference? Come a day early! AMO is offering the first two modules of its new council education program Local Leadership Foundations live and in person at the conference hotel the day before ROMA opens. [Find more details and registration here.](#)

LAS AMO Business Services

Blog: When Someone Clicks: Five Security Awareness Measures for Municipalities

October is Cyber Security Awareness Month, and for many municipalities that means a fresh round of awareness training. It is also a good moment to ask a harder question: when a convincing phishing email gets through, will your staff tell you? [Read more here.](#)

Simplify FOI and Privacy Impact Assessment

Managing privacy risk has become increasingly important for Ontario municipalities, particularly with the growing use of AI-enabled technologies. [Reach out](#) to the Freedom of Information and Privacy Impact Assessments services partner, Vayle, for more information.

Streamline Your Document Signing Process

Streamline your document signing process with secure and authentic online digital signatures through the Electronic Signature service offered by program partner, Notarius. [Learn more.](#)

Municipal Risk and Claim Management

AMO/LAS Business Services, in partnership with ClearRisk Inc., offers a Risk and Claim Management System that is an accessible, agile, cloud-based solution that automates risk and claims data processing, and informs enterprise-wide decision making for your municipality. [Learn more.](#)

Digitize your Permitting Process

Build your community faster with an online permitting process for both staff and the construction community. Learn how to accept, review, and issue building permits online with easy communication through the [Electronic Permitting Service](#).

MUNICIPAL PARTNERS*

Two-Day Virtual Course on Equitable Energy Strategies

Feeling the impact of rising energy costs? Learn about energy strategies that reduce emissions, build resilience, and deliver services fairly to all residents in [this course](#) offered by OSPE.

2026 Western Ontario Municipal Conference in Guelph

Registration is now open for the 2026 [Western Ontario Municipal Conference](#) (WOMC), taking place October 16, 2026, at the Delta Guelph Conference Centre in Guelph. Featuring keynote speaker, the Hon. Bob Rae, alongside programming focused on municipal leadership, emerging priorities, and opportunities facing communities across Western Ontario.

Careers

[Senior Health Economist - Ministry of Health.](#) Closing Date: October 14, 2026

[Director, Corporate Services - Grey Bruce Public Health.](#) Closing Date: November 15, 2026

[City Manager - The City of Brockville.](#) Closing Date: October 23, 2026

[Manager of Financial Services/Treasurer - Township of Selwyn.](#) Closing Date: November 02, 2026

[Senior Financial Planning Analyst - City of Orillia.](#) Closing Date: October 23, 2026

[Administrative Coordinator, Transportation & Fleet - Town of Whitchurch-Stouffville.](#) Closing Date: October 16, 2026

[See More Careers](#)

In Case You Missed It

Recognizing the National Day for Truth and Reconciliation

First Nations, Inuit and Métis People live in almost every municipality across Ontario, with around 85.5% of Indigenous people in Ontario living within municipalities.

Municipalities have a responsibility to protect the rights of Indigenous Peoples and take steps to redress the socio-economic impacts of colonization by meaningfully advancing reconciliation.

AMO's [Indigenous Reconciliation Action Plan](#) reflects our commitment to fostering stronger, more meaningful municipal-Indigenous relationships.

OMERS Proposed Regulations

The province's [proposed regulations](#) preserve AMO's leadership role as the official representative of municipal employers on the new OMERS Sponsors Council.

MEPCO and AMO will continue to monitor the transition and its implications for municipalities and work with other Sponsors to ensure we have a strong voice in the new governance structure. Feedback is due October 23.

AMO is Hiring a Policy Advisor

We are seeking a [Policy Advisor](#) to lead and support the analysis and advocacy efforts that advance top municipal priorities.

In this role, you will help shape the public conversation about municipalities and influence provincial policy to benefit people and communities across Ontario.

The position is to fill a 12-month contract to cover a parental leave. The closing date is October 13.

[Read More Past Issues](#)



Uniting Ontario's 444 municipalities, AMO supports strong, resilient municipal governments by tackling shared goals, together.

AMO Contacts

[AMO Watchfile](#) Tel: 416.971.9856

[Conferences/Events](#)

[Policy and Funding Programs](#)

[LAS Local Authority Services](#)

[MEPCO Municipal Employer Pension Centre of Ontario](#)

[ONE Investment](#)

[Media Inquiries](#)

[Municipal Wire, Career/Employment and Council Resolution Distributions](#)

**THE REGIONAL MUNICIPALITY OF NIAGARA
TRANSPORTATION STRATEGY STEERING COMMITTEE
MINUTES**

TSSC 3-2026

Wednesday, August 26, 2026

**Council Chamber - In Person and Electronic Meeting
Niagara Region Headquarters, Campbell West
1815 Sir Isaac Brock Way, Thorold, ON**

Committee: J. Baradziej (Committee Chair) (Municipal Councillor - Grimsby), B. Blue (Public Member)*, K. Forgeron (Public Member), B. Grant (Regional Councillor – Wainfleet)*, P. Inman (Public Member)*, M. McCrea (Public Member)*, A. Moote (Municipal Councillor - Welland)*, W. Olson (Regional Councillor - Pelham), W. Redekop (Regional Councillor - Fort Erie)*, M. West (Public Member)*, T. Whalen (Regional Councillor - Thorold)*

Non-Voting Members: S. Fraser, Associate Director, Transportation Planning, G. Guthrie, Associate Director, Transportation Engineering, N. Rosati, Associate Director, Traffic Systems & Operations*

Absent/Regrets: M. Artiga (Public Member), T. Baldinelli (Municipal Councillor – Niagara Falls), T. Brunet (Municipal Councillor - Lincoln)(Committee Vice Chair), G. Bruno (Municipal Councillor - Port Colborne), R. Burroughs (Public Member), D. Dodge (Municipal Councillor - St. Catharines), G. McIlhone (Public Member), W. Reilly (Municipal Councillor - West Lincoln), C. Thompson (Public Member), A. Vizzari (Municipal Councillor - Niagara-on-the-Lake)

Staff: J. Alford, Legislative Assistant, L. De Angelis, Commissioner, Public Works, M. Elmadhoon, Manager, Transportation Planning, R. Hill, Legislative Coordinator, D. Morreale, Director, Infrastructure Planning & Development, A. Shanks, Project Manager, Transportation Planning, J. Stephen, Associate Director, Infrastructure Planning

Others Present: Sharon Sterling, Consultant, WSP Canada*

* indicates members who participated electronically, all other members participated in person

1. CALL TO ORDER

Committee Chair Baradziej called the meeting to order at 3:01 p.m.

2. LAND ACKNOWLEDGEMENT STATEMENT

Committee Chair Baradziej read the Land Acknowledgement Statement.

3. DISCLOSURES OF PECUNIARY INTEREST

There were no disclosures of pecuniary interest.

4. PRESENTATIONS

4.1 Niagara Region 2051 Transportation Plan PIC #1 Update

Amy Shanks, Project Manager, Transportation Infrastructure, provided information respecting the Niagara Region 2051 Transportation Plan PIC #1 Update. Topics of the presentation included:

- Agenda
- Recap: Project Phases
- Project Status
- Recap of PIC #1
 - What We Heard
- How PIC #1 Feedback Will Be Used
- Next Steps: Alternative Scenarios
- Future Consultation Opportunities
- Next Steps

5. ITEMS FOR CONSIDERATION

There were no items for consideration.

6. CONSENT ITEMS FOR INFORMATION

There were no consent items for information.

7. OTHER BUSINESS

There were no items of other business.

8. NEXT MEETING

The next meeting date is to be determined.

9. **ADJOURNMENT**

There being no further business, the meeting adjourned at 3:40 p.m.

Councillor Baradziej
Committee Chair

Rebecca Hill
Legislative Coordinator

Ann-Marie Norio
Regional Clerk