



**City Enrichment Fund
AGRICULTURE PROGRAM
PROJECTS
2016 APPLICATION FORM**

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

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

**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
- 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

Inquiries:

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

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

Section 1: Organizational 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	
Fax Number		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	<div style="text-align: center;"> ____ / ____ / ____ (month/day/year) </div>
	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 Policies		
Human Resource Policies		
Financial Policies		
Privacy Policies		
Health and Safety Policies		
Complaints Policy		
Anti-Racism Policy		
Access and Equity Policies		

Grant Request Information			
Project will begin on		Project will end on (date)	

(date)			
Grant request The total grant request can be up to \$35,000 but can be no more than 30% of the total project budget			
<input type="checkbox"/> 2016 grant request	\$	in 2016	
<input type="checkbox"/> 2017 grant request	\$	in 2017	
<input type="checkbox"/> 2018 grant request	\$	in 2018	
TOTAL 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 Agriculture 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

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: Organizational Profile (Maximum 2 pages)

Organizational Mandate / Mission What is your organization’s mandate?
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.
Previous Project Describe a project completed by your organization which was completed successfully. Identify any lessons you learned that will be applied to the proposed project.

Section 3: Project Information (Maximum 2 pages)

Describe your project including the purpose, the subject matter, the quality and diversity of the project being planned, unique elements including project components that are new, improved or innovative.	
For Multi-year funding requests only: Projects can be up to 3 years in length. Identify what components of the project will be completed by the end of each year you are requesting funding for.	
To be completed by the end of 2016:	
To be completed by the end of 2017:	
To be completed by the end of 2018:	
Project Outcomes Outcomes will help measure the project’s success. Please identify 3-5 outcomes that you expect to accomplish with this project (see the Instruction Manual 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)

<p>Opportunities for the public</p> <p>How will the public interact with your project? Will they be participants, audience members, volunteers and/or benefit from project outcomes? Identify how many will get involved with the project. Identify any special skills or experiences volunteers will gain. Identify anything that is new, improved or innovative.</p>
<p>Partnerships</p> <p>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.</p>
<p>Promotion</p> <p>How will the public know about the project and its outcomes? Identify your target audience, if you have one, and any special promotion for them. You can include sample marketing materials with your application.</p> <p>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.</p>

Section 4: Educational Impact (Maximum 1 page)

Describe how the event raises awareness, inform and engage the community, on the importance of agriculture and local food?
Describe how the event will create educational opportunities for the youth in Hamilton to become engaged and involved with agriculture and local food?

Section 5: Financial Information

Please include only revenues and expenses for the project you are requesting funding for.

Project Revenues	2016 (\$)	2017 (\$)	2018 (\$)	Project Total (\$)
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)				
TOTAL PROJECT REVENUES				

Project Expenses	2016 (\$)	2017 (\$)	2018 (\$)	Project Total (\$)
All administrative salaries / fees / honoraria				
Professional fees				
Materials and supplies				
Equipment rentals				
Production and technical rentals (stage, lights, etc.)				
Marketing and promotion (expenses only)				
Fundraising (expenses only)				
Administrative/office overhead (supplies, printing, office equipment)				
Eligible capital costs (no more than \$2,000 per item and no more than 25% of total funding request)				
IT/website				

Insurance				
Legal/accounting				
Project evaluation/measurement				
Other (specify)				
TOTAL PROJECT EXPENSES				

Surplus/deficit for the project (Total Project Revenues (\$) – Total Project Expenses (\$)) = (\$ surplus/deficit)	\$
---	----

In-Kind Contributions	Project Total
Volunteer hours The contribution of volunteer hours to your project has a dollar value. Ex. Event volunteers = \$20.00 per hour # hours provided by event volunteer X \$20.00 = \$ value	
In-kind services from the City of Hamilton (specify)	
Other (specify)	
TOTAL PROJECT IN-KIND CONTRIBUTIONS	

TOTAL PROJECT BUDGET	
To determine the total budget, add the Total Project Expenses and the Total Project In-kind Contributions together.	\$

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)