



**City Enrichment Fund  
ENVIRONMENTAL PROGRAM  
CAPACITY BUILDING  
2016 APPLICATION FORM**

**Applications to be received by:  
5:00 pm, November 2, 2016**

**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)**

**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, occupation or specialization, and Board role (Chair, Secretary, Treasurer, 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, annual reports, 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

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

### Adjudication of Application

- Passing Score for an application is: 60%;
- A minimum of three (3) adjudicators per application is required. In unique circumstances, a minimum of two adjudicators per application will be accepted upon approval of the Director of Corporate Services in cases of unique or unforeseen circumstances;
- An application’s score will be reviewed through a combination of individual assessments and an adjudication team discussion;
- External adjudicators are required to complete a conflict of interest form which are to be maintained by the City Enrichment Fund program area leads. City staff who act as adjudicators for the City Enrichment are covered by the City’s Conflict of Interest policy but are responsible for telling the Program Area Lead of any potential assignments that could be considered a Conflict of Interest.

### Appeal Process

The City Enrichment Fund does not have an appeal process.

### Payment Plan

- All grants will be paid out at 90% upon Council approval with a 10% holdback.
- The 90% will be processed when the signed City Enrichment Fund Agreement is released to successful applicants upon Council approval.
- The 10% funding holdback will be released upon staff approval of the program/event requirements in accordance with the terms outlined in the application and Agreement, with a deadline date of November 1<sup>st</sup>, 2015.
- Initiatives completed by September 30<sup>th</sup>, 2015 must submit their final report on outcomes and budget by November 1<sup>st</sup>, 2015.
- Projects and events completed between October 1<sup>st</sup> and December 31<sup>st</sup>, 2015 must submit their final report on outcomes and budget by January 4<sup>th</sup>, 2016.

### Agreement

The City Enrichment Fund Agreement will be followed by a statement regarding final reporting on outcomes from initial application and discussions with staff.

## Section 1: Organizational Information

This section provides your organization’s contact information and a summary of the grant amount requested.

<b>Organization Name</b>			
<b>Name of Project</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>Head Office Address</b>			
Suite / Apt. / Floor			
Number and Street Name			
City			
Province	ON	Postal Code	
<b>Mailing Address</b> (if different from the address above)			
Suite / Apt. / Floor			
Number and Street Name			
Town / City			
Province	ON	Postal Code	
<b>Organization Contact</b>			
Phone Number		Email	
Fax Number		Website	

<b>Personnel</b>				
Board or Committee	First Name		Last Name	

Chair/President	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	

**Grant Request Information**  
 (Complete one of the following options as applicable)

**1. Duration initiative (i.e. initiative spans a period of time):**

Initiative will begin on (date)	____/____/____ ( month / day / year)	Initiative will end on (date)	____/____/____ ( month / day / year)
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**2. One-time initiative (e.g. equipment purchase, one day training/development, etc.):**

One-time initiative will occur on (date)	____/____/____ ( month / day / year)
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**Grant request Amount**

The total grant request can be no more than 30% of the total project budget. Round up to the nearest dollar.

Total grant request from the City Enrichment Fund	\$
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**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 Environment 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](mailto:Rosanna.Melatti@hamilton.ca)**

Two signatures are required for this application.

	First Name / Last Name	Title	Signature
Board of Directors Signature			
Executive Staff Signature			
Approval date	The full Board of Directors or Committee has approved this application at its meeting on:		____ / ____ / ____ (month / day / year)

## **Section 2: Organizational Capacity**

This section will allow assessors to evaluate if the organization has:

- An effective, active and appropriate governance structure
- An active Board of Directors or other form of governance/leadership body providing the proper stewardship role
- Effective fiscal checks and balances
- Evidence of thoughtful planning towards its vision
- Proactive strategies with appropriate and updated policies
- Good financial health
- Resources to deliver on program / grant request

<b>Legal status of organization (must be not-for-profit)</b>		
<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):		
<b>Please indicate if your organization has the following policies in place. Do not submit copies of the documents.</b>		
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 & Safety Policies		
Complaints Policy		
Anti-Racism Policy		

Access and Equity Policies		
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<b>Organizational Mandate / Mission (100 word max)</b> Describe your organization’s mandate.
<b>Brief History (300 word max)</b> 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.
<b>Implementation Team Experience (200 word max)</b> Provide information about your project team. List any experience individual team members have that will help the project be successful and well managed.
<b>Community Representation (200 word max – point form)</b> Describe how your Board of Directors or leadership body represents the community your organization serves.
<b>Current Leadership (100 word max – point form)</b> Describe some of the key activities of your governing body that help illustrate its effectiveness.



### **Section 3: Initiative Details**

This section will allow assessors to evaluate the depth of your organizational need and proposed solution(s), and whether or not the initiatives meet the City of Hamilton’s strategic goals.

<b>Summary of Initiative (100 word max)</b> Describe what you are proposing to do within this initiative.	
<b>Statement of Need (200 word max)</b> Describe the issue(s) and/or challenge(s) that your initiative will address.	
<b>Proposed Solution (300 word max)</b> Describe how your initiative will address the issue(s) and/or challenge(s) you have identified above. Also indicate how this initiative will benefit the community.	
<b>Alignment with the <a href="#">City of Hamilton Strategic Goals</a></b> 1. Check the following City of Hamilton strategic objectives that are addressed by your initiative (all that apply).	
<div style="margin-left: 20px;"> <input type="checkbox"/> Improve the City’s transportation system to support multi-modal mobility and encourage inter-regional connections.  <input type="checkbox"/> Support the development and implementation of neighbourhood and City wide strategies that will improve the health and well-being of residents.  <input type="checkbox"/> Enhance Overall Sustainability (financial, economic, social and environmental).         </div>	
2. Briefly describe how your initiative meets the strategic objective(s) you have identified above. (150 words max)	
<b>Outcomes (complete as many rows as appropriate)</b> Complete the following to clearly describe the benefits of your initiative to your organization and/or the community as a direct result to your activities. Ensure that each outcome is measurable. Multiple measures for a single outcome is acceptable. If your application is successful and you receive funding, you will be required to report back on the outcomes achieved.	
<b>Outcome</b>	<b>Measure(s)</b>

### **Section 4: Financial Information**

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

<b>Municipal Funding</b>	
List all other municipal funding (whole or part) for <u>this initiative</u> by any Department/Division of the City of Hamilton including budgets from elected officials. If this is not applicable, then leave blank.	
Name of funding or granting program	Identify source: Specific City Department/Division or Councilor office (specify)

<b>REVENUE (specific to this capacity building initiative only)</b>			
Identify cash revenue sources only, and indicated if each source is ‘confirmed’ or ‘pending’. Include all sources of funding including each of the municipal funding sources listed in the previous table.			
Source	Amount	Confirmed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total Revenue</b>			

<b>EXPENSES (specific to this capacity building initiative only)</b>
Complete the table below. Identify all expenses including applicable staff time, administrative costs, equipment/facility rentals, consultants, etc. Some examples are provided in italics below. Round all figures

up to the nearest dollar.

Item	Description	Funding Source	Amount
Program Coordinator	\$30/hr x 100 hours to coordinate initiative	ABC Organization	\$ 3,000
Air Monitoring Equipment	Used by volunteers to measure air quality.	City Enrichment Fund	\$ 1,000
Administrative Costs	15% of total program budget	ABC Organization City Enrichment Fund	\$ 600
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

**SURPLUS / DEFICIT (specific to this capacity building initiative only)**

Complete the table below using information from the previous tables.

<b>Total Revenue</b>	\$
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<b>Total Expenses</b>	<b>\$</b>
<b>Surplus / Deficit (Total Revenue – Total Expenses)</b>	<b>\$</b>

**VOLUNTEER IN-KIND CONTRIBUTIONS (specific to this capacity building initiative only)**

Complete the table below to demonstrate the contribution of volunteer hour to your initiative. Leave blank if not applicable.

<b>Total number of volunteer hours</b> (Sum of the total number of volunteers and the number of hours each is contributing to the initiative)	
<b>Hourly in-kind volunteer rate</b>	<b>\$</b> 20
<b>Total volunteer in-kind value</b> (Total volunteer hours x \$20)	<b>\$</b>

**TOTAL VALUE OF INITIATIVE (specific to this capacity building initiative only)**

Complete this table using information provided in previous tables.

<b>Total Expenses</b>	<b>\$</b>
<b>Total Volunteer In-kind Value</b>	<b>\$</b>
<b>Total Value of Initiative</b> (Total Revenue + Total Volunteer In-kind Value)	<b>\$</b>

**Additional Financial Information**

Please provide any additional information or clarification regarding the project financials that will be of assistance to the assessors reviewing this application. If the total project revenues and total project expenses do not equal each other, please explain why.

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## Section 5: 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, expertise / specialization, 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)