



**City Enrichment Fund
Communities, Culture and Heritage
Capacity Building for Cultural Organizations
2016 APPLICATION FORM**

NOTE: This Is A Pilot Year For The Capacity Building For Arts Organizations Funding Stream. Funding For This Category Is Contingent Upon City Of Hamilton Council Approval Of The 2016 Budget.

DEADLINE: 4:30 pm, November 2, 2015

Submit one signed original and (1) copy of all documents prior to the deadline to:

City Enrichment Fund
71 Main Street West, City Hall, 1st Floor, Hamilton ON, L8P 4Y5
P: 905.546.2424 ext. 4524
Attention: Rosanna Melatti, City Enrichment Fund

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
- Late applications will not be considered and will be returned unopened



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Section 1: Organization Information

Organization Name		
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	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
Organization Contact		
Email		
Phone number		
Website		



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Personnel				
Board Chair/President	First Name		Last Name	
	Title		Email	
	Phone		Extension	
	Is this the primary contact for this application?			<input type="checkbox"/> Yes
Administrative Lead	First Name		Last Name	
	Title		Email	
	Phone		Extension	
	Is this the primary contact for this application?			<input type="checkbox"/> Yes

Legal status of organization		
<input type="checkbox"/> Incorporated not-for-profit	Incorporation date	____/____/____ (month/day/year)
	Incorporation number	
<input type="checkbox"/> Charitable status	Charitable registration number	

Grant Request Information	
Project Duration	<div>____/____/____ Start Date (month/day/year)</div> <div>____/____/____ Completion Date (month/day/year)</div>
Is this Capacity Building project collaborative with another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capacity Building grant request	\$



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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 Communities, Culture, and 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(s).
- ☐ Our organization(s) 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 and or reports for previous City of Hamilton grants have 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.
- ☐ We will act as the only authorized representative for the applicant organization or organizations, and we will keep the other participants informed of the contents and outcome of this grant 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

	First name / Last name	Title	Signature
Board Chair/President			
Administrative Lead			
Approval date	The full Board of Directors has approved this application at its meeting on:		____/____/____ (month/day/year)



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Section 2: Organization Profile

Organization Mandate / Mission

What is your organization's mandate, mission or vision?

Brief History (300 word maximum)

Provide a brief history of your organization.

List the year your organization was founded, important milestones and changes in cultural or executive direction and provide a context for current activities.

Organization Description (100 word maximum) *This description will be published as part of your organization's 2016 City Enrichment Fund Application Summary Form.*



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Sections 2.1 and 2.2 for collaborative projects only

Section 2.1: Collaborative Projects

Why have you chosen to collaborate on this project? (200 word maximum)
What is the collaborative plan? (200 word maximum) Address how you will work together.

Section 2.2: Collaborative Organization(s)

Fill out and attach for each additional collaborating organization

Collaborating Organization Name
Organization Mandate / Mission What is your organization's mandate and/or mission and vision?
Who from your organization will participate in the project? List their name, title and role.. (250 word maximum)



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Section 3: Project Description

<p>What is the impetus to undertake this capacity building project? Include the challenges your organization is facing, identified areas for change etc. (500 word maximum)</p>
<p>Provide a project description. Include the objectives, desired outcomes. (800 words maximum)</p>
<p>How will you evaluate the project and measure success? (250 word maximum)</p>
<p>Outline the timeline of the project. Include key activities and milestones.</p>
<p>Who from your organization will participate in the project? List their name, title and role. (250 word maximum)</p>
<p>Provide the rationale behind the chosen consultant/expert. Why has your organization selected to work with this person/firm? (300 word maximum)</p>
<p>What new skills, knowledge, or learnings will your organization gain from this project? How will this strengthen your organization? (300 words maximum)</p>



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Section 5: Financial Information

The proposed budget must balance at zero

REVENUES	PROPOSED BUDGET
PRIVATE SECTOR REVENUE	
Individual donations	
Corporate donations	
Foundations	
Other (specify)	
GOVERNMENT REVENUE	
Federal government (all programs)	
Provincial government (all programs)	
This request from the City of Hamilton, City Enrichment Fund	
Other City of Hamilton revenue (specify)	
Other municipal (specify)	
Other (specify)	
OTHER REVENUE	
Contribution from your organization	
Contribution from collaborating organization(s)	
Other revenue (specify)	
TOTAL REVENUES	

EXPENSES	PROPOSED BUDGET
CONSULTANT / EXPERT	
Consultant / Expert fees (_____ # of days/hours x \$ _____)	
Other consultant/expert expenses (specify)	
OTHER PROJECT RELATED EXPENSES	
Administrative	
Other project-related expenses (specify)	



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TOTAL EXPENSES	

IN-KIND CONTRIBUTIONS	PROJECT TOTAL
<p>Volunteer hours The contribution of volunteer hours to your project has a dollar value. Use the calculator to estimate the value by volunteer position: Estimate of the Value of Volunteer Activity (calculator)</p> <p>Ex. Event volunteers = \$20 per hour</p> <p># hours provided by event volunteer X \$20 = \$ value</p>	
Other (specify)	
TOTAL PROJECT IN-KIND CONTRIBUTIONS	



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Section 8: Application Checklist

This application form relates directly to the assessment criteria used to evaluate your organization's request for funding (see program guidelines).

Please ensure that your application provides assessors with all the information they need to review your application. The panel assesses each application against the criteria listed in these guidelines, and with consideration of the applicant organization's ability to achieve the stated goals and objectives in the context of its mandate and direction.

To be complete, your application must include **two copies** of the following documents:

- ☐ Completed and signed application
- ☐ 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
- ☐ Most recent audited financial statements
- ☐ Consultant's statement of qualifications (1page maximum)

Proof of incorporation may be requested.