



**City Enrichment Fund
ARTS PROGRAM – OPERATING STREAM
Arts Organizations Requesting Less Than \$5,000
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			
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	
Website			

Personnel				
Board Chair/President	First Name		Last Name	
	Title		Email	
	Phone		Extension	
Administrative or Artistic Lead	First Name		Last Name	
	Title		Email	
	Phone		Extension	

Application Contact: Which of the individuals above is the contact for this application?

First Name		Last Name	
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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"/> 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)
Operating grant request:	\$

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 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 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 1 page)

Organizational Mandate / Mission What is your organization’s mandate and/or mission and artistic vision?
Brief History Provide a brief history of your organization. <i>List the year your organization was founded, important milestones and changes in artistic or executive direction and provide a context for current activities.</i>
Current leadership Provide maximum one paragraph of biographical information for your artistic and/or administrative lead.

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

Section 3: Program and Operations (Approximately 2 pages)

Please describe how your organization and your program are aligned with some or all of the following Assessment Criteria:

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 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
EARNED REVENUE			
Box office, admission fees etc.			
Workshops, course registrations			
Rentals, sales and commissions			
Memberships			
Facility / equipment rentals			
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 of Hamilton, City Enrichment Fund			
Other City of Hamilton revenue (specify)			
Other municipal (specify)			
Other (specify)			
TOTAL REVENUES			

EXPENSES	Last completed fiscal year	Current fiscal year	Request year
Artist Fees / Salaries / Honoraria			
Production / Exhibition expenses			
Administrative Salaries / Fees / Honoraria			
Marketing expenses			
Fundraising expenses			
Administration/office			
Rent/venue/occupancy			
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%.

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.

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.)
- ☐ List of the current staff including job title and whether full or part time
- ☐ Audited financial statements for the last completed fiscal year, or unaudited financial statement for the last completed fiscal year that includes a balance sheet and a statement of income and expenses
- ☐ Support material that will help the assessors to evaluate your application (eg program brochure, catalogue, fundraising materials)
- ☐ 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