

Halton Region Community Investment Fund

Category One

2021 Application for Funding

#### Initial intake deadline:

#### November 2, 2020 by 2 p.m.

Incomplete applications will be deemed ineligible.

Please thoroughly review the Category One Funding Guidelines and instructions before completing this Application. Guidelines are available online by visiting the Halton Region Community Investment Fund [(HRCIF](https://www.halton.ca/For-Business/Halton-Region-Community-Investment-Fund-HRCIF)) webpage at [**halton.ca**](http://www.halton.ca) or by calling 311 (in Halton), 1-866-442-5866 (toll-free).

**Section 1: Overview**

|  |  |
| --- | --- |
| **Name of Organization:** | **Mailing Address of Organization:** |
| **Telephone:** | **Website:** |
| **Executive Director:** | **Email**:  **Phone**: |
| **Primary Contact for this Agreement (if different from the above):** | **Email**:  **Phone**: |

|  |
| --- |
| Status of Organization:  Incorporated as a non-profit and registered charity  Incorporated as a non-profit  Incorporated as a non-profit and registered charity and applying as a sponsor for an unincorporated community organization  Year of Incorporation:  Charitable Registration # (if applicable): |
| Provide a brief statement of the organization’s mandate (please do not provide an attachment): |
| What area(s) does the organization serve? (please select all that apply):  Burlington  Halton Hills  Milton  Oakville  Other (please describe):   |  | | --- | |  | |
| Is the organization governed by an incorporated board of directors that is democratically elected, active, with a minimum of three (3) members not related by blood or marriage?  Yes  No |
| Is the organization or the program/initiative for which funds are requested currently running a deficit?  Yes (please provide details):   |  | | --- | |  |   No |
| In the past three years, has the organization been found in non-compliance with the [Ontario Human Rights Code](http://www.ohrc.on.ca/en/ontario-human-rights-code)?  Yes (please provide details):   |  | | --- | |  |   No |
| Does the organization have political or religious affiliations?  Yes (please provide details):   |  | | --- | |  |   No |
| Does the organization agree to obtain insurance coverage that meets the requirements outlined in Section 1.6 of the Category One Funding Guidelines?  Yes  No |

Section 2: Request for Funding

|  |
| --- |
| **1. Name of program/initiative:** |
| **2. Amount of request:** Indicate the amount of funding requested from the HRCIF. The amount indicated below must match the amount in Section 3: Question 1. **Note:** Category One grants are awarded for a maximum of one year and up to $30,000.   |  |  | | --- | --- | | Year of Request | Amount of Request ($) | | 2021 |  | |
| **3. Duration of program/initiative:** How manyyears has the organization been providing the program/initiative to Halton residents?  This is a new program/initiative  1-3 years  4 or more years |
| **4. Objectives:** Identify which of the following community safety and well-being (CSWB) planning objectives will be impacted by the proposal (please select all that apply):  **Health**: A community where everyone is supported to reach both physical and mental well-being  **Safety**: A community where everyone can go about their daily activities without risk or fear of harm  **Well-Being**: A community where everyone is connected and engaged with a vibrant, healthy environment and strong social supports |
| **5. CSWB Planning Framework:** In addition to achieving impact within Halton’s CSWB objectives, applicants are asked to demonstrate where the proposal fits within the CSWB Planning Framework. Please identify which zone(s) of CSWB planning are addressed by the proposal (See Section 1.1 of the Category One Funding Guidelines for more information). Proposals may fit into one or more zone (please select all that apply):  **Social Development**  **Prevention**  **Risk Intervention**  **Incident Response** |
| **6. Description of program/initiative:** Provide a description of the program/initiative and the impact it is intended to achieve. (*Maximum: 300 words*) |
| **7. Use of funds:** Provide a brief description of how the funds would be used if the program/initiative is approved for funding. (*Maximum: 100 words*) |
| **8. Target group/population(s) served:** Describe the population or community that will benefit from the program/initiative. As noted in the Funding Guidelines, proposals must impact the health, safety or well-being of populations that are vulnerable (or at risk of becoming vulnerable) to negative health or social outcomes. This includes programs that work upstream to prevent vulnerability (*Maximum: 100 words*) |
| **9. (A) Evidence of need:** Provide evidence to support the need for this program/initiative **and why it should be considered a priority in Halton**. This can include data collected by your organization (e.g., program evaluation, program trends and statistics); community data (e.g., planning or research documents, statistics, information from community consultation processes); and the broader literature. If the design or delivery of the program/initiative is based on best practices and/or evidence-based practices, please describe. (*Maximum: 400 words*)  **9. (B) Gaps/needs:** Are there similar programs/initiatives in the community? If so, how does the request complement existing initiatives or address a gap. *(Maximum: 100 words)* |
| **10. Service targets:** Use the table below to indicate the number of clients/participants that are expected to directly benefit from the Halton Region funding for the program/initiative by municipality.  Reminder: all HRCIF funded requests must be focused solely on providing services to Halton residents.  Please define the unit of measurement (e.g., one client = one youth served; one client = one workshop participant; one client = one household served):  **One unique client** =  We recognize that organizations may have different methods of collecting service numbers, gathering the number of unique clients served and/or the amount of service to clients through another measure (e.g., number of visits, number of contacts). If applicable, please indicate both the number of unique clients served and number of clients served through another relevant measure.  **Another measure** =   |  |  |  |  | | --- | --- | --- | --- | | Municipality | Targets Achieved 2020 (if applicable) | Service Targets for 2021 | | |  | Unique Clients | Unique Clients | Another Measure | | Burlington |  |  |  | | Halton Hills |  |  |  | | Milton |  |  |  | | Oakville |  |  |  | | **Halton Total** |  |  |  | |
| **11. Program/initiative adaptations in response to the COVID-19 pandemic:** Briefly describe how the program/initiative has or will incorporate public health guidance in response to COVID-19. *(Maximum 200 words)* |
| **12. Collaboration:** If applicable, identify organizations or community partners that you will collaborate with to contribute to the success of the program/initiative. Please include a brief description of each partner’s role. Community partners may be contacted for further information. (*Maximum 200 words*) |

Section 3: Budget & Other Funding Sources

|  |  |  |
| --- | --- | --- |
| **1. BUDGET – Breakdown of Funds Requested from the HRCIF:**  Complete the budget (table below) to identify how funds requested **from the HRCIF** would be used if the program/initiative is approved for funding. Please be specific and include a brief description of each expense. **Note**: All activities and expenditures **must** be completed during the funding period. | | |
| **Program/Initiative Expenses** | **Description** | **2021 HRCIF Request ($)** |
| Staffing | (add more titles, if necessary)  Position Title #1: e.g. Case manager  # of weeks: e.g. 52 # hrs per week: e.g. 7  hourly wage: e.g. $X  Position Title #2: Click or tap here to enter text.  # of weeks: # # hrs per week: #  hourly wage: $ |  |
| Equipment, materials, supplies and capital items | (attach a separate sheet if necessary)  e.g. Laptop – $X |  |
| Communications and marketing | (attach a separate sheet if necessary)  e.g. Printing - $X |  |
| Professional services | e.g. Consulting - $X |  |
| Operational costs | e.g. Insurance - $X |  |
| Other | e.g. Staff travel - $X |  |
| Other | Click or tap here to enter text. |  |
| Other | Click or tap here to enter text. |  |
| **Total** | |  |

|  |  |
| --- | --- |
| **2**. Is the total program/initiative budget greater than the HRCIF request? If yes please describe the other sources of funding.    Yes (please provide details including status)   |  | | --- | |  |   No |

**Please complete:**

**Section 4: Work Plan and Section 5: Authorization**

**Section 4: Work Plan**

***Instructions*** *(work plan template is on following page)*

Complete the work plan to identify program/initiative goals, key activities, specific targets/objectives and evaluation methods. Some examples have been provided below, and are only meant to illustrate the instructions. They are not intended to suggest the amount or type of information that is appropriate for a funding request. If the application is approved for funding, the work plan will be used to establish accountability requirements in the funding agreement.

* **Program/initiative goals: Provide a brief description of** each key goal the funding request is intended to achieve. *For example*: ‘Enhance social connectedness among older adults experiencing isolation in *xyz* neighbourhood.’
* **Key activities:** Essential tasks that are needed to achieve goals/targets. *For example*: ‘Promote program to older adults living in *abc* neighbourhood through *xyz* community programs, flyers and word of mouth.’
* **Specific targets/objectives:** Specific results the program/initiative is intended to achieve. Targets/objectives should demonstrate the impact the program/initiative is intended to achieve for clients or within the community. Targets should be specific, measureable and achievable within the granting period. Set targets that address:
* ***Program deliverables:***e.g., the # number of clients that will be served, # of sessions that will be delivered, # weeks of programming provided, # of meals served, etc.
* ***Program performance:*** e.g., targets that address satisfaction, % meeting standards, % increase in efficiency, etc.
* ***Client impact:*** This includes changes in circumstance, knowledge, skills, attitude, and behaviours: e.g., 80% of older adults participating in the program will report that they feel more connected to others in their neighbourhood.
* **Evaluation methods:** How will the organization measure progress towards specific targets/objectives? This can include both quantitative and qualitative methods.

**Work Plan Template – 2021**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goal** | **Key Activities** | **Specific Targets/Objectives** | **Evaluation Methods** |
| e.g. Enhance social connectedness among older adults experiencing isolation in *xyz* neighbourhood | * e.g. Promote program to older adults living in *abc* neighbourhood through *xyz* community programs, flyers and word of mouth | * e.g. 80% of older adults participating in the program will report that they feel more connected to others in their neighbourhood | * e.g. Client survey |
|  |  |  |  |
|  |  |  |  |

**Section 5: Authorization**

By typing my/our name(s) below and submitting this application to Halton Region:

* I/we have reviewed the Category One Funding Guidelines.
* I/we declare that all information provided in this application for funding is accurate and true to the best of my/our knowledge.
* I/we are aware that an application does not constitute approval of funding by Halton Region. I/we are aware that all funding decisions are final.
* I/we agree that the program for which funds are requested will follow public health guidance throughout the duration of the grant period if funded.
* I/we permit staff of Halton Region to discuss and share the application with other funding organizations, including federal, provincial, municipal and community funders.
* I/we permit staff of Halton Region to discuss and/or share the application with community partners listed in this application, representatives of the Halton System Leadership Group and any other organizations/individuals that the Region deems necessary for the purposes of assessing the application and facilitating potential partnership opportunities.
* I/we have the authority to bind the organization.

(Name/Title) Date:

(Name/Title) Date:

My/our application submission includes the following mandatory attachments:

Completed application

Year-End Financial Statements for each of the last two fiscal years (See Section 1.6 of the Category One Funding Guidelines)

Three quotes for capital equipment or other capital item(s) where the dollar value of these items total $1,000 or more, if applicable.

When you have completed this form, please follow the instructions on the [HRCIF](https://www.halton.ca/For-Business/Halton-Region-Community-Investment-Fund-HRCIF) webpage at [**halton.ca**](http://www.halton.ca/) to upload and submit your application and attachments. All documents must be saved and uploaded as PDF files (Adobe Portable Document Format: .pdf file). If you do not have Adobe Acrobat, please [download](https://get.adobe.com/reader/) the software.