

City Enrichment Fund ARTS PROGRAM– EMERGING ARTS FESTIVALS 2016 APPLICATION FORM

DEADLINE: 4:30 pm, November 2, 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
- 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
- Late applications will not be considered and will be returned unopened

Section 1: Organization Information

| Organization Name | | | | |
|---|--|-------------|-------|--|
| Name of Festival (if different from above) | | | | |
| Organization Legal Name | | | | |
| (if different from <i>Organization Name</i> above) | 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 | |
| Website | | | | |

| Personnel | | | |
|-----------------------|------------|-----------|--|
| Board Chair/President | First Name | Last Name | |
| | Title | Email | |
| | Phone | Extension | |
| Administrative Lead | First Name | Last Name | |
| | Title | Email | |
| | Phone | Extension | |

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| Artistic Lead | First Name | Last Name | |
|---------------|------------|-----------|--|
| | Title | Email | |
| | Phone | Extension | |

| Application Contact | | | | |
|---------------------|------------|--|-----------|--|
| | First Name | | Last Name | |
| | Title | | Email | |
| | Phone | | Extension | |

| Legal status of organization | | | |
|-------------------------------|--------------------------------|------------------------|--|
| □ Incorporated not-for-profit | Incorporation date | // (month/day/year) | |
| | Incorporation number | | |
| □ Charitable status | Charitable registration number | | |

| Grant Request Information (Please review grant levels in program guidelines) | | | | |
|--|------------------------|-----|--|--|
| The requested grant starts with your next fiscal year which commences: | // (month/day/year) | | | |
| Festival dates are: | From: | Го: | | |
| Grant request is: | | | | |
| Festival grant | \$ | | | |

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 Arts 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 and or reports for previous City of Hamilton grants have 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 Lead | | | |
| Artistic Lead | | | |
| Approval date | The full Board of Directors has approved this application at its meeting on: | | // (month/day/year) |

Section 2: Organization Profile (Maximum 2 pages)

Organizational Mandate / Mission

What is your organization's mandate and/or mission? If your festival is a program within a larger mandate, please describe how the festival is aligned with your mission.

Brief History

Provide a brief history of your organization.

List the year your organization was founded, important milestones and changes in artistic or executive direction and provide a context for current activities.

Current leadership

Provide maximum one paragraph of biographical information for your artistic and/or administrative leader.

Organization Description (100 word <u>maximum</u>) This description will be published as part of your organization's 2016 City Enrichment Fund Application Summary Form.

Section 3: Program and Operations (Maximum 3 pages)

Please describe how your organization and your program are aligned with some or all of the following Assessment Criteria. Please provide the assessment panel with information most relevant to your festival and to your application.

Cultural impact as determined by:

- Clear programming vision that reflects the organization's mandate and/or mission
- Successful track record of achievement: quality and quantity of programming
- Leadership contribution to the development of the arts sector in Hamilton
- Extent of use of the facility by the community for artistic purposes
- The applicant's activities bring provincial, national or international recognition to Hamilton

Economic impact as determined by:

- Employment and training opportunities for Hamilton artists, cultural workers and contractors
- Direct and indirect spending in Hamilton
- Strong and successful relationships and partnerships with the business and the not-for-profit community

Social impact as determined by:

- Improving the quality of life for the residents of Hamilton
- The effort and the success in reaching out to all of Hamilton's communities
- The interest of the residents of Hamilton in the work being offered as reflected in engagement and participation
- Offering meaningful opportunities for volunteers

Organizational Viability as determined by:

- Ability of the applicant to further their mission
- Responsible management
- Responsible oversight and active engagement of the Board
- Financial stability and viability
- Capacity
- Effective planning and evaluation

Section 4: Financial and Statistical Information

STATISTICAL DATA

| STATISTICS | Previous completed year (Actuals) | Request year (Projected) |
|---|--------------------------------------|-----------------------------|
| Number of Directors on the Board | | |
| Total number of FTEs | | |
| Number of artists employed and on contract | | |
| Number of Hamilton-based artists and cultural workers employed or on contract | | |
| Number of exhibitions, performances and/or events | | |
| Number of education related activities | | |
| Attendance/Visitors at activities in Hamilton (paid) | | |
| Attendance/Visitors at activities in Hamilton (unpaid) | | |
| Number of volunteers | | |
| Estimated number of volunteer hours | | |

FINANCIAL DATA

If your festival is one program within a broader mandate (e.g. a festival organized by an art gallery) in the financial forms below only include revenues and expenses related to the festival itself. Pro-rate relevant administrative and other overhead expenses in the same proportion as the festival budget is to your total organizational budget.

| Total Organizational Budget | \$ |
|-----------------------------|----|
| Total Festival Budget | \$ |

| REVENUES (exclude in kind) | Last completed fiscal year | Current fiscal year | Request year |
|----------------------------|----------------------------|------------------------|--------------|
| EARNED REVENUE | | | |
| Box office, admission fees | | | |
| etc. | | | |
| Workshops, course | | | |
| registrations | | | |
| Rentals, sales and | | | |
| commissions | | | |
| Concessions/merchandising | | | |
| Advertising revenue | | | |
| Rental booths/fees | | | |
| Facility/equipment rentals | | | |
| Investment income | | | |
| Other (specify) | | | |

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| 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 of | | |
| Hamilton | | |
| Other City of Hamilton | | |
| revenue (specify) | | |
| Other municipal (specify) | | |
| Other (specify) | | |
| TOTAL REVENUES | | |

| EXPENSES | Last completed fiscal year | Current fiscal year | Request year | | |
|--|----------------------------------|------------------------|--------------|--|--|
| SALARIES/WAGES/FEES/HONORARIA | | | | | |
| Artists | | | | | |
| Administration | | | | | |
| Arts related production/technical | | | | | |
| Other festival-related (not captured in the three lines above) | | | | | |
| Per diem (note, meals, etc.) for all visiting personnel | | | | | |
| Arts related production / technical equipment (sound, lights, stage, generators, etc.) | | | | | |
| Non-arts related equipment rental (tables, | | | | | |
| tents, toilets, dumpsters, etc.) | | | | | |
| Venue rental fees | | | | | |
| Transportation and shipping | | | | | |
| Merchandising expenses | | | | | |
| Marketing and promotion (expenses only) | | | | | |
| Fundraising (expenses only) | | | | | |
| Administrative/office overhead (supplies, | | | | | |
| printing, office equipment) | | | | | |
| Policing/security | | | | | |
| Road closures/other municipal charges | | | | | |
| Insurance | | | | | |
| Legal/accounting | | | | | |
| Festival evaluation/measurement | | | | | |

| 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%.

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. If you have an unrestricted net asset deficiency of more than 10% 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 5: 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.)
- $\hfill\square$ List of the current staff including job title and whether full or part time
- □ Audited or unaudited financial statements for the last completed fiscal year
- Deficit reduction plan (please see Financial and Statistical Information section)
- □ Most recent Annual Report (if available)
- $\hfill\square$ A one page summary of previous year's activities

Proof of incorporation may be requested.

Section 6: Suggestions for Assessors

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

| Name | Title / Position | Connection with the Artform or Organization | Phone Number |
|------|------------------|--|--------------|
| | | | |
| | | | |
| | | | |