

# City Enrichment Fund Investing in Hamilton

## **COMMUNITY SERVICES PROGRAM**

### 2016 TRANSFER STATION APPLICATION

Revised: June 2015

### Applications to be received by: 4:00 p.m. on November 2, 2015

### SUBMIT THE ORIGINAL (SINGLE-SIDED) 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

Late Applications will not be considered and will be returned unopened

#### **ATTACHMENT CHECKLIST:** ☑

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L	Completed and signed application					
	List of the current Board of Directors, including number of years on the Board and Board role (Chair, Secretary etc.)					
	Most recent financial statements (see note below)					
	Deficit reduction plan (if required)					
	☐ Support material that will help the assessors to evaluate your application (eg program brochure, catalogue, fundraising materials)					
Submission Requirements						
	Submission Requirements					
•	Do not send any portion of your application, or support material, electronically via e-mail, fax or other electronic means Use a typeface no smaller than 12 point Follow page length maximums and word 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 COVER PAGE AND SUBMISSION INSTRUCTIONS WITH YOUR APPLICATION

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Organization Name						
Organization Legal Name (if different from Organization Name above)						
		☐ If the application is successful, make the cheque payable to the <b>legal name</b> instead of the organization name.				
2016 Transfer Fee Request:						
Contact for this application:		Name:	Position:	Phone #:		
Organization Contact						
Phone Number			Email			
Fax Number			Website			
Head Office Address						
Suite / Apt. / Floor						
Number and Street Name						
City	Hamilto	n				
Province ON		Postal Code				
Mailing Address (if different fr	om the a	iddress above)				
Suite / Apt. / Floor						
Number and Street Name						
Town / City						
Province	ON	Postal Code				
Is your agency registered as a	it organization?	Yes: □	No: □			
Incorporation No.						
How do the items collected by your organization contribute to your overall programming? You may attach additional material if required.						

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	d your organization receive assistance		ng fees in 2015? Yes: ☐ No: ☐			
	no, please complete the following tab	le.				
1	Total Tonnage Taken To Transfer Station In 2015*	OR	Total \$ Spent On Tonnage In 2015*			
*\//	e realize that due to the timing of the	annlication	the information you provide will not be annualized. Please			
	cate that date up to which, you have					
	2016 City F	nrichme	nt Fund Tipping Fee Policy:			
			n the City Enrichment Fund provides the following level of			
400		ull years vo	olume whichever is lower) is free.			
	<ul><li>Tonnage between 100 an</li><li>Tonnage over 500 @ full</li></ul>		nes @ 50% of 2015 gate rate			
	Torinage over 500 @ full	2015 gale	rate			
		*** **				
	ECLARATION: On behalf of and was supplication we certify that:	ith the au	thority of the organization named above, in signing			
	We understand and accept the con-	ditions of 2	016 Tipping Fee Policy for the City of Hamilton.			
	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. Our donations are not sold for profit or for investment in research.					
	We understand that approved tipping fee amount may be less than the maximum or requested amount.					
			oply for tipping fee assistance in any year, we lose our transfer stations and will pay the full current year gate rate			
	application form is collected under to C. 25. The City of Hamilton will use	he authority this informa mmendatio of this inforr ichment Fi	und			

P: 905.546.2424 ext. 4524 E: Rosanna.Melatti@hamilton.ca

CERTIFICATION BY THE BOARD OF DIRECTORS					
Agency:					
Signed:					
Print Name:					
Title:					
Date:	4				