



**City Enrichment Fund
AGRICULTURE PROGRAM – OPERATING GRANTS
Emerging Organizations
2016 APPLICATION FORM**

DEADLINE: 4:30 pm, November 2nd, 2015

Submit one signed original and (1) copy of all documents prior to the deadline to:

City Enrichment Fund
71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5
P: 905.546.2424 ext. 4524
Attention: Rosanna Melatti, City Enrichment Fund

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
- Late applications will not be considered and will be returned unopened

Section 1: Organizational Information

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			
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	

Personnel				
Board Chair/President	First Name		Last Name	
	Title		Email	
Administrative Leader	Phone		Extension	
	First Name		Last Name	
	Title		Email	

	Phone		Extension	
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Application Contact				
Person to be contacted about this application	First Name		Last Name	
	Title		Email	
	Phone		Extension	

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

Grant Request Information (Please review grant levels in program guidelines)	
The requested grant starts with your next fiscal year which commences:	____ / ____ / ____ (month/day/year)
Annual operating grant request:	\$ _____ for one year

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

	First name / Last name	Title	Signature
Board Chair/President			
Administrative Leader			
Approval date	The full Board of Directors has approved this application at its meeting on:		____/____/____ (month/day/year)

Section 2: Organizational Profile (Maximum 2 pages)

Organizational Mandate / Mission

What is your organization's mandate, mission or vision?

Brief History

Provide a brief history of your organization to give us an understanding of its development and context for current activities.

Current leadership

Provide maximum one paragraph of biographical information on your founder or administrative leader.

Buildings / Facilities If you operate a facility for public activities please complete this section

Is the facility ☐ Leased ☐ Owned ☐ Rented

Do you have a capital management plan?

Do you have a capital reserve fund? If so, how much is in this fund?

What, if any major repairs or renovations are being made or required?

Describe the role your facility plays in your community.

Section 3: Organizational Viability (Maximum 3 pages)

Describe how your Board of Directors supports the organization.
Do you have a Strategic Plan? If yes, what years does it cover? How do you evaluate your progress in realizing the plan's objectives?
What are your significant organizational plans for the request year and how were they shaped by the successes and challenges of the founding years? Include general information about organizational stability and/or growth, human resources, and marketing.
Describe the initiatives you plan to undertake to generate private sector revenues in the request year. How do these compare with past revenue generating strategies?
If you reported an operating deficit for the past fiscal year, describe the actions taken and planned to ensure timely recovery and any results to date. NOTE: If you have an unrestricted net asset deficiency of more than 25% of revenue, you must attach a deficit reduction plan that includes targets, timelines and responsibilities. Grants will not be released without the receipt and acceptance by the City of this plan.

Section 4: Program and Outreach (Community Impact) (Maximum 2 pages)

Provide a summary of your activities for the request year.
In addition to the core activities outlined above, describe the impact of outreach of your organization's initiatives to educate, inform and enhance the agriculture sector
What is the profile of your current audience or participants? Describe your marketing strategies and plan.
Describe your community outreach efforts and how they increase participation.
Describe your relationships or partnerships with other agriculture organizations, community groups and the businesses in Hamilton. Describe any plans you have to strengthen these and/or create new partnerships in the year ahead.
Describe the ways volunteers are involved with your organization. How do you recruit volunteers?

Section 5: Financial and Statistical Information

STATISTICAL DATA

STATISTICS	Current / previous year	Request year
Number of Directors on the Board		
Total number of FTEs		
Number of artists employed and on contract		
Number of Hamilton-based producers or workers employed or on contract?		
Number of exhibitions or events		
Number of members/subscribers		
Attendance/Visitors at activities in Hamilton (paid)		
Attendance/Visitors at activities in Hamilton (unpaid)		
Attendance/visitors at activities you produced outside of Hamilton		
Number of volunteers		
Estimated number of volunteer hours		

FINANCIAL DATA

REVENUES (exclude in kind)	Last completed fiscal year	Current fiscal year	Request year	Request Year	
				Conf	Pending
EARNED REVENUE					
Box office, admission fees etc.				<input type="checkbox"/>	<input type="checkbox"/>
Workshops, course registrations				<input type="checkbox"/>	<input type="checkbox"/>
Rentals, sales and commissions				<input type="checkbox"/>	<input type="checkbox"/>
Memberships				<input type="checkbox"/>	<input type="checkbox"/>
Investment income				<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)				<input type="checkbox"/>	<input type="checkbox"/>
PRIVATE SECTOR REVENUE					
Individual donations				<input type="checkbox"/>	<input type="checkbox"/>
Corporate donations				<input type="checkbox"/>	<input type="checkbox"/>
Corporate sponsorships				<input type="checkbox"/>	<input type="checkbox"/>
Foundations				<input type="checkbox"/>	<input type="checkbox"/>
Fundraising events/activities				<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)				<input type="checkbox"/>	<input type="checkbox"/>
GOVERNMENT REVENUE					
Federal government (all programs)				<input type="checkbox"/>	<input type="checkbox"/>
Provincial government (all programs)				<input type="checkbox"/>	<input type="checkbox"/>
This request from City of				<input type="checkbox"/>	<input type="checkbox"/>

Hamilton					
Other City of Hamilton revenue (specify)				<input type="checkbox"/>	<input type="checkbox"/>
Other municipal (specify)				<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)				<input type="checkbox"/>	<input type="checkbox"/>
TOTAL REVENUES					

EXPENSES	Last completed fiscal year	Current fiscal year	Request year
Production / Exhibition expenses			
Administrative Salaries / Fees / Honoraria			
Marketing (expenses only)			
Fundraising (expenses only)			
Administration/office			
Rent/venue/occupancy			
IT/web			
Insurance			
Legal/accounting			
Other (specify)			
TOTAL EXPENSES			
OTHER			
Cash surplus/deficit for year			
Accumulated surplus / deficit, start of year*			
Accumulated surplus / deficit, end of year*			
Accumulated surplus/deficit at end of year as a percentage of operating budget			
In Kind contributions (Specify)			

* Must match financial statements

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 and provide the rationale for any budget line variance over 20%.

Section 6: Application Checklist

This application form relates directly to the assessment criteria used to evaluate your organization's request for funding (see program guidelines).

Please ensure that your application provides assessors with all the information they need to review your application. The panel assesses each application against the criteria listed in these guidelines, and with consideration of the applicant organization's ability to achieve the stated goals and objectives in the context of

its mandate and direction. The panel also considers the applicant's available resources and stage of development, and the cultural and artistic environments in which it works.

To be complete, your application must include **two copies** of the following documents:

- ☐ Completed and signed application
- ☐ 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
- ☐ Most recent financial statements (see note below)
- ☐ Deficit reduction plan (if required, see Organizational Viability section)
- ☐ Support material that will help the assessors to evaluate your application (eg program brochure, catalogue, fundraising materials)
- ☐ Report on previous year's activities

Financial statements must be signed by two representatives of the board/governing body. Requirements:

- Requests between \$10,000 and \$30,000: Submit a review engagement for the last completed fiscal year.
- Requests under \$10,000: Submit an unaudited financial statement for the last completed fiscal year that includes a balance sheet and a statement of income and expenses.

Proof of incorporation may be requested.

Section 7: Suggestions for Assessors

The City of Hamilton is developing a database of potential assessors for the Agriculture Program. Please recommend up to three individuals who are familiar with your organization, discipline and/or the agriculture sector who you think should be included.

Name	Title / Position	Connection with the Agriculture or Organization	Phone Number