

Halton Region Community Investment Fund

Category Two: Multi-Year Grants

2020 Application for Funding

#### Application Deadline:

#### November 1, 2019 by 2:00 p.m.

Late or incomplete applications will be deemed ineligible.

Please thoroughly review the Category Two Funding Guidelines and instructions before completing this Application. Guidelines are available online by visiting the [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**: |

|  |
| --- |
| 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 |
| Year of Incorporation: |
| Charitable Registration # (Note: only organizations with charitable status are eligible to apply for Category Two funding): |
| 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?[ ]  Yes (please provide details):

|  |
| --- |
|  |

[ ]  No |
| Does the organization have political or religious affiliations?[ ]  Yes (please provide details):

|  |
| --- |
|  |

[ ]  No |
| Does the organization have Commercial General Liability insurance coverage (minimum of two million dollars per occurrence, and either four million dollars in the aggregate or two million dollars in the aggregate that is fully intact) for all aspects of the organization? (including owned and non-owned automobile insurance minimum of two million dollars per occurrence as applicable). Please refer to Section 1.6 of the Category Two Funding Guidelines for specific information on insurance requirements.[ ]  Yes[ ]  NoWhat is the amount of coverage? $  |
| Financials: Please attach financial statements for the organization’s two (2) most recent fiscal years. Please refer to Section 1.6 of the Category Two Funding Guidelines to determine the type of financial information required. |

Section 2: Request for Funding

|  |
| --- |
| **1. Name of program/initiative:** |
| **2. Amount of request:** Indicate the amount of funding requested from the Halton Region Community Investment Fund (HRCIF) for each year of the proposal. The amount indicated below must match the amount in Section 3: Question 2 - Budget ‘A’.

|  |  |  |
| --- | --- | --- |
| Year of Request | Amount of Request ($) | Is the organization willing to be considered for a shorter period of funding?[ ]  Yes [ ]  No |
| 2020 |  |
| 2021 (if applicable) |  |
| 2022 (if applicable) |  |

 |
| **3. 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 |
| **4. 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 zones of CSWB planning are addressed by the proposal (See Section 1.1 of the Category Two Funding Guidelines for more information). Proposals may fit into one or more zone. **NOTE:** For questions regarding where the proposal fits within the CSWB Planning Framework, please contact an HRCIF representative – refer to Section 1.9 of the Category Two Funding Guidelines for contact information)[ ]  **Social Development**[ ]  **Prevention**[ ]  **Risk Intervention**[ ]  **Incident Response** |
| **5. Description of program/initiative:** Provide a description of the program/initiative and the impact it is intended to achieve. (*Maximum: 300 words*) |
| **6. 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*) |
| **7. (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 trends and statistics); community data (e.g., planning or research documents, statistics, information from community consultation processes); and the broader literature. Evidence of need should include information as specific as possible to the program and to Halton. If there is a gap in the data, please describe how this program/initiative will contribute to an improved understanding of the issue within Halton. (*Maximum: 300 words*)**7. (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)* |
| **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. Service Targets:** Use the table below to indicate how many clients/participants are expected to directly benefit from the program/initiative (by municipality) in each year of the funding request.Please define the unit of measurement (e.g., one client = one youth served; one client = one workshop participant; one client = one household served):**One 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 2019(if applicable) | Service Targets for 2020 | Service Targets for 2021(if applicable) | Service Targets for 2022(if applicable) |
|  | Unique Clients | Unique Clients | Another Measure | Unique Clients | Another Measure | Unique Clients | Another Measure |
| Burlington |  |  |  |  |  |   |  |
| Halton Hills |  |  |  |  |  |  |  |
| Milton |  |  |  |  |  |  |  |
| Oakville |  |  |  |  |  |  |  |
| **Total**  |  |  |  |  |  |  |  |

 |
| **10. 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 |
| **11. Area(s) served:** What area(s) will directly benefit from this program/initiative? (please select all that apply):[ ]  Burlington[ ]  Halton Hills[ ]  Milton[ ]  Oakville[ ]  Other (please describe)

|  |
| --- |
|  |

 |
| **12. Collaboration:** If applicable, identify organizations or community partners that will 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*) |
| **13. Evidence-Based Practices:** Is the design or delivery of the program/initiative based on best practices and/or evidence-based practices? If yes, please describe. (*Maximum: 200 words*) |
| **14. Program Sustainability:** How does the organization plan to sustain the program/initiative beyond the funding period? (*Maximum: 100 words*) |

Section 3: Budgets & Other Funding Sources

|  |
| --- |
| **1. BUDGET ‘A’ – Breakdown of Funds Requested from the HRCIF:**Complete Budget A (below) to identify how funds requested from the HRCIF would be used during each year of the funding request if the program/initiative is approved for funding. Please be specific and include a brief description of each expense. **Please note**: All activities and expenditures **must** be completed during the funding period. |
| **Program Expenses** | **HRCIF Request** |
| **Year 1****2020** **($)** | **Year 2****2021** **($)** | **Year 3****2022** **($)** |
| Staffing (provide the following information for each position that HRCIF funds would support – add more Titles, if necessary)Position Title #1: # of weeks: # hrs per week: hourly wage: Position Title #2: # of weeks: # hrs per week: hourly wage:  |  |  |  |
| Equipment, materials, supplies and capital items required for the program/initiative (provide a brief description of materials/ items; attach a separate sheet if necessary) |  |  |  |
| Communications & marketing, including printing and promotional costs (provide a brief description of costs/items; attach a separate sheet if necessary) |  |  |  |
| Professional services: e.g., consulting fees, training costs (identify the type of professional service and fees) |  |  |  |
| Operational costs (please describe) |  |  |  |
| Other (please describe) |  |  |  |
| Other (please describe) |  |  |  |
| Other (please describe) |  |  |  |
| **Total** |  |  |  |

|  |
| --- |
| **2. BUDGET ‘B’ – Total Revenue & Expenses:**Complete Budget B (below) to identify **ALL** projected revenues and expenses for the program/initiative for which funds are requested. Please do not include in-kind resources/supports. **Note to Applicants**:* Each column should reflect a full year of revenues and expenses.
* If the request is for a new program/initiative (not currently operational) do not complete the ‘2019 Actual’ column.
* Applicants are encouraged to have other revenue sources in addition to HRCIF funding.
 |

|  |  |  |
| --- | --- | --- |
| **Source of Revenue** | **Actual ($)** | **Projected ($)** |
| **2019****(Current – if applicable)**  | **Year 1 of Request****(2020)** | **Year 2 of Request****(2021)** | **Year 3 of Request (2022)** |
| **Government Funding** |  |  |  |  |
| Halton Region Community Investment Fund (requested) |  |  |  |  |
| Municipal/Regional funder(s)(please identify) |  |  |  |  |
| Provincial funder(please identify) |  |  |  |  |
| Federal funder(please identify department) |  |  |  |  |
| Other government funder(please identify) |  |  |  |  |
| **Subtotal** |  |  |  |  |
| **Generated Revenue/ Community Grants** |  |  |  |  |
| Fundraising(total monies raised including direct donations) |  |  |  |  |
| Client user fees and memberships(do not include client fees paid directly by government) |  |  |  |  |
| Foundations |  |  |  |  |
| Corporations |  |  |  |  |
| United Way(s) |  |  |  |  |
| Investment Income/Interest |  |  |  |  |
| Income from business activities(e.g., social enterprise) |  |  |  |  |
| Other revenue(please identify) |  |  |  |  |
| Other revenue(please identify) |  |  |  |  |
| **Subtotal** |  |  |  |  |
| **Total Revenue** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Actual ($)** | **Projected ($)** |
| **2019****(Current – if applicable)**  | **Year 1 of Request****(2020)** | **Year 2 of Request****(2021)** | **Year 3 of Request (2022)** |
| Staffing (wages and benefits) |  |  |  |  |
| Equipment, materials, supplies and capital items |  |  |  |  |
| Communications & marketing(including printing and promotional costs) |  |  |  |  |
| Professional services: e.g., consulting fees, training costs (identify the type of professional services and fees) |  |  |  |  |
| Operational costs (please describe) |  |  |  |  |
| Other (please describe) |  |  |  |  |
| Other (please describe) |  |  |  |  |
| Other (please describe) |  |  |  |  |
| **Total Expenses** |  |  |  |  |
| **Surplus/(Deficit)** |  |  |  |  |

|  |  |
| --- | --- |
| 3. Does the organization have any pending requests for funding from sources other than the HRCIF to support this program/initiative?[ ]  Yes (please provide details)

|  |
| --- |
|  |

[ ]  No |

**Please complete**

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

**Section 4: Work Plan**

***Instructions*** *(work plan template is on the 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 and 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:** Key goals 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 – Year 1 of Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Key Activities** | **Specific Targets/Objectives** | **Evaluation Methods** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work Plan Template – Year 2 of Request (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Key Activities** | **Specific Targets/Objectives** | **Evaluation Methods** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work Plan Template – Year 3 of Request (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goals** | **Key Activities** | **Specific Targets/Objectives** | **Evaluation Methods** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 5: Authorization**

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

* I/we have reviewed the Category Two 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 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 (2) fiscal years (See Section 1.6 of the Category Two Funding Guidelines)

 [ ]  Three (3) quotes for capital equipment or other capital item(s) where the dollar value of these items total $1000 or more, if applicable.

**When you have completed this form, please follow the instructions at** [**halton.ca**](http://www.halton.ca) **to upload and submit your application and attachments. All documents must be saved and uploaded as PDF’s (Adobe Portable Document Format: .pdf file). To obtain Adobe Acrobat please** [**download here**](https://get.adobe.com/reader/)**.**