



City Enrichment Fund  
Investing in Hamilton

# **COMMUNITY SERVICES PROGRAM**

## **2016 PROGRAM APPLICATION**

**RETURNING APPLICANTS ONLY**

**FOR NEW REQUESTS COMPLETE THE EMERGING NEEDS APPLICATION  
INSTEAD**

**Revised: June 2015**

**Changes made to the 2016 Application are Highlighted in Yellow**

**Applications to be received by: 4:00 p.m. on November 2, 2015**

**SUBMIT THE ORIGINAL AND 2 PHOTOCOPIES (SINGLE-SIDED) 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](mailto:Rosanna.Melatti@hamilton.ca)**

**Late Applications will not be considered and will be returned unopened**

### **ATTACHMENT CHECKLIST: ☒**

- ☐ Completed and signed application
- ☐ List of the current Board of Directors, including number of years on the Board and Board role (Chair, Secretary etc.)
- ☐ Most recent financial statements (see note below)
- ☐ Deficit reduction plan (if required)
- ☐ Support material that will help the assessors to evaluate your application (eg program brochure, catalogue, fundraising materials)

### **Submission Requirements**

- Do not send any portion of your application, or support material, electronically via e-mail, fax or other electronic means
- Use a typeface no smaller than 12 point
- Follow page length maximums and word 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 COVER PAGE AND SUBMISSION INSTRUCTIONS WITH YOUR APPLICATION**

<b>Organization Name</b>	
<b>Organization Legal Name</b> (if different from <i>Organization Name</i> above)	<input type="checkbox"/> If the application is successful, make the cheque payable to the <b>legal name</b> instead of the organization name.
<b>Program Name:</b>	
<b>2016 Program Request:</b>	
<b>Please consider this application for Multi-Year Funding:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

<b>Contact for this application:</b>			
Name:	Position:	Phone #:	Email:
<b>Organization Contact</b>			
Phone Number		Email	
Fax Number		Website	
<b>Head Office Address</b>			
Number and Street Name (include Suite / Apt. / Floor)			
City	Hamilton		
Province	ON	Postal Code	
<b>Mailing Address (if different from the address above)</b>			
Number and Street Name (include Suite / Apt. / Floor)			
Town / City			
Province	ON	Postal Code	

**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 2016 Community Services Program Guidelines and eligibility criteria. Our organization meets these criteria.
- ☐ We accept the conditions of this program as outlined in the guidelines and agree to abide by City Council's funding decision.
- ☐ We have read all relevant policies governing eligibility, transitional policies, assessment, and payment and agree to comply with all of the policies as stated in the 2016 guidelines
- ☐ We have submitted all required final reports or additional information requested for previous City of Hamilton grants and understand that this application will be considered ineligible if final reports or additional information requested are outstanding.
- ☐ 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.
- ☐ We confirm that the information provided is accurate and complete and we are authorized to make an application on behalf of this organization.
- ☐ We understand that if this application is recommended for funding, this does not commit the City of Hamilton to the funding of this program in subsequent years

**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, 1<sup>st</sup> Floor, Hamilton, Ontario L8P 4Y5**

**P: 905.546-2424 ext.4524 E: [Rosanna.Melatti@hamilton.ca](mailto:Rosanna.Melatti@hamilton.ca)**

\* For organizations with a Carver Governance Board, the signature of the CEO can be used as long as this complies with the Executive Limitations approved by the Board.

**CERTIFICATION BY THE BOARD OF DIRECTORS\***

Organization:	
Signed:	
Print Name:	
Title:	
Date:	

## Section 1: Organizational Capacity – 30% OF TOTAL SCORE

### 1. Organization Mission Statement (Maximum 250 words)

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### 2. Information on the Organization:

a) Date organization was established:	
b) Is the organization Incorporated as a non-profit organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Incorporation:
c) Does the organization have a charitable #?	<input type="checkbox"/> Yes <input type="checkbox"/> No Charitable #:
d) Is the organization a member of a parent organization, provincial or national association?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Specify:
e) Does the organization have an accreditation with an outside governing body?	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: Status?

### 3. Information on the Board of Directors:

a) Does the organization have a Board of Directors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If N/A, who is the governing body for the organization?
b) Does the Board meet on a regular basis according to agency by-laws and evaluate the effectiveness of the meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No # of Board meetings per year:  Explain:

### 3. Information on the Board of Directors:

<p>c) Does the Board document meeting minutes, including key discussions and decisions for reference purposes, transparency, and accountability?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Explain:</p>	
<p>d) Are new Board members orientated to the organization by-laws, policies and programs, as well as their responsibilities?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Explain:</p>	
<p>e) Please complete the following chart:</p>		
Item	Yes/No?	Date last reviewed/updated
By-Laws		
Governance Policies		
CEO/ED Performance Review		
Strategic Plan		
Conflict of Interest Policies		
Human Resource Policies		
Financial Policies		
Privacy Policies		
Health and Safety Policies		
Client Complaints Policy		
Anti-Racism Policy		
Access and Equity Policies		

## Section 2: Community Benefit – 40% OF TOTAL SCORE

Program Name:

### 4. Program Details:

a) Description (250 words)

b) Target group (100 words)

c) Where does the program take place? When? (100 words)

### 5. Why should this program continue to be funded and delivered by your organization?

a) Community need for this program (300 words)

b) Our organization should deliver this program because... (250 words)

### 6. Complete the following chart on volunteers

Type	#	Hours Per Year	Economic Value of Volunteer Hours
a) Program Volunteers			
b) Governance Volunteers			
TOTAL			

Economic Value of volunteers calculator: [Estimate of the Value of Volunteer Activity \(calculator\)](#)

**7. List all FORMAL partnerships and collaborations undertaken to deliver this program**

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**8. Please complete the following chart identifying your membership on local program planning groups**

Networks	Planning Tables	Working Groups	Other

**9. Equity Issues and Inclusion: Thinking of inclusion broadly, use the filters in the chart below to indicate how this program addresses inclusion.**

Area of Inclusion	Yes/No	How?
Aboriginal Community		
Persons with Disabilities		
Francophones		
Ethno-Racial Community		
LGBTQ Community		
Geographically Under-Resourced Areas		
Low-Income		
Women		



**Section 3: Impact – 30% OF TOTAL SCORE****10. Please indicate which of the three City of Hamilton Strategic Goals this program is aligned**

City of Hamilton Strategic Goals

- ☐ Support a Prosperous & Healthy Community
- ☐ Deliver Valued & Sustainable Services
- ☐ Demonstrate Trusted and Respected Leadership

Explain how this program meets this goal (250 words) **Refer to any relevant City strategies, policies, or action plans.**

**11. Please complete the following chart providing three outcomes of the program for which you are requesting funding. If these outcomes are also being submitted to another funder, please indicate which one**

Other funder (if applicable):

Outcome: What is the impact anticipated?	Indicator: How will you measure the impact?	Data: What type of data collection will be used to obtain information using the indicator specified	Findings: Provide actual information obtained from data collected.

**12. Program Statistics:** Please complete the following chart using “unique” numbers only, i.e. do not double count numbers in two categories. Please complete either section A or B.

a) Direct services:	2015 to Date	2016 Projected
Individuals		
Families		
Total Children 0-14		
• Children 0-5 if possible		
• Children 6-14 if possible		
Youth 15-24		
Seniors		
Participants (use if unable to provide demographic breakdown)		
<b>TOTALS</b>		
b) Indirect services:	2015 to Date	2016 Projected
Community Groups		
Non-Profit Agencies		
Website Contacts		
Community Development Hours		
Volunteers Matched		
Other		
<b>TOTALS</b>		

**13. In addition to the outcomes identified for this program, please indicate in what other ways is this program evaluated? (250 words)**

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14. What would be the impact in the community if your program was NOT delivered? ... (250 words)

## Section 4 : Financial Information

Submit the most recent annual financial statements with this application (*along with accountant's comments/opinion*).

FISCAL YEAR END:

15. Please list all other municipal cash funding (whole or part) for this program by any Department of the City of Hamilton including budgets from elected officials

Name of program	City Department (specify)	\$ Amount	Councilor Budgets or Area Rating	\$ Amount	Other?	\$ Amount

16. Please complete the 2016 expenses for the organization, and one program column for each program for which you are requesting funding. Insert the name of each program in the box as required.						
EXPENSES	Organization	Program 1	Program 2	Program 3	Program 4	Program 5
<b>Salaries + Benefits</b>						
• Wages						
• Benefits						
<b>Staff Expenses</b>						
• Development						
• Travel/Meetings						
<b>Program Costs</b>						
• Assistance to Clients						
• Program Supplies						
<b>Occupancy Costs</b>						
• Rent						
• Property Taxes						
• Utilities						
<b>Administrative Costs</b>						
Insurance						
Communications						
Equipment						
Supplies						
Marketing & Advertising						
Fundraising						
Legal & Accounting						
Contracted Services						
Other- specify						
<b>TOTAL EXPENSES</b>						

17. Please complete the 2016 revenues for the organization, and one program column for each program for which you are requesting funding. Insert the name of each program in the box above each program budget column

Revenues	Organization	Program 1	Program 2	Program 3	Program 4	Program 5
<b>Generated Revenue</b>						
• Donations						
• Membership Fees						
• Fundraising						
• United Way						
• Hamilton Community Foundation						
• Other revenue						
• In-Kind Contribution*						
<b>Government Funding</b>						
• City Enrichment Fund Request						
• Other City of Hamilton funding						
• Provincial Gov't						
• Federal Gov't						
• Trillium						
<b>TOTAL REVENUES</b>						
<b>SURPLUS/DEFICIT</b>						

List all requests for new funding (other than fundraising & donations) for this program:

Source	Contact person: address & phone #	2016 \$ Request	When will funding be confirmed....