Halton Region Community Investment Fund (HRCIF)

Application for 2024 Funding: Category One

**Continuing Intake**

**This application form contains six (6) sections. You must complete all of them.**
Your application will not be reviewed it if is incomplete.

**Before you fill in this application:** Please thoroughly review the Guidelines for 2024 Funding: Category One which are available online by visiting the Halton Region Community Investment Fund (HRCIF) webpage at halton.ca or by calling 311 (in Halton) or 1-866-442-5866 (toll-free).

**To complete the application:** The HRCIF application is created as a Portable Document Format (PDF) form that is fillable and savable. To complete a PDF form, download and then open the form using Adobe Reader (which you can download free). Follow these steps:
1. Save the application in a place that you will easily find on your computer.
2. Launch Adobe Reader.
3. Browse to where you saved the application and open it from within Adobe Reader. You can now fill in and save the application.

**Do not** use a different form or copy the document into another format (such as Word). You will be asked to upload this application form as part of your submission.

## Section 1: Contact information

| Name of organization: | Registered address of organization: |
|---|---|
| **Name of main contact for this application:** | **Email:** |
| | **Phone:** |
| **Name of Executive Director (if not main contact)** | **Email:** |
| | **Phone:** |
| **Website:** | |

## Section 2: Information about the organization

| 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 group |

| Year of incorporation: | Charitable registration number (if applicable): |
|---|---|

| **Briefly summarize the organization's mandate or main objective:** |
|---|
| |

| **Is the organization governed by an incorporated board of directors that is democratically elected and active, and includes at least three members who are not related by blood or marriage?** |
|---|
| Yes |
| No |

| **Is the organization or the proposed program or initiative currently operating at a deficit, meaning that it is spending more money than it is receiving?** |
|---|
| Yes |
| No |
| If yes, please provide details: |

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**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 4 of the Guidelines for 2024 Funding: Category One?**

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:

## Section 3: Details of the program or initiative

1. **Name of the program or initiative you will use the funding for:**

2. **History of the program or initiative:** How many years has the organization been providing the program or initiative to Halton residents?

   This is a new program or initiative

   1-3 years

   4 or more years

3. **Areas the program or initiative will serve:**

   **(A)** HRCIF funds must be used to provide services to residents of Halton. In what area(s) will the proposed program or initiative be delivered? Select all that apply.

   Burlington

   Halton Hills

   Milton

   Oakville

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

   Yes
   No

   If yes, please provide details:

4. **Objectives:** Which of the following CSWB planning objectives will the program or initiative support? 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 or initiative will support the objectives you selected. (*Maximum: 100 words*)

5. **CSWB Planning Framework:** In addition to supporting the planning objectives in question 4, the program or initiative should fit within the CSWB planning framework.

   Please select the zones of CSWB planning addressed by the proposal. Select all that apply. (For more information, visit the CSWB web page and the Guidelines for 2024 Funding: Category One.)

   **Social Development**

   **Prevention**

   **Risk Intervention**

   **Incident Response**

6. **Description of the program or initiative:** Provide a description of the program or initiative and how it will help Halton residents. (Maximum 300 words)

7. **Use of funds:** Describe how the funds will be used for the program or initiative. (*Maximum 100 words*)

8. **Target group/population for the program or initiative:** Describe the population or community that will benefit. The program or initiative must impact the health, safety, or well-being of populations that are vulnerable to negative health or social outcomes, including those at risk of becoming vulnerable. (*Maximum 100 words*)

9. **Equitable access to the program or initiative:** Halton Region recognizes the importance of reducing barriers and enhancing programs and services for diverse communities. Please describe how the program or initiative will reach and support diverse, equity-deserving, or marginalized populations in Halton. (*Maximum 100 words*)

**10. Evidence that your program or initiative is needed:**

**(A)** Provide evidence to support the need for this program or initiative and **why it should be considered a priority in Halton**. Evidence can include data collected by your organization (such as program evaluations, program trends, and statistics); community data (such as planning or research documents, statistics, and information from community consultations); and other reliable sources. If the design or delivery of the program or initiative is based on best practices and/or evidence-based practices, please describe them. (*Maximum 400 words*)

**(B)** Are there similar programs or initiatives in Halton? If so, how does your program or initiative enhance existing initiatives or address a gap in what is currently available? (*Maximum 100 words*)

**11. Service targets:** Use the table below to show the number of clients/participants in each municipality that are expected to directly benefit from the program or initiative.

Remember that HRCIF funding must only be used for services to Halton residents.

**Measurements in the table:**

Please define how a unique client is measured (for example, one client may represent one workshop participant, one person served, or one household served).

**Organization's definition of a unique client:**

If the organization uses different methods of collecting service numbers or the amount of service clients are provided with (such as number of visits or number of contacts), please fill in **both** the number of unique clients served and number of clients served through the other relevant measure.

**Organization's other measure used** (if applicable)**:**

| Municipality | Number served in 2023 (if applicable) | | Targets for 2024 | |
|---|---|---|---|---|
| | Unique clients | Other measure | Unique clients | Other measure |
| Burlington | | | | |
| Halton Hills | | | | |
| Milton | | | | |
| Oakville | | | | |
| **Halton Total** | | | | |

12. **Collaboration:** In the table below, list the organizations or community partners that you will collaborate with on this program or initiative and summarize their roles and contributions. Partnerships should be meaningful and appropriate, and they should significantly support the program or initiative.

**Notes**:
- Collaborating partners may be contacted for further information. See Section 6 of the guidelines for more information.
- Collaborating partners must provide letters of support if they are providing free space and/or are essential for the delivery of the program or initiative. Action Table leads must provide letters of support for applications submitted on behalf of a CSWB Action Table.

| Name of Collaborating Partner | Brief Description of Collaborating Partner's Role | Partnership Status | Letter of Support Provided? |
|---|---|---|---|
| | | Established<br>Not yet in place<br>Under development | ☐ Yes<br>☐ No |
| | | Established<br>Not yet in place<br>Under development | ☐ Yes<br>☐ No |
| | | Established<br>Not yet in place<br>Under development | ☐ Yes<br>☐ No |
| | | Established<br>Not yet in place<br>Under development | ☐ Yes<br>☐ No |
| | | Established<br>Not yet in place<br>Under development | ☐ Yes<br>☐ No |

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## Section 4: Budgets and other funding sources

**1. BUDGET A – Funds requested from the HRCIF:**

Complete Budget A (table below) to show how the HRCIF funds will be used if the program or initiative is approved for funding. All activities and expenditures must be completed during the funding period.

**Instructions:**

- **Staffing budget line:** Enter position title and relevant information into each fillable field in the Description column. The total amount will be automatically calculated and shown in the HRCIF Request ($) column(s).

- Mandatory employer-related costs include Employment Insurance premiums, Canada Pension Plan contributions, vacation pay, statutory holiday pay, workers' compensation premiums or equivalent liability insurance (if applicable), and any other mandatory provincial contributions.

- **Remaining budget lines:** Provide a brief description of each expense in the Description column.

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

| Program/Initiative Expenses | Description | 2024 HRCIF Request ($) |
|---|---|---|
| Staff position 1 | Position title:<br><br>Number of weeks employed<br>Year 1:<br>Number of hours per week<br>Year 1:<br>Hourly wage<br>Year 1:<br>Mandatory employer-related costs, if applicable ($)<br>Year 1: | |
| Staff position 2 | Position title:<br><br>Number of weeks employed<br>Year 1:<br>Number of hours per week<br>Year 1:<br>Hourly wage<br>Year 1:<br>Mandatory employer-related costs, if applicable ($)<br>Year 1: | |
| Staff position 3 | Position title:<br><br>Number of weeks employed<br>Year 1:<br>Number of hours per week<br>Year 1:<br>Hourly wage<br>Year 1:<br>Mandatory employer-related costs, if applicable ($)<br>Year 1: | |

| | | |
|---|---|---|
| Staff position 4 | Position title:<br><br>Number of weeks employed<br>Year 1:<br>Number of hours per week<br>Year 1:<br>Hourly wage<br>Year 1:<br>Mandatory employer-related costs, if applicable ($)<br>Year 1: | |
| Equipment, materials, supplies, and capital items (such as computers, phones, office materials) | | |
| Communications and marketing (such as printing, promotion) | | |
| Professional services (such as consulting, training) | | |
| Operational costs (such as rent, utilities, insurance, mileage, space rental) | | |
| Administrative costs (such as supervision, HR, legal, audit) | | |
| Other expenses (please describe) | | |
| | **Total** | |

**2.** Is the total budget for the program or initiative greater than the HRCIF request?

Yes

No

If yes, please describe the other sources of funding.

**3. Funding period:** If approved, what is your preferred start date for the funding (must be no earlier than July 1, 2024)?

## Section 5: Work Plan

**Instructions**:
Complete the work plan template (following these instructions) to define the program or initiative's goals, key activities, specific targets, and evaluation methods. Explanations of what each of these means are provided below, along with examples. However, the amount or type of information that is appropriate for a specific funding request will vary. Include all relevant information about the plan for your program or initiative.

If the application is approved for funding, your work plan will be used to establish requirements for the grant.

**Explanations and examples:**
Use these as a guide for what you should enter in each column of the work plan template.

a. **Program or initiative goals:** Provide a brief description of each key goal the program or initiative is intended to achieve.
   i. **For example:** Enhance the well-being of youth who are vulnerable to negative health and social outcomes by providing access to mental health supports and service navigation.

b. **Key activities:** Tasks that are necessary to achieve the goals and targets.
   i. **For example:** Recruit youth by promoting the program to parents, Halton service providers, local schools and youth via social media, word of mouth and other communication channels.

c. **Specific targets and impact:** Specific results the program or initiative is aiming to achieve. Targets should demonstrate the impact the program or initiative is meant to have on clients or the community. Targets should be specific, measurable, and achievable within the funding period. Targets may address:
   i. **Program deliverables** such as the number of clients to be served, the number of sessions to be delivered, the number weeks of programming to be provided, the number of meals to be served, etc.
   ii. **Program performance targets** that measure client satisfaction, the amount of increase in efficiency, etc.
   iii. **Client impact** including changes in clients' circumstances, knowledge, skills, attitude, and behaviour.
       **For example:** 80% of youth will report an improved sense of mental health and well-being.

d. **Evaluation methods:** How will the organization measure progress towards specific targets? This can include both quantitative and qualitative methods.
   i. **For example:** Track attendance, survey clients, etc.

# Work Plan Template

| Goals<br>What are the overarching objectives of the program or initiative? | Key Activities<br>What are the things you will do to deliver the program or initiative? | Targets and Impact<br>What are the specific targets and impacts related to the goal and each key activity? | Evaluation Methods<br>What are the methods you will use to measure each target or impact? |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |

## Section 6: Authorization

By typing my name below and submitting this application to Halton Region, I confirm the following:

a.  I have reviewed the HRCIF Guidelines for 2024 Funding: Category One.

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

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

d.  I am aware that submitting an application does not guarantee approval of funding by Halton Region. I am aware that all funding decisions made by Halton Region are final.

e.  I acknowledge that if this application is approved, my organization will not be reimbursed for any expenses incurred before the beginning of the funding period stated in the Funding Agreement.

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

g.  I permit staff of Halton Region to discuss and share the application with community partners listed in this application, representatives of the Halton System Leadership Group, and any other organizations or individuals that Halton Region deems necessary in order to assess the application and facilitate potential partnership opportunities.

h.  I have the authority to bind the organization to these terms.


Name: _____     Date: _____


**My application submission includes the following mandatory attachments:**

☐  Completed application form

☐  Year-end financial statements for the most recent fiscal year, which must include comparative information for the prior fiscal year (See Section 4 of the guidelines for details).

☐  Three quotes (if applicable): For capital equipment or other capital items if these items cost $1,000 or more.

☐  Letters of support (if applicable): Letters of support from any partner organizations named in the application must be submitted if that organization is providing free space and/or if the organization is essential for the delivery of the program or initiative. Action Table leads are required to submit letters of support for applications submitted on behalf of current CSWB Action Tables.


When you have completed this form and prepared the attachments, please follow the instructions on the HRCIF web page at halton.ca to upload the documents for your submission. All documents must be saved and uploaded as PDF files (Adobe Portable Document Format).

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