City Enrichment Fund
Investing in Hamilton

COMMUNITY SERVICES PROGRAM

2016 EMERGING NEEDS APPLICATION

FOR NEW REQUESTS OR NEW PROGRAMS

All Changes to the Application in 2016 are highlighted in yellow

Revised: June 2015

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

SUBMIT THE ORIGINAL AND <u>2 PHOTOCOPIES</u> (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

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

Organization Name	
Organization Legal Name (if different from *Organization Name* above)	☐ If the application is successful, make the cheque payable to the **legal name** instead of the organization name.
Program Name:	
2015 Program Request:	

Emerging Needs applicants' requests must align with one of the categories funded under the Community Services Program – Program Funding Categories.

Please identify the ONE category that this request most aligns with:

❑ No one is hungry/without shelter   ❑ Everyone feels safe
❑ Everyone child and family thrives   ❑ No youth are left behind
❑ Everyone can age in place   ❑ Community capacity grows
❑ Everyone has someone to talk to

Contact for this application:	Name: Position: Phone #:

Organization Contact			
Phone Number		Email	
Fax Number		Website	

Head Office Address			
Suite / Apt. / Floor			
Number and Street Name			
City	Hamilton		
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	

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 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.

☐ <mark>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</mark>

☐ 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.

☐ <mark>We understand that successful applicants under the Emerging Needs category will receive one-time funding only and that funding in one year does not commit the city to fund the same program again in subsequent years</mark>

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, Ontario L8P 4Y5
P: 905.546-2424 ext.4524
E: Rosanna.Melatti@hamilton.ca

CERTIFICATION BY THE BOARD OF DIRECTORS	
Agency:	
Signed:	
Print Name:	
Title:	
Date:	

Section 1: Organizational Capacity – 30% OF TOTAL SCORE

1. Organization Mission Statement (Maximum 250 words)

2. Information on the Organization:

a) Date organization was established:	
b) Is the organization Incorporated as a non-profit organization?	❑ Yes Date of Incorporation: ❑ No Are you in the process of becoming incorporated? Provide details.
c) Does the organization have a charitable #?	❑ Yes Charitable #: ❑ No Are you in the process of obtaining a charitable #? Provide details.
d) Is the organization a member of a parent organization, provincial or national association?	❑ Yes Specify: ❑ No ❑ N/A
e) Does the organization have an accreditation with an outside governing body?	❑ No ❑ Yes Specify: Status?

3. Information on the Board of Directors:

a) Does the organization have a Board of Directors?	❑ Yes ❑ No ❑ 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	❑ Yes # of Board meetings per year:

3. Information on the Board of Directors:	
the effectiveness of the meeting?	❑ No Explain:
c) Does the Board document meeting minutes, including key discussions and decisions for reference purposes, transparency, and accountability?	❑ Yes ❑ No Explain:
d) Are new Board members orientated to the organization by-laws, policies and programs, as well as their responsibilities?	❑ Yes ❑ No Explain:

e) Please complete the following chart:

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) Is this program currently being delivered?   ❑ Yes   ❑ No   If yes, how long?
c) Target group (100 words)
d) Where does the program take place? When? (100 words)

5. **Why should this program be funded and delivered by your organization?**
a) What is the emerging 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 partnerships and collaborations undertaken to deliver this program

8. Please complete the following chart identifying your membership on local program planning groups			
Networks	Planning Tables	Working Groups	Other

9.   Please indicate whether there are any other similar programs that already exist? Please list them. How will ensure there is no duplication?

10. 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

11. 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.

12. 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.
1.			
2.			
3.			

13. 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)		
TOTALS		
b) Indirect services:	2015 to date	2016 projected
Community Groups		
Non-Profit Agencies		
Contacts		
Community Development Hours		
Volunteers		
Other		
TOTALS		

14. In addition to the outcomes identified for this program, please indicate in what other ways is this program evaluated?

Program Evaluation Methods (250 words)

15. 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:

16. Please list all other municipal cash funding (whole or part) for <u>this</u> 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**

17. 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
Salaries + Benefits		
• Wages		
• Benefits		
Staff Expenses		
• Development		
• Travel/Meetings		
Program Costs		
• Assistance to Clients		
• Program Supplies		
Occupancy Costs		
• Rent		
• Property Taxes		
• Utilities		
Administrative Costs		
Insurance		
Communications		
Equipment		
Supplies		
Marketing & Advertising		
Fundraising		
Legal & Accounting		
Contracted Services		
Other- specify		
TOTAL EXPENSES		

18. 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
Generated Revenue		
• Donations		
• Membership Fees		
• Fundraising		
• United Way		
• Hamilton Community Foundation		
• Other revenue		
• In-Kind Contribution*		
Government Funding		
• City Enrichment Fund Request		
• Other City of Hamilton funding		
• Provincial Gov't		
• Federal Gov't		
• Trillium		
TOTAL REVENUES		
SURPLUS/DEFICIT		

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….