

**City Enrichment Fund
COMMUNITIES, CULTURE & HERITAGE PROGRAM
NEW PROJECTS
2016 APPLICATION FORM**

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

Rosanna Melatti

City Enrichment Fund

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**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, 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 (if applicable)
- ☐ Most recent financial statements (audited when available)
- ☐ Support material that will help the assessors to evaluate your application (e.g. strategic plans identifying the project as priority, catalogues, fundraising and marketing materials)

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

**PLEASE DO NOT INCLUDE THE FIRST TWO PAGES
WITH YOUR SUBMISSION**

Section 1: Organization Information

Organization Name			
Name of Project			
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 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 policies in place. Do not submit copies of the documents.		
Item	Yes/No	Date Last Reviewed/Updated
By-Laws		
Governance Policies		
Strategic Plan		
Conflict of Interest Policy		
Human Resource Policy		
Financial Policies		
Privacy Policy		
Health and Safety Policy		
Complaints Policy		
Anti-Racism Policy		
Access and Equity Policy		

Grant Request Information			
Project will begin on		Project will end on	

(date)		(date)	
Project has occurred previously on:		<div style="text-align: center;"> ____ / ____ / ____ (month/day/year) </div>	
Project has occurred previously on:		<div style="text-align: center;"> ____ / ____ / ____ (month/day/year) </div>	
The requested grant starts with your next fiscal year which commences:		<div style="text-align: center;"> ____ / ____ / ____ (month/day/year) </div>	
Grant request The total grant request can be up to \$35,000 but can be no more than 30% of the total project budget			
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 Communities, Culture & Heritage 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 or reports 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: Organization 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. List the year your organization was founded, important milestones and any changes in activity or 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.
List your organizations strengths and challenges from the last few years.

Section 3: Project Information (Maximum 2 pages)

Describe your project’s objective and the subject matter.
Describe the project <i>Discuss the quality, diversity, and innovativeness and how it relates to the objective.</i>
Previous Project Describe a project completed by your organization which was successfully. How has the project been shaped by the successes and challenges of previous projects?

Identify the location. Is the location significant to the project? Please describe how.	
How will you know that your project is successful? Identify 3-5 outcomes you expect the project to achieve (see the guidelines 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)

How will the public interact with your project? Identify anything that is innovative.
Volunteers Describe your volunteer program including: how volunteers are involved in your event: recruitment, training, recognition, etc.
Partnerships Describe your project partners (not-for-profit and for-profit groups). Identify positive impacts that these partnerships will have on your organization, your partners, the community, etc.
Promotion Identify your target audience(s) and how you plan on reaching them. How will you promote the activity city-wide? <i>Provide sample marketing materials with your application.</i> <i>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.</i>

Section 5: Financial and Statistical Information

Statistical Data

Statistics	Actuals from last year	Request Year
Number of Directors on the Board or members on the Committee		
Total number of FTEs		
Number of Hamilton-based artists, artisans, event workers or contractors employed or on contract for the activity		
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 Information

Project Revenues Please include information in the appropriate sections if your project is in its 2 nd or 3 rd year*	Actuals from last year*	Request Year
EARNED REVENUE		
Admission fees		
User/membership fees		
Rentals, sales and commissions		
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)		
Other (specify)		
Cash surplus*		

TOTAL PROJECT REVENUES		
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Project Expenses	Actuals from last year*	Request Year
SALARIES/WAGES/FEES/HONORARIA		
Administration		
Artists		
Entertainers		
Activities/Programming		
Production/Technical staff		
Other		
Professional fees		
Materials and supplies		
Equipment rentals		
Production and technical rentals (stage, lights, etc.)		
Marketing and promotion		
Fundraising		
Administrative/office overhead (supplies, printing, office equipment)		
Eligible capital costs (max \$2,000 per item)		
Insurance		
Project evaluation/measurement		
Other (specify)		
TOTAL PROJECT EXPENSES		

Surplus/deficit for the Activity	
Total Activity Revenues	
Total Eligible Activity Expenses	
Surplus/deficit	\$

In-Kind Contributions	Project Total
Volunteer hours The contribution of volunteer hours to your projec has a dollar value. Use the calculator to estimate the value by volunteer job: Estimate of the Value of	

Volunteer Activity (calculator)	
Ex. Event volunteers = \$20 per hour	
# hours provided by event volunteer X \$20 = \$ value	
In-kind services from the City of Hamilton (specify)	
Other (specify)	
TOTAL PROJECT IN-KIND CONTRIBUTIONS	

If your project 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 project financials that will be of assistance to the panel reviewing this application. If the total project revenues and total project expenses do not equal each other, please explain why.

Section 6: 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)
- ☐ Support material that will help the assessors to evaluate your application (e.g. strategic plans identifying the project as priority, catalogues, fundraising and marketing materials)