

# Milton Community Fund Organization Application 2022



## Choose the application best suited for your organization:

- If your organization has existed in the community for more than 3 years: Complete the "Organization" application package.
- If your organization has existed in the community for less than 3 years: Review the "Organization" and "Emerging Organization" application package to determine which application is best suited to your organization's status.

## Submit the sections that apply:

This application package is divided into several sections.

- **Part A:** Organization Applicant Information
- **Part B:** Funding Proposal (Complete and submit this section if applicable)
- **Part C:** Budget Information
- **Part D:** Organization Information
- **Part E:** Funding for Training Proposal
- **Part F:** Funding for Event Proposal

## Notes:

- Two (2) executive members of your organization must sign the application. If applicable, an Executive Director can be one of the two signatures.
- Please review the "Application Checklist" to be sure you have included all information required.
- Please refer to the Budget Sample on the Town website for assistance with Part C ([www.milton.ca/miltoncommunityfund](http://www.milton.ca/miltoncommunityfund))
- The contact name noted in your application will be the person that Town staff communicate with to address questions and results regarding your application.

## Timing:

Application Deadline	Funds Received	Funds must be spent from...
September 12, 2022	January 2023 (subject to change)	January 2023 - January 2024

## Please submit your application to:

The Corporation of the Town of Milton; Community Services Department

**Attention:** Community Fund Administrator

**Drop off:** Town Hall, 150 Mary Street

**By mail:** Town of Milton 150 Mary Street, Milton, ON L9T 6Z5

## Required Fields

All fields in this form marked with an asterisk (\*) are required prior to submission. While you may complete the application after printing, you are encouraged to fill in as many fields as possible electronically.

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Community Services Department, Mailing Address: 150 Mary Street, Milton, ON, L9T 6Z5

For more information, contact the Community Fund Administrator

**Phone:** 905-878-7252, ext. 4905, **Email:** [miltoncommunityfund@milton.ca](mailto:miltoncommunityfund@milton.ca)

Information provided by the applicant and contained within the application form and any applicable attachments, is collected under the authority of the Municipal Act, 2001, Section 11, and will be used to evaluate and recommend funding allocations for the Town of Milton, Community Services Department programs. If you have questions about this collection, please contact the Community Fund Administrator, 150 Mary Street, Milton, ON L9T 6Z5, 905-878-7252, ext. 4905.

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## Application Checklist

Please review this checklist prior to submitting your application.

### Your submission must include:

- Three (3) copies of the** Application form (attached) signed by two (2) members of your organization's executive; one copy must have original signatures. If applicable, an Executive Director can be one of the two signatures
- Written quote (estimate) from a supplier or contractor if your request is for equipment or facility upgrades; a minimum of three (3) quotes are required if your request exceeds \$4,999, only one copy required.
- Letter of permission from the facility owner if your request is for facility upgrades to a site you do not own, only one copy required.

### Your application must be accompanied by **one (1) copy of the following documents:**

- Minutes of your organization's last annual general meeting (If your election of officers is conducted at another meeting, please also provide a copy of those meeting minutes. If the rationale for this timing is not documented in your constitution or by-laws, an explanation should also be provided.)
- Financial statements for the 2 most recent **complete** years including Balance Sheet
- Operating budget for your organization's operating year in which funds received would be utilized; your budget should include a line item to show your grant request to the Town of Milton (the amount shown in Part C, E & F of your application should match this line).
- Membership list, including names, town/city of residence and telephone numbers or submit a written request for exemption
- List of executive officers/organizing committee, including names, town/city of residence, telephone numbers and years of service on the committee

### OR

- List of Board of Directors (if applicable), including names, town/city of residence and telephone numbers, years of service on the Board and who is serving in Executive positions

### Not-for-profit corporations must submit:

- Copy of letters patent
- Current certificate of status from the Ministry of Government Services. Companies Branch (issued when an organization updates letters patent/incorporation status)
- Copy of constitution and/or organizing by-laws

### Organizations who are **not** incorporated must submit:

- Copy of constitution and/or organizing by-laws

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## Part A – Applicant Information

**Please note the following:**

The contact name noted in your application will be the person that Town staff communicate with to address questions and results regarding your application.

Contact name\* \_\_\_\_\_

Organization name\* \_\_\_\_\_

Mailing address\* \_\_\_\_\_ Apt/unit \_\_\_\_\_

Town/city\* \_\_\_\_\_ Postal code\* \_\_\_\_\_

Website \_\_\_\_\_

Phone\* \_\_\_\_\_

Fax \_\_\_\_\_ Email\* \_\_\_\_\_

Total Funding Request Part C \_\_\_\_\_

Total Funding Request Part E \_\_\_\_\_

Total Funding Request Part F \_\_\_\_\_

**Total Funding Request** \_\_\_\_\_

**This application is being submitted to the 2022 Milton Community Fund Program**

I have reviewed the entire application submission and all information provided is true and accurate to the best of my knowledge and understanding. As a signing officer for the organization, I certify that there are at least five members on the board/executive/organizing committee with a minimum of four members not related by blood.

**Two (2) members of the executive (signing officers) must sign organization applications.**

Signature\* \_\_\_\_\_ Print name\* \_\_\_\_\_

Date (mm/dd/yy)\* \_\_\_\_\_

Signature\* \_\_\_\_\_ Print name\* \_\_\_\_\_

Date (mm/dd/yy)\* \_\_\_\_\_

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## Part B - Funding Proposal (Complete this section if applicable)

If you are applying for funding other than for training or events, please complete this section.  
If you are also applying for training funding, complete Part E or event funding complete Part F.

We are not applying for funding other than for training or events. Parts B and C are not applicable to our application.

B1 (a). Describe the initiative / program / project you are planning and what it will address / achieve for your organization.\*

B1 (b). Describe how funding would be used if your request is approved.\*

B1 (c). Please provide evidence that highlights the need for this initiative / program / project and why it should be considered a priority (e.g. program trends, statistics, community consultation, literature).\*

B1 (d). Are you planning to pay for any of the requested items in your proposal prior to the grant approval date?\*

Yes  No

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B1 (e). Does the purpose of the initiative / program / project include a religious component?\*

Yes  No

B1 (f). Will the program be led by a person whose mandate includes the promotion of religious doctrine?\*

Yes  No

B2 (a). Describe the impact to your organization if your request for funding is approved (What changes, improvements and/or benefits will members / participants / volunteers experience?)\*

B2 (b). Specifically who and how many people will benefit from the initiative / program / project. Please complete as applicable to your proposal\*

# of program participants \_\_\_\_\_

# of new program participants \_\_\_\_\_

# attendees at organization led activities \_\_\_\_\_

# of members using / benefitting from equipment \_\_\_\_\_

# of members involved \_\_\_\_\_

# volunteers involved \_\_\_\_\_

# staff / instructors involved \_\_\_\_\_

Anticipated hours of facility utilization \_\_\_\_\_

Other (please specify)

B3. How will receiving this funding impact the Milton community in both the short term and the long term?\*

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B4. How will you evaluate and measure the success of your initiative / program / project?\* (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Participant survey                       | <input type="checkbox"/> Analyze budget for expenditure decrease     |
| <input type="checkbox"/> Reviews from local media                 | <input type="checkbox"/> Analyze budget for revenue increase         |
| <input type="checkbox"/> Feedback from social media site          | <input type="checkbox"/> Achieve increased functionality             |
| <input type="checkbox"/> Track increase/decrease in membership    | <input type="checkbox"/> Improved energy efficiency                  |
| <input type="checkbox"/> Track increase/decrease in participation | <input type="checkbox"/> Review increase/decrease of safety concerns |
| <input type="checkbox"/> Track increase/decrease in volunteerism  | <input type="checkbox"/> Other                                       |

B5. What financial plans does your organization have to sustain the activities outlined in your proposal in the future?\*

B6. How will you be affected if the grant is not approved or if a reduced amount is granted?\*

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## Part C - Funding Proposal Budget

**Please note the following:**

- Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. List your requests for funding in the chart below in order of priority.
- If your request is for equipment or facility upgrades exceeding \$4,999 including taxes, a written quote (estimate) from 3 suppliers or contractors is required. Attach the quotes (estimates) to your application.
- If your request for any one item exceeds \$499 including taxes, a written quote (estimate) is required. Attach the quote (estimate) to your application.
- Provide dollar values with taxes included.
- If your request is for a facility upgrade to a site you do not own, include a letter permitting this work to be done (subject to grant approval) from the facility owner.

Please refer to the sample on the Town website: [www.milton.ca/miltoncommunityfund](http://www.milton.ca/miltoncommunityfund)

**Please indicate the request priorities of Parts C, E, and F\***

Part C:     First Priority     Second Priority     Third Priority

Part E:     First Priority     Second Priority     Third Priority

Part F:     First Priority     Second Priority     Third Priority

C1. Please itemize and list in order of priority your request(s) for funds (do not include training or event requests)

Add/Remove Move Up/Down				Priority	A – Milton Community Fund Request (In order of priority)*	Dollar Value* (Including tax as applicable)	Partial funding an option (Indicate if applicable)
+	-	^	v	1			<input type="checkbox"/>
Specific Request Total							

C2. Please indicate items your organization will also be purchasing and/or in-kind contributions related to this proposal.

Add/ Remove	B – Organization's Contributions and Anticipated Revenue Sources					Dollar Value (Including tax as applicable)
<b>Planned Purchases</b>						
+	-					
Planned Purchases Total						
<b>Requested Donations (in-kind)</b>						
+	-					
Requested Donations (in-kind) Total						

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Add/ Remove	B – Organization's Contributions and Anticipated Revenue Sources	Dollar Value (Including tax as applicable)
<b>Other Funds Received Towards Project</b>		
+		
-		
Other Funds Received Towards Project Total		
<b>Organization's Contributions Total</b>		

## Part D – Organization Information

D1 (a). Outline the mission, purpose and objectives of your organization. (This question is asked to help volunteers who review your application as they do not receive copies of your constitution and operating by-laws).\*

D1 (b). Does your organization have a political affiliation?\*

Yes  No

D1 (c). Is your organization a foundation that raises funds for a not-for-profit-, for-profit organization or another level of government and their associated groups or agencies?\*

Yes  No

D2. When was your organization formed?\*

D3 (a). How many members does your organization have?\*

D3 (b). Of the number noted in D3 (a), how many are Milton residents?\*

D3 (c). Membership is open to:\*



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D3 (d). Percentage (%) of members by city/town (you must enter a number in each field, 0 is allowed, total must be 100%):

\_\_\_\_\_ % live in Milton\*

\_\_\_\_\_ % live in Halton Hills\*

\_\_\_\_\_ % live in South Halton (Burlington or Oakville)\*

\_\_\_\_\_ % live in other locations\*

\_\_\_\_\_ **Total**

D3 (e). If your organization does not meet the 75% residency requirement, please outline the exception your organization meets. (See the Milton Community Fund guidelines for options.)

D4. Which demographic(s) are programs offered by your organization primarily serving? (check all that apply)\*

- Children (below the age of 13)
- Youth (between the ages of 13 - 24)
- Adults (between the ages of 25 – 54)
- Senior Adults (55 years of age and older)

D5 (a). How many volunteers support your organization?\*

D5 (b). Approximately how many volunteer hours per year does this represent?\*

D5 (c). Does this number of volunteers fulfill your organization's needs?\*

- Yes    No

D6. How does the Milton community benefit from your organization's presence in our community?\*

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D7 (a). Does your organization host events for general public enjoyment in the Milton community?\*

- Yes  No

D7 (b). Does your organization provide support to or partner with any other Milton organizations? (Examples: provide services, entertainment, financial support, etc.)\*

- Yes  No

D8. What unique program/service does your organization provide that is not currently offered elsewhere in our community?\*

D9 (a). How does your organization promote itself to the community?\*

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper advertising  | <input type="checkbox"/> Social media                       |
| <input type="checkbox"/> Website  | <input type="checkbox"/> Word of mouth                      |
| <input type="checkbox"/> Halton Information Providers Database ( <a href="http://www.hipinfo.info">www.hipinfo.info</a> ) | <input type="checkbox"/> Direct mailing to Milton residents |
| <input type="checkbox"/> Posters on community information boards  | <input type="checkbox"/> Other                              |

D9 (b). What was the date and location of your last Annual General Membership Meeting (AGM)?

Date\* \_\_\_\_\_ Location\* \_\_\_\_\_

D9 (c). How was your AGM promoted?\*

- |  |   |
|--|---|
| <input type="checkbox"/> Membership newsletter | <input type="checkbox"/> Newspaper advertising                                    |
| <input type="checkbox"/> Membership e-news     | <input type="checkbox"/> Posters on community information boards in Milton arenas |
| <input type="checkbox"/> Email                 | <input type="checkbox"/> Website  |
| <input type="checkbox"/> Facebook              | <input type="checkbox"/> Word of mouth  |
| <input type="checkbox"/> Twitter               | <input type="checkbox"/> Other  |

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D10. Does your organization collect membership fees, fees for service and/or participation fees?\*

Yes  No

D12. What are your fundraising activities and/or sponsorship plans for the upcoming year?

Add/ Remove		Activity, Event or Sponsor	Dollar Value (Including tax as applicable)
+	-		

## Part E – Funding Proposal for Training

If you are *not* applying for training funding, Part E is not applicable.  
Please check the following checkbox if this is the case.

We are *not* applying for training funding. Part E is not applicable to our application.

Please indicate the request priorities of Parts C, E, and F\*

Part C:  First Priority  Second Priority  Third Priority

Part E:  First Priority  Second Priority  Third Priority

Part F:  First Priority  Second Priority  Third Priority

Please note the following:

- If your application is for *more than one* training activity, enter the details of each training activity separately.
- Attach a conference/training brochure noting the activities you plan to attend and the associated costs.
- A minimum of 75% of your membership/registrants must be comprised of Milton residents/ratepayers in order to qualify for trainings and certifications.
- Training clinics or certification programs for coaches and trainers must be considered a minimum certification requirement by the governing body (maximum \$200 per person).
- Training clinics or certification programs for officials (umpires, referees, etc.) must be considered an entry level certification requirement (maximum \$200 per person).
- Maximum allowance for conference attendance is \$1,000/person.

Add/Remove Move Up/Down				Priority	Name of the course or certification you are seeking funding for*
+	-	^	v	1	

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Details for: (no title)

E1. What is the name of the course or certification you are seeking funding for?\*

E2. Is this sports related training?\*

Yes  No

E3. What will participants learn by participating in this program?\*

E3 (a). Is this the minimum requirement for this Coaches or Trainers position in your sport?\*

Yes  No  Not applicable

E3 (b). Is this the entry level certification for an Official in the related sport?\*

Yes  No  Not applicable

E4 (a). Describe how this training will benefit your organization. (Check all that apply.)\*

- |   |  |
|---|--|
| <input type="checkbox"/> Mandatory for all coaches                                      | <input type="checkbox"/> Increases retention of volunteers                 |
| <input type="checkbox"/> Mandatory for all officials                                    | <input type="checkbox"/> Improves safety                                   |
| <input type="checkbox"/> Trains the Trainer   | <input type="checkbox"/> Tailored to meet the needs of the organization    |
| <input type="checkbox"/> Linked to existing training (NCCP, Speak Out, High Five, etc.) | <input type="checkbox"/> Increases knowledge/education                     |
| <input type="checkbox"/> Mandatory for all staff  | <input type="checkbox"/> Expands contacts with other similar organizations |
| <input type="checkbox"/> Mandatory for all volunteers                                   | <input type="checkbox"/> Other   |

E4 (b). How long do you anticipate the trainee(s) will contribute service to your organization?\*

- |  |  |
|--|--|
| <input type="radio"/> Less than one year | <input type="radio"/> One to two years     |
| <input type="radio"/> Two to three years | <input type="radio"/> Three to four years  |
| <input type="radio"/> Four to five years | <input type="radio"/> More than five years |

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E5 (a). Please indicate who will be taking this training and their appropriate category or categories; provide additional information to clearly define who will be trained.

Category	Training to be Taken by*	Volunteer Position	Paid Position
Front Line (coach, leader, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Secondary (Board members)		<input type="checkbox"/>	<input type="checkbox"/>
Officials (referee, umpire, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Trainers (sport, vocal, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below) _____		<input type="checkbox"/>	<input type="checkbox"/>

+	-
---	---

E5 (b). If the individuals are being paid, please indicate their age category\*

- Under 18 years of age   
  18 years of age and older   
  The individuals are not being paid

E6 (a). Is this a repeat or re-certification training?\*

- Yes     No

E6 (b). Is there more than one level to this training program?\*

- Yes     No

E7. Where will the training be held?\*

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## E8. Training Budget

Please note: If requesting travel costs, a maximum mileage rate of \$0.17/km applies.

Description of Expenses	Anticipated Expense Amount	Milton Community Fund Request	Partial funding an option (indicate if applicable)
Attendees (number of people being trained, cost per person, flat rate, etc.) details:			<input type="checkbox"/>
Facility rental expenses details:			<input type="checkbox"/>
Training materials/resources details:			<input type="checkbox"/>
Other training expenses details:			<input type="checkbox"/>
Travel costs associated with training (transportation, mileage/flat rate) details:			<input type="checkbox"/>
Accommodation (number of rooms, number of nights, flat rate, etc.) details:			<input type="checkbox"/>
Total:			

**Total Training Funding Request (includes all Training Requests)** \_\_\_\_\_

## Part F – Funding Proposal for Events

If you are *not* applying for events funding, Part F is not applicable.  
Please check the following checkbox if this is the case.

We are *not* applying for events funding. Part F is not applicable to our application.

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Please indicate the request priorities of Parts C, E, and F\*

Part C:  First Priority  Second Priority  Third Priority

Part E:  First Priority  Second Priority  Third Priority

Part F:  First Priority  Second Priority  Third Priority

Add/Remove Move Up/Down				Priority	Name of the event you are seeking funding for (or "Event 1", "Event 2", etc.)*
+	-	^	v	1	

## Details for: (no title)

F1. What is the name of the event you are seeking funding for (or "Event 1", "Event 2", etc.)\*

F2. What is the location and address of the event?\*

F3. What is the date and time for each day (if applicable) of your event?

Add/ Remove	Date (mm/dd/yy)*	Time*
+   -		

F4. What is the estimated attendance for the event?\*

F5. Is this a first time event?\*

Yes  No

F6. Is there an entrance fee or any fees for participation?\*

Yes  No

F7. Is this a private event or open to the public?\*

Private  
 Open to the Public

F8 (a). Does the event include a religious component?\*

Yes  No

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F8 (b). How have you promoted this event?\*

F8 (c). Who have you promoted this event to?\*

F9. Provide a description of all activities at the event.\*

F10. Are you planning to pay for any of the requested items in your proposal prior to the grant approval date?\*

Yes  No

F11. Event Budget:

Add/ Remove	Description of Expenses*	Anticipated Expense Amount*	Milton Community Fund Request*	Partial funding an option (indicate if applicable)
				<input type="checkbox"/>
+				<input type="checkbox"/>
-				
Total:				

**Total Event Funding Request (includes all Event Requests)** \_\_\_\_\_