City Enrichment Fund
COMMUNITIES, CULTURE & HERITAGE PROGRAM
Established Activity –
SMALL REQUESTS up to \$5,000
2016 APPLICATION FORM
Applications to be received by:
4:30 pm, November 2, 2015

#### Rosanna Melatti

City Enrichment Fund

71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5 P: 905.546.2424 ext. 4524 E: Rosanna.Melatti@hamilton.ca

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

Late Applications will not be considered and will be returned unopened

# ATTACHMENT CHECKLIST: ☑

☐ Completed and signed application (original and 1 photocopy)
□ List of the current Board of Directors, including number of years on the Board and Board role (Chair, Secretary etc.)
☐ List of the current staff including job title and whether full or part time (if applicable)
☐ Most recent year-end financial statements (audited when available)
<ul> <li>Activity, program, event, marketing or other printed materials from last year and any available materials for upcoming activity</li> </ul>
☐ Most recent copy of the Annual Report (when available) or any report in 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						
Organization Legal Name						
(if different from <i>Organization Name</i> above)	☐ If the app	☐ If the application is successful, make the cheque payable to the <b>legal name</b> instead of the organization name.				
Organization Contact	'					
Suite / Apt. / Floor						
Number and Street Name						
City						
Province	ON		Postal Code			
Phone Number			Email			
Website						
Individual Contact Informati	on					
Board or Committee Chair/President	First Name			Last Name		
Chail/Fresident	Title			Email		
	Phone			Extension		
Primary Contact for this	☐ Board or Committee Chair/President listed above					
funding application	☐ Other:					
	First Name			Last Name		
	Title			Email		
	Phone			Extension		

Legal status of organization (must be not-for-profit)

## Appendix B Part 8 to Report FCS14024(c) Page 4 of 12

☐ Incorporated not-for-profit	Incorp	Incorporation date		(month	//day/year)	
	Incorp	oration number				
☐ Unincorporated group with	not-for-إ	orofit goals and gov	ernance st	ructure		
☐ Charitable registration nu	mber (ple	ase provide, if appli	cable):			
Grant Request Information						
2015 Activity date(s)	rom	ı				
The requested grant starts which commences:	r next fiscal year	(month/d	/ day/year)	_		
Grant request Requests can be up to \$5,000 but 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

P: 905.546.2424 ext. 4524

E: Rosanna.Melatti@hamilton.ca

Three signatures are required for this application.

	First name / Last name	Title	Signature
Board or Committee Chair/President			
2 <sup>nd</sup> signature			
3 <sup>rd</sup> signature			
Approval date	The full Board of Directors o approved this application at	// (month/day/year)	

## **Section 2: Organization Profile (Maximum 2 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 milestone or any changes to organizational direction.
Please describe past activities that the organization has successfully organized.
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.
List your organizations strengths and challenges from the last few years.
<b>Organization Description (100 word <u>maximum</u>)</b> This description will be published as part of your organization's 2016 City Enrichment Fund Application Summary Form.

# Section 3: Activity Plan (Maximum 2 pages)

Describe the objective and theme of your activity (program and/or event).							
Describe the activity							
Discuss the quality, diver	sity, and innovativeness and how it relates to the objective and theme.						
How have the activities pl year?	anned for this year been shaped by the successes and challenges of last						
Identify the location. Is th	ne 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 1 page)**

How many people will participate and attend your activity?

How many volunteers will be involved with your activity?

Describe how the community is involved in your activity. Identify how people can be involved (including volunteer opportunities) as well as any partnerships (not-for-profit and for-profit groups).

#### **Promotion**

Identify your target audience(s) and how you plan on reaching them. How will you promote the activity city-wide? Provide sample marketing materials with your application.

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.

## **Section 5: 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	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 (\$)
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)		
Ex. Event volunteers = \$20 per hour		
# hours provided by activity volunteer X		
\$20 = \$ value		
In-kind services from the City of Hamilton (specify)		
Other (specify)		
TOTAL EVENT IN-KIND CONTRIBUTIONS		

Please provide any additional information or clarification regarding the financial data (above) that will be of assistance to the assessment panel. Identify if other sources of revenue are confirmed. If the total event revenues and total event expenses do not equal each other, please explain why.

## **Section 6: Additional Documents**

Please submit one copy of the following documents with your completed application form:
☐ 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 year-end financial statements (audited when available)
<ul> <li>Activity, program, event, marketing or other printed materials from last year and any available materials for upcoming activity</li> </ul>
☐ Most recent copy of Annual Report (when available) or any report on the previous year's activities