

**City Enrichment Fund
SPORT & ACTIVE LIFESTYLES PROGRAM
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

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**SUBMIT THE ORIGINAL
(SINGLE-SIDED)**

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

ATTACHMENT CHECKLIST: ☒

- ☐ 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 (audited or unaudited statements)
- ☐ Support material that will help the assessors to evaluate your application (as indicated in the below application questions)

Submission Requirements

- The Sport & Active Lifestyles Program will receive online submissions for 2016 intake. This will be the primary method of submission.
- Applicants who have been authorized to submit in hardcopy format will be required to comply with the below listed 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:
2016 City Enrichment Fund Request: *\$ _____	
*City Enrichment Fund will not fund in excess of 30% of the total project budget as submitted	
Please identify ONE stream for which this request should be considered:	
<input type="checkbox"/> LTAD Planning & Implementation <input type="checkbox"/> Sport Awareness <input type="checkbox"/> Capacity Building <input type="checkbox"/> Multi-Sport Hosting	<input type="checkbox"/> Sport for Development / Inclusion <input type="checkbox"/> Accessibility <input type="checkbox"/> Active for Life

Organization Name		
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	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

[Type text]

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 Sports & Active Lifestyles 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

P: 905.546.2424 ext. 4524

E: Rosanna.Melatti@hamilton.ca

CERTIFICATION BY THE BOARD OF DIRECTORS/CEO

This is to certify that the attached budget and the accompanying documentation is an accurate statement of our receipts and disbursements, both actual and estimated, for all the activities conducted by the organization, that the amount requested is necessary for proper continuance of our project, and that the attached application has been filled out truthfully and the answers reflect the activity of the organization.

Agency:

Signed:

Print Name:

Title:

Date:

Section 1: Organizational Capacity

[Type text]

This section will allow the assessors to evaluate if the organization has:

- An effective, active and appropriate governance structure
- An active Board of Directors providing the proper stewardship role
- Effective fiscal checks and balances
- Evidence of thoughtful planning towards its vision
- Proactive strategies with appropriate and updated policies
- Good financial health
- Resources to deliver on program / grant request

1. Organization mission statement (Maximum 100 words)

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2. Organization History and Affiliations:

a) Date organization was established:	
b) Which category best describes your type of organization?	<input type="checkbox"/> Association <input type="checkbox"/> Incorporated organization <input type="checkbox"/> Not-for-profit with charitable number Charitable #:
c) Is the organization a member of a parent organization, provincial or national association?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
d) Does the organization have an accreditation with an outside governing body?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:

3. Governance and Planning Information:

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) Please describe some of the key activities of your governing body that help illustrate its effectiveness (100 words – point form):	

[Type text]

- c) Please describe some of your long-term plans for your organization, such as vision, long-term goals, key strategic directions. If applicable, please include appropriate planning documents with your submission, such as a strategic plan. (300 word minimum)

4. Please complete the following chart (add any you have that aren't listed):

Item	Yes/No?	Date last reviewed/updated
By-Laws & Constitution		
Governance Policies		
Conflict of Interest Policy		
Human Resources Policy		
Financial Policies		
Privacy Policies		
Health and Safety Policy		
Client Complaint Policy		
Access and Equity Policy		

5. Please outline if the City Enrichment Fund grant requested may potentially help you to leverage and obtain other grants or funds:

6. Please provide Financial Statements and state anything you feel is necessary for us to understand about your financials:

Section 2: Program Merit

This section relates to the specific project that will be implemented if grant is successful. This section will help the assessor determine:

[Type text]

- How you will execute effectively, safely and in compliance with your organization's vision
- The target group that is benefiting from this request (e.g., under-served group)
- The quality in what you will offer / provide to the community
- How the grant may provide benefits beyond the immediate request
- Past history that shows organization can deliver / implement on its plans

7. About your specific project:

a) Description (250 words)

b) Target group (100 words)

c) Where does the project take place? When? (100 words)

8. What are the outcomes of the project (complete as many rows as appropriate)?

Some examples that can be used:

- Number of staff that receive training and development opportunities in relation to project
- Number of volunteers participating, number of kids and youth directly impacted
- Number of training opportunities provided to community members
- Number and types of partnerships developed
- Number of people attending training sessions or program, # of memberships

Goal	Indicator (#)	Actual \$	Post Project Reflection – If significant change, state why

9. Quality of Program Delivery: Please identify the qualifications or other training each type of person will receive that contributes to the delivery of your project

Type	#	Qualifications	Other Indicators of Quality
a) Staff			
b) Project Volunteers			
c) Board Members			
d) Contractors			
e)			
f)			

10. Please provide a Program Budget, line items that ONLY apply to this project. Complete the following or submit your own document.

Revenue	Budget	Actual
Donations		
Sponsorship		
Registration Fees		
Fundraising		
Provincial Gov't Funding		
Trillium Foundation		
Other		
TOTAL		

Expenses	Budget	Actual
Wages		
Staff Development		

[Type text]

Project Supplies		
Fees to Parent Organization		
Insurance		
Professional Fees		
Advertising/Marketing		
Rent/Utilities		
Equipment		
Other		
TOTAL		

11. What are some past projects/events/programs you have implemented that are similar in nature. Why/how were they successful?

Section 3: Community Impact

In this final section, we want to understand how the project will enrich the community. This section will showcase:

- How your project aligns with the City’s strategic goals
- The community need
- What type of partnerships you will develop
- How you plan to reflect on your project completion

12. Please indicate if your project aligns with the City of Hamilton Strategic Goal(s)
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 goal(s) (250 words)

13. Why should this project be funded and delivered by your organization?
a) Demonstrated community need for this project (300 words)
b) Our organization should deliver this project because... (250 words)

14. How many volunteers will be required to deliver this project? How are they recruited (skill-set specific)?
Volunteers required (250 words)

15. What partnerships will be developed or leveraged during this project? Were these partners associated to your organization before this specific grant? Will any of them exist after the project ends?

Types of Partnerships (250 words)

16. How do you plan to reflect on the progress and/or completion of your project to see if it met the projected need?

Project Evaluation Methods (250 words)

17. Is there any other information you would like to share about this project that wasn't shared during the application process?

Final Words... (250 words)