



**City Enrichment Fund
AGRICULTURE PROGRAM
EVENT – LARGE REQUESTS (over \$5,000)
2016 APPLICATION FORM**

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

Rosanna Melatti

City Enrichment Fund

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

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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 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)
- The program, catalogue, fundraising and/or marketing materials from last year's event
- Most recent copy of the organization's Annual Report (if available) or any report on the previous year's activities (if available)

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**

Section 1: Organizational Information

Organization Name			
Name of Event (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	
Fax Number		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. Do not submit copies of the documents.		
Item	Yes/No	Date Last Reviewed/Updated
By-Laws		
Governance Policies		
Strategic Plan		
Conflict of Interest Policies		
Financial Policies		
Privacy Policies		
Anti-Racism Policy		
Access and Equity Policies		
Emergency Plan for the event		
Lost Child Protocol		
Other Health and Safety Procedures (specify)		

Grant Request Information			
2016 Event date(s)	From		To
Grant request Requests can be from \$5,001 up to \$100,000 but can be no more than 30% of the total event budget			
<input type="checkbox"/> Annual event grant		\$	for the 2016 event
<input type="checkbox"/> Multi-year event grant Events that have happened for three years or more can apply for multi-year funding		\$	per year for the 2016, 2017 & 2018 events

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 Agriculture 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, 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 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: Organizational 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 milestone or any changes to organizational direction.
Current leadership Provide information about your project team. List any experience individual team members have that will help the project be successful and well managed.

Section 3: Event Plan (Maximum 2 pages)

Describe the purpose and/or the theme of your event	
Describe the programming direction for the 2016 event. Discuss the quality, diversity, and innovativeness of the programming/activities being planned. Identify programming that relates directly to the purpose or theme of your event. Identify the event location(s).	
For Multi-year funding requests only: Describe any theme, programming or activities planned for the event in 2017 and 2018 that are different than the plan for 2016	
How will you know that your event is successful? Identify 3-5 outcomes you expect the event to achieve (see the Instruction Manual 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, the volunteer recruitment efforts that take place, volunteer training and 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 event, your organization, your partners, the community, etc. Identify any steps being taken to increase or strengthen partnerships.
Promotion How will you promote the event to the public? Identify your target audience, if you have one, and any special promotion for them. You can include 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.
If your event brings provincial, national or international recognition to Hamilton, please describe the scope and impact of this recognition.
How is your event unique from other agriculture and agri-tourism events in Hamilton?

Section 5: Educational Impact (Maximum 1 page)

Describe how the event raises awareness, inform and engage the community, on the importance of agriculture and local food?
Describe how the event will create educational opportunities for the youth in Hamilton to become engaged and involved with agriculture and local food?

Section 6: Organizational Viability (Maximum 1 page)

Please describe past events and activities that the organization has successfully organized
Describe the initiatives that you will undertake to generate earned, sponsorship and donation revenues for the 2016 event. How do these compare with past revenue generating strategies?
Describe how your Board or Committee supports the organization and reflects the community you serve.

Section 7: Economic Impact (Maximum 1 page)

If you have ever undertaken a study of your organization’s economic impact, please provide the key findings from that study. If not, how would you describe the economic impact of your activities on Hamilton?

Section 7: Financial Information

Statistical Data

Statistics	Actuals from last year	Expected for 2016
Number of Directors on the Board or members on the Committee		
Total number of full time employees (FTEs)		
Number of Hamilton-based artists, artisans, event workers or contractors employed or on contract for the event		
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 project you are requesting funding for.

Event Revenues	Actuals from last year (\$)	2016 event (\$)
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)		
TOTAL EVENT REVENUES		

Event Expenses	Actuals from last year (\$)	2016 event (\$)
SALARIES/WAGES/FEES/HONORARIA		
Administration		
Artists		
Entertainers		
Activities/Programming		
Production/Technical staff		
Other		
Alcohol related expenses (police, security, permits, equipment rental, staff, supplies, etc.)		
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		
IT/website		
Insurance		
Legal/accounting		
Event evaluation/measurement		

Other (specify)		
TOTAL EVENT EXPENSES		

Surplus/deficit for the event (Total Event Revenues (\$) – Total Event Expenses (\$)) = (\$) surplus/deficit)	\$
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In-Kind Contributions	Actuals from last year (\$)	2016 event (\$)
Volunteer hours The contribution of volunteer hours to your event has a dollar value. Ex. Event volunteers = \$20.00 per hour # hours provided by event volunteer X \$20.00 = \$ value		
In-kind services from the City of Hamilton (specify)		
Other (specify)		
TOTAL EVENT IN-KIND CONTRIBUTIONS		

TOTAL EVENT BUDGET	
To determine the total budget, add the Total Event Expenses and the Total Event In-kind Contributions together.	2016 event (\$)

If your event 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.

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.

Section 8: 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)
- The program, catalogue, fundraising and/or marketing materials from last year's event
- Most recent copy of the organization's Annual Report (if available) or any report on the previous year's activities (if available)