

**City Enrichment Fund
COMMUNITIES, CULTURE & HERITAGE PROGRAM
ESTABLISHED ACTIVITY –
LARGE REQUESTS over \$5,000
2016 APPLICATION FORM**

**Applications to be received by:
4:30 pm, November 2, 2015**

Rosanna Melatti
City Enrichment Fund

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**SUBMIT THE ORIGINAL AND (1) PHOTOCOPY
(SINGLE-SIDED)**

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

ATTACHMENT CHECKLIST:

Please submit **one copy** of the following documents with your completed application form:

- Completed and signed application (original and 1 photocopy)
- List of the current Board of Directors or Committee members, including number of years involved and role of each member (Chair, Secretary etc.)
- List of the current staff including job title and whether full or part time (if applicable)
- Most recent financial statements (audited when available)
- Activity, program, event, marketing or other printed materials from last year and any available materials for upcoming activity
- Most recent copy of Annual Report (when available) or any report on the previous year's activities

Submission Requirements

- Do not send any portion of your application, or support material, electronically via e-mail, fax or other electronic means
- Use the application form provided
- 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

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

Section 1: Organization Information

Organization Name			
Name of Activity (if different from above)			
Organization Legal Name (if different from <i>Organization Name</i> above)	<input type="checkbox"/> If the application is successful, make the cheque payable to the legal name instead of the organization name.		
Head Office Address			
Suite / Apt. / Floor			
Number and Street Name			
City			
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	
Website			

Contact Information				
Board or Committee Chair/President	First Name		Last Name	
	Title		Email	
	Phone		Extension	
Primary Contact for this funding application	<input type="checkbox"/> Board or Committee Chair/President listed above <input type="checkbox"/> Other:			

	First Name		Last Name	
	Title		Email	
	Phone		Extension	

Legal status of organization (must be not-for-profit)		
<input type="checkbox"/> Incorporated not-for-profit	Incorporation date	____ / ____ / ____ (month/day/year)
	Incorporation number	
<input type="checkbox"/> Unincorporated group with not-for-profit goals and governance structure		
<input type="checkbox"/> Charitable registration number (please provide, if applicable):		

Please indicate if your organization has the following documents in place to support the event. <u>Do not submit copies of the documents.</u>		
Item	Yes/No	Date Last Reviewed/Updated
By-Laws		
Governance Policies		
Strategic Plan		
Conflict of Interest Policy		
Human Resources Policy		
Financial Policies		
Privacy Policy		
Anti-Racism Policy		
Access and Equity Policy		
Emergency Plan for the activity		
Lost Child Protocol		
Health and Safety Policy		

Grant Request Information			
2015 Activity date(s)	From		To
The requested grant starts with your next fiscal year which commences:		____ / ____ / ____ (month/day/year)	
Grant request			
Requests can be from \$5,001 up to \$100,000 but can be no more than 30% of the total event budget			
Established Activity		\$	

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

We have carefully read the Communities, Culture & Heritage 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 or reports 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, City Enrichment Fund
71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5
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Three signatures are required for this application.

	First name / Last name	Title	Signature
Board or Committee Chair/President			
2 nd signature			
3 rd signature			
Approval date	The full Board of Directors or Committee has approved this application at its meeting on:		____/____/____ (month/day/year)

Section 2: Organization Profile (Maximum 1 page)

Organizational Mandate / Mission What is your organization's mandate, mission or vision?
Brief History Include anything important to know about your organization. This could be the year your organization was founded, important milestones or any changes to the organization's direction.
Current leadership Provide information about the staff who are responsible for the planning and delivery of the activity. List any experience individual team members have that will help the activity be successful and well managed.

Organization Description (100 word <u>maximum</u>) <i>This description will be published as part of your organization's 2016 City Enrichment Fund Application Summary Form.</i>

Section 3: Activity Plan (Maximum 2 pages)

Describe the objective and theme of your activity (program and/or event).	
Describe the activity. <i>Discuss the quality, diversity, and innovativeness and how it relates to the objective and theme.</i>	
How have the activities planned for this year been shaped by the successes and challenges of last year?	
Identify the location. Is the location significant to the activity? Please describe how.	
How will you know that your activity (program and/or event) is successful? Identify 3-5 outcomes you expect the activity to achieve (see the guidelines for suggestions). If you receive funding, you will be required to report back and identify if the outcomes were achieved.	
Outcome 1 (required)	
Outcome 2 (required)	
Outcome 3 (required)	
Outcome 4 (optional)	
Outcome 5 (optional)	

Section 4: Community Impact (Maximum 2 pages)

Volunteers Describe your volunteer program including. How volunteers are involved in your event: recruitment, training, recognition, etc.?
Partnerships Describe the relationships and partnerships you have with not-for-profit and for-profit groups. Identify positive impacts that these partnerships have on the activity, your organization, your partners, the community, etc. Identify any steps being taken to increase or strengthen partnerships.
Promotion Identify your target audience(s) and how you plan on reaching them. How will you promote the activity city-wide? <i>Provide sample marketing materials with your application.</i> <i>If you already have a marketing plan, include it in your application instead of describing it here. Please indicate if your marketing plan is attached to the application.</i>
If your activity brings provincial, national or international recognition to Hamilton, please describe the scope and impact of this recognition.

Section 5: Organization Viability (Maximum 1 page)

Please describe past activities that the organization has successfully organized.
Describe the initiatives that you will undertake to generate earned, sponsorship and donation revenues. How do these compare with past revenue generating strategies? <i>These must relate to your budget as described in Section 7.</i>
How does the Board of Directors or Committee reflect the community you serve? Describe how they support the organization.

Section 6: Economic Impact (Maximum 1 page)

How would you describe the economic impact of your activities on the City of Hamilton? <i>Your response may include qualitative and or quantitative information.</i>
If you have ever undertaken a study of your organization's economic impact, please provide the key findings from that study.

Section 7: Financial and Statistical Information

Statistical Data

Statistics	Actuals from last year	Request Year
Number of Directors on the Board or members on the Committee		
Total number of FTEs		
Number of Hamilton-based artists, artisans, event workers or contractors employed or on contract for the activity		
Number of volunteers		
Number of volunteer hours		
Number of exhibitions, performances and/or activities		
Number of education related activities		
Attendance/visitors at the event (paid)		
Attendance/visitors at the event (unpaid)		
Number of visitors who were classified as tourists (defined as an individual who has travelled more than 40km to attend your festival)		

Financial Data

Please include only revenues and expenses for the activity you are requesting funding for

Activity Revenues	Actuals from last year (\$)	Request Year (\$)
EARNED REVENUE		
Box office, admission fees, etc.		
Workshops, course registrations		
Alcohol sales		
Rentals, sales and commissions (non-alcoholic)		
Concessions/merchandising		
Advertising revenue		
Investment income		
Other (specify)		
PRIVATE SECTOR REVENUE		
Individual donations		
Corporate donations		
Corporate sponsorships		
Foundations		
Fundraising events/activities		
Other (specify)		
GOVERNMENT REVENUE		
Federal government (all programs)		
Provincial government (all programs)		

This request from City Enrichment Fund (City of Hamilton)		
Other cash from the City of Hamilton (specify source)		
Other (specify)		
Cash Surplus		
TOTAL EVENT REVENUES		

Activity Expenses	Actuals from last year (\$)	Request Year (\$)
SALARIES/WAGES/FEES/HONORARIA		
Administration		
Artists		
Entertainers		
Activities/Programming		
Production/Technical staff		
Other		
Equipment rentals (tables, tents, toilets, dumpsters, etc.)		
Technical/production rentals (sound, stage, lights, etc.)		
Activity supplies/materials		
Merchandising expenses		
Travel and hospitality		
Venue/park rental fees		
Marketing and promotion (expenses only)		
Fundraising (expenses only)		
Transportation and shipping		
Administrative/office overhead (supplies, printing, office equipment)		
Police		
Security		
Road closures/other municipal charges		
Insurance		
Legal/accounting		
Event evaluation/measurement		
Other (specify)		
TOTAL EVENT EXPENSES		
Please deduct all expenses related to activities outside of Hamilton		

Please deduct all Alcohol related expenses (police, security, permits, equipment rental, staff, supplies, etc.)		
TOTAL ELIGIBLE ACTIVITY EXPENSES		

Surplus/deficit for the Activity	
Total Activity Revenues	
Total Eligible Activity Expenses	
Surplus/deficit	\$

In-Kind Contributions	Actuals from last year (\$)	Request Year (\$)
<p>Volunteer hours The contribution of volunteer hours to your activity has a dollar value. Use the calculator to estimate the value by volunteer job: Estimate of the Value of Volunteer Activity (calculator)</p> <p>Ex. Event volunteers = \$20 per hour</p> <p># hours provided by activity volunteer X \$20 = \$ value</p>		
In-kind services from the City of Hamilton (specify)		
Other (specify)		
TOTAL EVENT IN-KIND CONTRIBUTIONS		

If your activity relies on sponsorship, fundraising or funding from another level of government please tell us if the dollars are confirmed. If the money is still to be confirmed, please identify when confirmation will be received.

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Please provide any additional information or clarification regarding the financial data (above) that will be of assistance to the panel reviewing this application. Specifically identify any big changes (20% variance) to revenues or expenses between last year and this year.

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Section 8: Additional Documents

Please submit **one copy** of the following documents with your completed application form:

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- List of the current staff including job title and whether full or part time (if applicable)
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