



**Community Partnership Program
RETURNING APPLICANTS ONLY
APPLICATION FORM**

Applications to be received by:
X:XX pm, Month X, 2015

Rosanna Melatti

City Enrichment Fund

71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5

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**SUBMIT THE ORIGINAL AND X (X) PHOTOCOPIES
(SINGLE-SIDED)**

**Late Applications will not be considered and will be returned
unopened**

ATTACHMENT CHECKLIST:

- A list of the boards of directors. Include members' position on the board, occupation and mailing address**
- A copy of the organization's last completed financial statements.**
- Conflict of interest policy & procedure - If an organization receiving City funding has already submitted then ONLY SUBMIT IF IT HAS BEEN REVISED!**
- Copy of the organization's by-laws or a photocopy of the table of contents of by-laws. If an organization receiving City funding has already submitted then ONLY SUBMIT IF IT HAS BEEN REVISED!**

Submission Requirements

- Do not send any portion of your application, or support material, electronically via e-mail, fax or other electronic means
- All text material must be on single-sided 8.5 x 11 white paper
- Do not use staples, binders or separators in your submission. Paper clips or other removable clips are acceptable
- Use a typeface no smaller than 11 point
- Follow page length maximums if specified on the application. Additional pages will be removed and not assessed
- Incomplete applications will be considered ineligible

Inquiries:

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**PLEASE DO NOT INCLUDE THE FIRST TWO PAGES
WITH YOUR SUBMISSION**

| | |
|--|--|
| Organization: | Program Name: |
| 2015 Community Partnership Program Request: *\$ _____ | |
| *CPP Guidelines will not recommend funding in excess of 30% of the total program budget as submitted | |
| Please consider this application for Multi-Year Funding: <input type="checkbox"/> | |
| Please identify ONE category for which this request should be considered: | |
| <input type="checkbox"/> No one is hungry/without shelter | <input type="checkbox"/> Everyone feels safe |
| <input type="checkbox"/> Everyone plays | <input type="checkbox"/> Everyone can age in place |
| <input type="checkbox"/> Community capacity grows | <input type="checkbox"/> Everyone has someone to talk to |
| <input type="checkbox"/> Everyone is empowered by information | |

| | | |
|---|----------|-------------|
| Organization Name | | |
| Contact Person (for inquiries about this application) | | |
| Head Office Address | | |
| Suite / Apt. / Floor | | |
| Number and Street Name | | |
| City | Hamilton | |
| Province | ON | Postal Code |
| Mailing Address (if different from the address above) | | |
| Suite / Apt. / Floor | | |
| Number and Street Name | | |
| Town / City | | |
| Province | ON | Postal Code |
| Organization Contact | | |
| Phone Number | | Email |
| Fax Number | | Website |

DECLARATION: On behalf of and with the authority of the organization named above, in signing this application we confirm that:

We have carefully read the Arts Program Guidelines and eligibility criteria. Our organization and activities meet these criteria.

- We accept the conditions of this Program as outlined in the Guidelines and agree to abide by City Council's funding decision.
- All the information provided is accurate and complete and we are authorized to make an application on behalf of this organization.
- Our organization is not-for-profit.
- All confirmed and pending revenue from City of Hamilton has been reported in the financial section and does not exceed 30% of the total eligible budget of the organization's operation, program or project
- We understand that approved grant amounts may be less than the maximum or requested amount
- We understand that if this application is successful, no funds will be released until all outstanding documentation for previous City of Hamilton grants has been submitted.
- If a grant is awarded, we accept responsibility for ensuring that the activities for which funding is received are completed in the manner described in this application.

Municipal Freedom of Information and Protection of Privacy *Personal information on this application form is collected under the authority of section 107 of the Municipal Act, 2001 S.O. 2001, C. 25. The City of Hamilton will use this information in the determination of eligibility and in establishing funding allocation recommendations. A list of successful applicants will be made public.*

Questions regarding the collection of this information may be addressed to:

Rosanna Melatti, *Community Enrichment Fund*

71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5

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Section 1: Organizational Capacity

| |
|--|
| 1. Organization Mission Statement (Maximum 250 words) |
| |

| | |
|---|---|
| 2. Information on the Organization: | |
| a) Date organization was established: | |
| b) Is the organization Incorporated as a non-profit organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Incorporation: |
| c) Does the organization have a charitable #? | <input type="checkbox"/> Yes <input type="checkbox"/> No Charitable #: |
| d) Is the organization a member of a parent organization, provincial or national association? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specify: |
| e) Does the organization have an accreditation with an outside governing body? | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: Status? |

| | |
|--|--|
| 3. Information on the Board of Directors: | |
| a) Does the organization have a Board of Directors? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If N/A, who is the governing body for the organization? |
| b) Does the Board meet on a regular basis according to agency by-laws and evaluate the effectiveness of the meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No # of Board meetings per year: Explain: |
| c) Does the Board document meeting minutes, including key discussions and | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|---|
| decisions for reference purposes, transparency, and accountability? | Explain: |
| d) Are new Board members orientated to the organization by-laws, policies and programs, as well as their responsibilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: |

Please complete the following chart:

| Item | Yes/No? | Date last reviewed/updated |
|-------------------------------|---------|----------------------------|
| By-Laws | | |
| Governance Policies | | |
| CEO/ED Performance Review | | |
| Strategic Plan | | |
| Conflict of Interest Policies | | |
| Human Resource Policies | | |
| Financial Policies | | |
| Privacy Policies | | |
| Health and Safety Policies | | |
| Client Complaints Policy | | |
| Anti-Racism Policy | | |
| Access and Equity Policies | | |

Section 2: Community Benefit

Program Name:

| |
|---|
| 4. Program Details: |
| a) Description (250 words) |
| |
| b) Target group (100 words) |
| |
| c) Where does the program take place? When? (100 words) |
| |

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|---|
| 5. Why should this program continue to be funded and delivered by your organization? |
| a) Community need for this program (300 words) |
| |
| b) Our organization should deliver this program because... (250 words) |
| |

| 6. Complete the following chart on volunteers | | | |
|--|---|----------------|-----------------------------------|
| Type | # | Hours Per Year | Economic Value of Volunteer Hours |
| a) Program Volunteers | | | |
| b) Governance Volunteers | | | |
| TOTAL | | | |

Economic Value of volunteers calculator: [Estimate of the Value of Volunteer Activity \(calculator\)](#)

| |
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| 7. List all partnerships and collaborations undertaken to deliver this program |
| List of all partnerships or collaborations & indicate why they were undertaken (250 words) |
| |

| 8. Please complete the following chart identifying your membership on local program planning groups | | | |
|---|-----------------|----------------|-------|
| Networks | Planning Tables | Working Groups | Other |
| | | | |

| 9. Equity Issues and Inclusion: Thinking of inclusion broadly, use the filters in the chart below to indicate how this program addresses inclusion. | | |
|---|--------|------|
| Area of Inclusion | Yes/No | How? |
| Aboriginal Community | | |
| Persons with Disabilities | | |
| Francophones | | |
| Ethno-Racial Community | | |
| LGBTQ Community | | |
| Geographically Under-Resourced Areas | | |
| Low-Income | | |
| Women | | |

Section 3: Impact

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| 10. Please indicate which of the three City of Hamilton Strategic Goals this program is aligned |
| City of Hamilton Strategic Goals <input type="checkbox"/> Support a Prosperous & Healthy Community <input type="checkbox"/> Deliver Valued & Sustainable Services <input type="checkbox"/> Demonstrate Trusted and Respected Leadership |
| Explain how this program meets this goal (250 words) |
| |

| 11. Please complete the following chart providing three outcomes of the program for which you are requesting funding. If these outcomes are also being submitted to another funder, please indicate which one | | | |
|--|-----------|------|----------|
| Other funder (if applicable): | | | |
| Outcome | Indicator | Data | Findings |
| | | | |
| | | | |
| | | | |

| 12. Program Statistics: Please complete the following chart using “unique” numbers only, i.e. do not double count numbers in two categories | | |
|--|--------------|----------------|
| a) Direct services: | | |
| Program users | 2014 to date | 2015 projected |
| Individuals | | |
| Families | | |
| Children 0-5 | | |
| Children 6-14 | | |
| Youth 15-24 | | |
| Seniors | | |
| Participants | | |

| | | |
|-----------------------------|--------------|----------------|
| TOTALS | | |
| b) Indirect services: | | |
| Program users | 2014 to date | 2015 projected |
| Community Groups | | |
| Non-Profit Agencies | | |
| Contacts | | |
| Community Development Hours | | |
| Volunteers | | |
| Other | | |
| TOTALS | | |

| |
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| 13. In addition to the outcomes identified for this program, please indicate in what other ways is this program evaluated? |
| Program Evaluation Methods (250 words) |
| |

| |
|---|
| 14. What would be the impact in the community if your program was NOT delivered? |
| If this program was not delivered... (250 words) |
| |

Section 4 : Financial Information

Submit the most recent annual financial statements with this application (*along with accountant's comments/opinion*).

FISCAL YEAR END:

| 15. Please list all other municipal funding (whole or part) for this program by any Department of the City of Hamilton including budgets from elected officials | |
|---|---------------------------|
| Name of program | City department (specify) |
| | |
| | |
| | |

| 16. Please respond to the following questions as they apply to this application | |
|--|---|
| a) Have the prior year grant funds been used according to the approved application? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b) Change in program (current yr. vs. prior yr.) If YES, please provide brief description | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Description: |
| c) Change in budget (current yr. vs. prior yr.) If YES, please provide brief description | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Description: |
| d) Requested funding is within 30% funding guidelines. If NO, why not | <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: |

17. Please complete the column for organization budget, and one program column for each program for which you are requesting funding. Insert the name of each program in the box above each program budget column

| Expenses | 2015 Org Budget | | | | | |
|------------------------------------|-----------------|------------------|------------------|------------------|------------------|------------------|
| | | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget |
| Salary (including benefits) | | | | | | |
| Staff expenses | | | | | | |
| Volunteer expenses | | | | | | |
| Program expenses | | | | | | |
| Assistance to participants | | | | | | |
| Program supplies | | | | | | |
| Insurance / Legal | | | | | | |
| Promotion & publicity | | | | | | |
| Facility expenses | | | | | | |
| Other | | | | | | |
| Total expenses | | | | | | |

| 18. Please complete the column for organization budget, and one program column for each program for which you are requesting funding. Insert the name of each program in the box above each program budget column | | | | | | |
|---|-----------------|------------------|------------------|------------------|------------------|------------------|
| Revenues | 2015 Org Budget | | | | | |
| | | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget | 2015 Prog Budget |
| Generated revenue | | | | | | |
| Donations | | | | | | |
| Membership fees | | | | | | |
| Fees for service | | | | | | |
| Fundraising | | | | | | |
| United Way funding | | | | | | |
| Other revenue | | | | | | |
| In-Kind contributions | | | | | | |
| Government funding | | | | | | |
| Grant request | | | | | | |
| Other municipal funding | | | | | | |
| Provincial government | | | | | | |
| Federal government | | | | | | |
| Trillium Foundation | | | | | | |
| Total Revenue | | | | | | |
| Surplus (Deficit) | | | | | | |
| Accumulated Surplus (Deficit) | | | | | | |