Halton Region Community Investment Fund (HRCIF)

Application for 2023 Funding: Category Two
Continuing Intake

Incomplete applications will be deemed ineligible.

Please thoroughly review the "Guidelines for 2023 Funding: Category Two Continuing Intake" and instructions before completing this Application. Funding Guidelines are available online by visiting the Halton Region Community Investment Fund (HRCIF) webpage at halton.ca or by calling 311 (in Halton), 1-866-442-5866 (toll-free).

Section 1: Overview

Name of Organization:	Registered Address of Organization:
Telephone:	**Website:**
Executive Director:	**Email:**
	Phone:
Primary Contact for this application (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:

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 proposed program/initiative currently operating at a deficit?
Yes No If yes, please provide details:

In the past three years, has the organization been found in non-compliance with the *Ontario Human Rights Code*?
Yes No If yes, please provide details:

Does the organization have political or religious affiliations?
Yes No If yes, please provide details:

Does the organization agree to obtain insurance coverage that meets the requirements outlined in Section 1.6 of the Guidelines for 2023 Funding: Category Two Continuing Intake?
Yes No

Is this application being submitted on behalf of a Community Safety and Well-being (CSWB) Action Table?
Yes No If yes, please provide details:

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Section 2: Request for Funding

1. **Name of program/initiative:**

2. **Program/initiative history:** How many years has the organization been providing the program/initiative to Halton residents?

   - This is a new program/initiative
   - 1-3 years
   - 4 or more years

3. **Program/service area(s):**
   (A) HRCIF funds must be used to provide services to Halton residents. What area(s) will the proposed program/initiative be delivered in?

   - Burlington
   - Halton Hills
   - Milton
   - Oakville

   (B) Other jurisdictions: Does the organization provide or intend to provide the program/initiative outside of Halton?

   - Yes
   - No

   If yes, please provide details:

4. **Objectives:** Identify which of the following community safety and well-being (CSWB) planning objective(s) will be impacted by the program/initiative. Please select all that apply. (For more information see the CSWB 2020 Population Level Indicator Report at halton.ca).

   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

   Describe how the program/initiative will impact the identified objective(s). (*Maximum: 100 words*)

5. **CSWB Planning Framework:** In addition to achieving impact within Halton's CSWB planning 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. Proposals may fit into one or more zones - please select all that apply.
    (For more information, see Section 1.1 of the "Guidelines for 2023 Funding: Category Two Continuing Intake").

    Social Development

    Prevention

    Risk Intervention

    Emergency Response

6. **Description of program/initiative:** Provide a description of the program/initiative and the impact it intends 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. **Equitable access to service:** Halton Region recognizes the importance of reducing barriers and enhancing programs and services for diverse communities. Please identify how the program/initiative will reach and support diverse, equity-deserving or marginalized populations in Halton. *(Maximum 100 words)*

10. Evidence of Need:

(A) 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*)

(B) Gaps/needs: Are there similar programs/initiatives within Halton? If so, how does the request complement existing initiatives or address a gap? (*Maximum 100 words*)

11. **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 that all HRCIF funded requests must be focused solely on providing services to Halton residents.

Please define the unit of measurement (examples: 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 other measures (examples: 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.

Other measure =

Municipality	Current Year Targets Achieved (if applicable)	Service Targets for 2023		Service Targets for 2024 (if applicable)		Service Targets for 2025 (if applicable)	
	Unique Clients	Unique Clients	Other Measure	Unique Clients	Other Measure	Unique Clients	Other Measure
Burlington							
Halton Hills							
Milton							
Oakville							
Halton Total							

12. **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 100 words)*

13. Collaboration: In the table below, identify organizations or community partners that you will collaborate with on this program/initiative and summarize their role and contribution. Partnerships should be meaningful, appropriate, and comprehensive to supporting the work of the program/initiative.

Note to applicants:
- Collaborating partners may be contacted for further information. See Section 1.1 of the "Guidelines for 2023 Funding: Category Two Continuing Intake" for more information.
- A letter(s) of support is required from a collaborating partner(s) when they are providing free space and/or are essential for the delivery of the program/initiative. This includes a letter of support from Action Table leads for applications submitted on behalf of an Action Table.

Name of Collaborating Partner	Brief Description of Collaborating Partner's Role(s)	Partnership Status	Letter of Support Provided?
		Established Not yet in place Under development	Yes No
		Established Not yet in place Under development	Yes No
		Established Not yet in place Under development	Yes No
		Established Not yet in place Under development	Yes No
		Established Not yet in place Under development	Yes No

Section 3: Budgets & Other Funding Sources

1. BUDGET 'A' – Breakdown of Funds Requested from the HRCIF:

Complete Budget A (table below) to identify how funds requested from the HRCIF would be used if the program/initiative is approved for funding. Note: All activities and expenditures must be completed during the funding period.

Instructions for applicants:

- Staffing budget line - insert position title(s) and relevant information into each fillable field in column 2. The total staffing request will be automatically calculated and show in columns 3, 4 and 5 as applicable.

- Remaining budget lines- provide a brief description in column 2 for each expense. For example, if the request includes a laptop and craft supplies, column 2 for the Equipment, materials, supplies and capital items line would be written as laptop $800, craft supplies $250. Insert the total requested amount for each budget line into the fillable field for each year as applicable (columns 3, 4 and 5).

- The form will automatically calculate the total HRCIF request based on the budget lines entered.

Column 1	Column 2	Column 3	Column 4	Column 5
		HRCIF Request ($)		
Program/Initiative Expenses	**Description**	**Year 1 2023**	**Year 2 2024**	**Year 3 2025**
Staffing	Position Title #1: # of weeks Year 1:　　Year 2:　　Year 3: # hours per week Year 1:　　Year 2:　　Year 3: Hourly wage Year 1:　　Year 2:　　Year 3: Mandatory Employer Related Costs, if applicable ($) Year 1:　　Year 2:　　Year 3:			

	Position Title #2: \# of weeks Year 1: Year 2: Year 3: \# hours per week Year 1: Year 2: Year 3: Hourly wage Year 1: Year 2: Year 3: Mandatory Employer Related Costs, if applicable ($) Year 1: Year 2: Year 3:			
Staffing, cont.	Position Title #3: \# of weeks Year 1: Year 2: Year 3: \# hours per week Year 1: Year 2: Year 3: Hourly wage Year 1: Year 2: Year 3: Mandatory Employer Related Costs, if applicable ($) Year 1: Year 2: Year 3:			
	Position Title #4: \# of weeks Year 1: Year 2: Year 3: \# hours per week Year 1: Year 2: Year 3: Hourly wage Year 1: Year 2: Year 3: Mandatory Employer Related Costs, if applicable ($) Year 1: Year 2: Year 3:			
Equipment, materials, supplies and capital items (e.g., computers, phones, office materials, etc.)				

Communications and marketing (e.g., printing, promotion, etc.)				
Professional services (e.g., consulting, training, etc.)				
Operational costs (e.g., rent, utilities, insurance, mileage, space rental, etc.)				
Administrative costs (e.g., supervision, HR, legal, audit, etc.)				
Other - please describe				
Total				

2. BUDGET 'B' – Total Revenue & Expenses:

Note: Only complete Budget 'B' if the total budget of the program/initiative exceeds the amount of funding requested through the HRCIF.

Complete Budget B (table 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 revenues and expenses for the requested funding period in each year.
- If the request is for a new program/initiative (not currently operational) do not complete the 'Current Program Year' column.
- Applicants are encouraged to have other revenue sources in addition to HRCIF funding.
- The form will automatically calculate the totals based on the budget lines entered.

Source of Revenue	Actual ($)	Projected ($)		
	Current Program Year (if applicable)	Year 1 2023	Year 2 2024	Year 3 2025
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				
Investment Income/Interest				
Income from business activities (e.g., social enterprise)				
Other revenue (please identify)				
Subtotal				

Total Revenue				
Expenses	**Actual ($)**	**Projected ($)**		
	Current Program Year (if applicable)	**Year 1 2023**	**Year 2 2024**	**Year 3 2025**
Staffing (wages and benefits)				
Equipment, materials, supplies and capital items				
Communications and marketing				
Professional services				
Operational costs				
Administrative Costs				
Other				
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

       No

If yes, please provide details including status:

4. Is the organization willing to be considered for a shorter period of funding?

       Yes

       No

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Section 4: Work Plan

Instructions:
Complete the work plan template (next page) to identify program/initiative goals, key activities, specific targets/objectives and evaluation methods. Some examples have been provided below however, 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 a funding agreement.

- a. **Program/initiative goals:** Provide a brief description of each key goal the funding request is intended to achieve.
  - o **For example:** Enhance social connectedness among older adults experiencing isolation who are vulnerable to negative health and social outcomes.

- b. **Key activities:** Essential tasks that are needed to achieve goals/targets.
  - o **For example:** Promote program to older adults through community programs, flyers and word of mouth.

- c. **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 the community. Targets should be specific, measurable and achievable within the funding period. Targets may address:
  - o **Program deliverables** such as the # number of clients that will be served, # of sessions that will be delivered, # weeks of programming provided, # of meals served, etc.
  - o **Program performance targets** that address satisfaction, % increase in efficiency, etc.
  - o **Client impact -** This includes changes in circumstance, knowledge, skills, attitude, and behaviours. **For example:** 80% of older adults participating in the program will report that they feel more connected to others in their neighbourhood.

- d. **Evaluation methods:** How will the organization measure progress towards specific targets/objectives? This can include both quantitative and qualitative methods.
  - o **For example:** Tracking attendance, delivering a client survey, etc.

Work Plan Template – Year 1 of Request

Goal What are the overarching objectives of the program/initiative? (see example above)	Key Activities What are the specific things you will do to deliver the program/initiative? (see examples above)	Specific Targets and Impact What are the specific targets and impacts related to the Goal and each Key Activity? (see examples above)	Evaluation Methods What are the methods you will use to measure each target/impact? (see example above)

Work Plan Template – Year 2 of Request

Goal What are the overarching objectives of the program/initiative? (see example above)	Key Activities What are the specific things you will do to deliver the program/initiative? (see examples above)	Specific Targets and Impact What are the specific targets and impacts related to the Goal and each Key Activity? (see examples above)	Evaluation Methods What are the methods you will use to measure each target/impact? (see example above)

Work Plan Template – Year 3 of Request

Goal What are the overarching objectives of the program/initiative? (see example above)	Key Activities What are the specific things you will do to deliver the program/initiative? (see examples above)	Specific Targets and Impact What are the specific targets and impacts related to the Goal and each Key Activity? (see examples above)	Evaluation Methods What are the methods you will use to measure each target/impact? (see example above)

Section 5: Authorization

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

a. I/we have reviewed the Guidelines for 2023 Funding: Category Two Continuing Intake.

b. I/we declare that all information provided in this application for funding is accurate and true to the best of my/our knowledge.

c. I/we understand that should this application be approved, our organization will be required to enter into a formal, legally binding agreement and will be accountable for the delivery of the program/ initiative as outlined in this application.

d. 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.

e. I/we acknowledge that should this application be approved, our organization will not be reimbursed for any expenses incurred prior to the funding period identified in the Funding Agreement.

f. I/we agree that the program/initiative for which funds are requested will follow public health guidance throughout the duration of the grant period if funded.

g. I/we permit staff of Halton Region to discuss and share the application with other funding organizations, including federal, provincial, municipal and community funders.

h. 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. I/we have the authority to bind the organization.

(Name)   Date:

(Name)   Date:

My/our application submission includes the following mandatory attachments:

Completed application

Year-End Financial Statements for the most recent fiscal year end, which must include comparative information for the prior fiscal year (See Section 1.6 of the "Guidelines for 2023 Funding: Category Two Continuing Intake").

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

Letter(s) of Support (if applicable): Applications where another organization(s) is providing free space and/or is essential for the delivery of the program/initiative must submit a letter(s) of support from the partner organization(s). This includes a letter of support from Action Table leads for applications submitted on behalf of an Action Table.

When you have completed this form, please follow the instructions on the HRCIF webpage at 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).