



Halton Region Community Investment Fund (HRCIF)

## **Application for 2026 Funding: Category One**

Intake deadline: October 28, 2025 at 2 p.m. ET

**This application form contains six (6) sections. All sections must be complete.**

Incomplete applications will not be reviewed.

**Before filling in this application:** Please thoroughly review the Guidelines for 2026 Funding: Category One which are available online by visiting the Halton Region Community Investment Fund ([HRCIF](#)) web page at [halton.ca](#) or by calling 311 (in Halton) or 1-866-442-5866 (toll-free).

**To complete the application:** The HRCIF application is provided as a fillable and savable Portable Document Format (PDF) form. To complete the application, follow these steps:

1. Save the application to a location on your computer where you can easily find it.
2. Open Adobe Reader (available as a free [download](#) if you don't already have it installed).
3. Locate and open the saved application using Adobe Reader. You can now use Adobe Reader to fill out and save the application.

**Important:** Applications must be uploaded as part of the submission. Please **do not** use a different form or convert the document into another format (such as Microsoft Word).

## Section 1: Contact information

<b>Name of organization:</b>	<b>Registered address of organization:</b>
<b>Name of main contact for this application:</b>	<b>Title:</b>
	<b>Email:</b>
	<b>Phone:</b>
<b>Name of Executive Director (if not main contact)</b>	<b>Email:</b>
	<b>Phone:</b>
<b>Website:</b>	

## Section 2: Information about the organization

<b>Status of organization:</b> <input type="checkbox"/> Incorporated as a non-profit and registered charity <input type="checkbox"/> Incorporated as a non-profit <input type="checkbox"/> Incorporated as a non-profit and registered charity and applying as a sponsor for an unincorporated community group	
<b>Year of incorporation:</b>	<b>Charitable registration number (if applicable):</b>
<b>Briefly summarize the organization's mandate or main objective:</b>           	
<b>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?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> 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:

**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 6 of the Guidelines for 2026 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

<b>1. Name of the program or initiative the funding will be used for:</b>
<b>2. History of the program or initiative:</b> 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
<b>3. Areas the program or initiative will serve:</b> <b>(A)</b> HRCIF funds must <b>only</b> 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 <input type="checkbox"/> Halton Hills <input type="checkbox"/> Milton <input type="checkbox"/> Oakville  <b>(B) Other areas:</b> Does the organization provide or intend to provide the program or initiative to clients from 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 [Community Safety and Well-Being Indicator Dashboard](#) at [halton.ca](http://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 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](#) or refer to the Guidelines for 2026 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. Priority Population/Equity-deserving group(s) for the program or initiative:** Please describe the population or community that will benefit from this program or initiative. The initiative must positively impact the health, safety, or overall well-being of populations who are at increased risk or vulnerable to negative health or social outcomes. (*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 equity-deserving communities. Please describe how the program or initiative will reach and support diverse, equity-deserving populations in Halton. (*Maximum 100 words*)

**10. Evidence that the 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 (such as the [Community Safety and Well-Being Indicator Dashboard](#) at [halton.ca](#)). 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 the 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 to provide services to residents of Halton.

**Measurements in the table:**

Please define how your organization measures a **unique client** (for example, one client may represent one workshop participant, one person served, or one household served).

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

If your organization uses additional methods to track service delivery or the amount of service clients are provided (such as number of visits or number of contacts), please fill in **both** the number of **unique clients** served and the number of clients served using the **other measure**. Please ensure that the municipal targets below match the municipalities identified in question 3A

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

Municipality	Number served in 2025 (if applicable)		Targets for 2026	
	Unique clients	Other measure	Unique clients	Other measure
Burlington				
Halton Hills				
Milton				
Oakville				
<b>Halton Total</b>				

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

**Notes:**

- Collaborating partners may be contacted for further information. See Section 5 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.

Name of Collaborating Partner	Brief Description of Collaborating Partner's Role	Partnership Status	Letter of Support Provided?
		Established Not established	Yes No
		Established Not established	Yes No
		Established Not established	Yes No
		Established Not established	Yes No
		Established Not established	Yes No

## 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	2026 HRCIF Request (\$)
Staff position 1	Position title:  Number of weeks employed Year 1: Number of hours per week Year 1: Hourly wage Year 1: Mandatory employer-related costs and benefits, if applicable (\$) Year 1:	
Staff position 2	Position title:  Number of weeks employed Year 1: Number of hours per week Year 1: Hourly wage Year 1: Mandatory employer-related costs and benefits, if applicable (\$) Year 1:	
Staff position 3	Position title:  Number of weeks employed Year 1: Number of hours per week Year 1: Hourly wage Year 1: Mandatory employer-related costs and benefits, if applicable (\$) Year 1:	

Staff position 4	Position title:  Number of weeks employed Year 1:  Number of hours per week Year 1:  Hourly wage Year 1:  Mandatory employer-related costs and benefits, if applicable (\$) 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)		
<b>Total</b>		

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 the preferred start date for the funding (must be no earlier than May 1, 2026)?

## Section 5: Work Plan

### Instructions:

Complete the work plan template to define the program or initiative's goals, key activities, audience/population supported, specific outputs and outcomes with targets and evaluation methods. Descriptions of each element are provided below, along with examples. The amount or type of information that is appropriate for a specific funding request will vary.

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

### Explanations and examples:

Use these as a guide for what should be entered 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 intending to achieve. There is room for up to three unique program goals.
  - 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. **Activities:** Activities represent “how” the initiative will achieve its goals or desired outputs and outcomes. Tasks that are necessary to achieve the outputs and intended outcomes.
  - i. **For example:** Recruit youth by promoting the program to Halton service providers, local schools and youth via social media, word of mouth and other communication channels.
  - ii. **Best practice:** Use verbs to describe your activities, such as develop, deliver, conduct, advocate, train, recruit, etc.
  - iii. Activities should have at least one aligned output or outcome.
- c. **Audience/population supported:** Include the individuals or groups that the initiative is intended to reach or impact. This can be the same for multiple activities. Some aspects of the initiative may also focus on a specific priority population within the larger audience.
  - i. **For example:** client group, residents, community partners.
- d. **Outputs:** Specific results the program or initiative is aiming to achieve. Outputs focus on “how much” was done and are direct products or results of the program activities. Outputs can be viewed as quantifying activities and providing numeric values or attributing percentages. They describe the size or scope of the services delivered or produced and should be accompanied by targets that are specific, measurable, and achievable within the funding period. Outputs 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. **For example:** Number of youth who enroll in the mental health support program, number of partner organizations engaged in referrals etc.
- e. **Intended Outcomes:** Outcomes should demonstrate the impact the program or initiative is meant to have on clients or the community.
  - i. **Program performance targets** that measure client satisfaction, the amount of increase in efficiency, knowledge, behaviour, skills, etc.

- ii. **Client impact** including changes in clients' circumstances, knowledge, skills, attitude, and/or behaviour.
  - iii. **For example:** % of youth who say they feel a greater sense of belonging to their community/ies (e.g., communities, school, faith group, neighbourhood, youth group, community arts group, interest group, sports group) compared to when they first started the program.  
**For example:** % of youth who say they know more about their employment/career options compared to when they first started the program.
- f. **Evaluation methods:** How will the organization measure progress towards specific targets? This can include both quantitative and qualitative methods.
- i. **For example:** Track attendance, pre- and post-program surveys measuring change etc.

# Work Plan Template

Goal 1:

Activities: What specific actions will be taken to deliver the program or initiative?	Audience/population supported: (examples: clients, residents, community partners)	Outputs: How much/many did the program do (#)? Please include a target.	Intended Outcomes: How well did the program do it? Is anyone better off because of the activity/program?	Evaluation Methods: What methods will be used to measure each output and outcome?

**Goal 2:**

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<b>Activities:</b> What specific actions will be taken to deliver the program or initiative?	<b>Audience/population supported:</b> (examples: clients, residents, community partners)	<b>Outputs:</b> How much/many did the program do (#)? <i>Please include a target.</i>	<b>Intended Outcomes:</b> How well did the program do it? Is anyone better off because of the activity/program?	<b>Evaluation Methods:</b> What methods will be used to measure each output and outcome?

**Goal 3:**

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<b>Activities:</b> What specific actions will be taken to deliver the program or initiative?	<b>Audience/population supported:</b> (examples: clients, residents, community partners)	<b>Outputs:</b> How much/many did the program do (#)? <i>Please include a target.</i>	<b>Intended Outcomes:</b> How well did the program do it? Is anyone better off because of the activity/program?	<b>Evaluation Methods:</b> What methods will be used to measure each output and outcome?

## 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 2026 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 6 of the [guidelines](#) for details).

If applicable, two quotes for capital equipment or other capital items that cost \$1,000 or more.

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.

If applicable, a letter of support for applications submitted on behalf of current CSWB Action Tables must be included.

Once this form is completed and the attachments are prepared, please follow the instructions on the [HRCIF](#) webpage at [halton.ca](http://halton.ca) to upload the documents for submission. All documents must be saved and uploaded as PDF files.