

Milton Community Fund Organization Application 2018



Choose the application best suited for your organization:

- If your organization has existed in the community for more than 3 years: Complete this “Organization” application package.
- If your organization has existed in the community for less than 3 years: Review the “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
- **Part C:** Budget Information
- **Part D:** Organization Information
- **Part E:** Funding for Training Proposal (Complete and submit this section if applicable)
- **Part F:** Funding for Event Proposals (Complete and submit this section if applicable)

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 “Organization 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
- 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 10, 2018, 4:30 pm	January 2019*	January 2019 – January 2020

*subject to change

Please submit your application to:

The Corporation of the Town of Milton; Community Services Department

Attention: Denise Black, Community Development Advisor

Drop off: Town Hall, 150 Mary Street

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

Community Services Department, **Mailing Address:** 150 Mary Street, Milton, ON, L9T 6Z5
For more information, contact Denise Black, **Phone:** 905-878-7252, ext. 2539, **Fax:** 905-864-3222
Email: denise.black@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 Development Advisor, 150 Mary Street, Milton, ON L9T 6Z5, 905-878-7252, ext. 2539.

Last Updated: April 6, 2018

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Please review this checklist prior to submitting your application.

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. **Your submission must include three (3) copies.**

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 previous two (2) years

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 and E 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 - Application Information

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 2018 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): _____

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.

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Part B - Funding Proposal

If you are applying for funding other than for training or events, please complete this section.

Please note the following:

If you are also applying for training funding complete Part E or event funding complete Part F.

B1. Describe what you are seeking funding for and how you would specifically use the grant.

B2. How will receiving this funding benefit your organization? (What changes/improvements will members/participants/volunteers experience?)

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 your project/activity and measure the success of your initiative?
(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 (Please explain below): |

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, 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, 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.

C1. Please itemize and list in order of priority your request(s) for funds:

A – Milton Community Fund Request (In order of priority)	Dollar Value (Including tax as applicable)	Partial Funding an option (indicate if applicable)
*Specific Request Total		

* Please indicate total in Section A under “Total Funding Request Part C.”

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

B – Organization’s Contributions and Anticipated Revenue Sources	Dollar Value (Including tax as applicable)
Planned Purchases	
Sub-Total:	
Requested Donations (in-kind)	
Sub-Total:	
Other Funds Received Towards Project	
Sub-Total:	
Organization’s Contributions Total::	

Please refer to the sample on the Town website: www.milton.ca/miltoncommunityfund

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Part D – Organization Information

D1. 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.)

D2. When was your organization formed?

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

D3 (b). Membership is open to:

D3 (c). Of the number noted above, how many are Milton residents?

D3 (d). Percentage (%) of members by city/town:

% live in Milton

% live in Halton Hills

% live in South Halton (Burlington or Oakville)

% live in other locations

Total: **100%**

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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. Programs offered by your organization are primarily serving which demographic and how many people?

- 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; approximately how many more volunteer hours per year are required to meet your needs?

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; please complete the following chart.
- No

Event	Date	Location	Anticipated Attendance	Is Your Organization the Lead Organizer?
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes
				<input type="checkbox"/> yes

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

- Yes (Please list below which organizations you supported or partnered with in the past year, who you plan to support or partner with in the upcoming year and what contribution you provided or plan to provide):

- No (Please comment as to why this is not possible):

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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"/> Community Services Guide advertising | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Website | <input type="checkbox"/> Direct mailing to Milton residents |
| <input type="checkbox"/> Halton Information Providers Database
(www.hipinfo.info) | <input type="checkbox"/> Other:
<div style="border: 1px solid black; width: 350px; height: 15px;"></div> |
| <input type="checkbox"/> Posters on community information boards | |

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"/> Posters on community information boards in Milton arenas |
| <input type="checkbox"/> Membership e-news | <input type="checkbox"/> Website |
| <input type="checkbox"/> Email | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other:
<div style="border: 1px solid black; width: 380px; height: 15px;"></div> |
| <input type="checkbox"/> Twitter | |
| <input type="checkbox"/> Newspaper advertising | |

D10. Please provide a listing of your membership fees, fees for service and/or participation fees.

	Fee
Membership/Registration	
Membership/Registration	
Membership/Registration	
Membership/Registration	
Membership/Registration	
Participation	
Service	
Other	
Other	

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D11. How does your organization support those who are unable to afford your established fees?

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

Activity, Event or Sponsor	Anticipated Net Income (dollars)

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Part E - Funding Proposal for Training (Complete this section only if applicable.)

Please note the following:

- If your application is for more than one training activity, complete a separate form for each training activity.
- 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.

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

E2. What Division or level of certification requires this training?

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

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

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

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 |

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

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

- Yes; expires:
- No

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

- Yes; next level:
- No

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E7. Where will the training be held?

E8. Please indicate where this training priority fits in relation to items requested in Part C (as applicable).

- First Priority Second Priority
 Third Priority Lowest Priority

E9. Training Budget:

Description of Expenses	Anticipated Expense Amount	Milton Community Fund Request
# of people being trained: _____ Cost of course per person: _____		
Facility rental expenses:		
Training materials/resources:		
Other training expenses:		
Travel costs associated with training: Type of transportation: _____ Mileage for car travel: _____ km x \$0.17/km		
Accommodation: # of rooms: _____ # of nights: _____		
Total:		

***Total Funding Request: \$**

Priority (if more than one training request):

*Please indicate this total in Section A under "Total Funding Request Part E."

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Part F – Funding Proposal for Events (Complete this section only if applicable)

Please note the following:

- If your application is for more than one event, complete a separate form for each event.

F1. What is the name of the event you are seeking funding for?

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

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

Date	Time (Hours of operation)

F4. What is the estimated attendance for the event?

F5. Is this a first time event?

Yes

No; how many years have you been running this event?

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

Yes; provide fee structure:

Description of Fee	Fee

No

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

Private

Open to the Public

F8 (b). Who have you promoted this event to?

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

F10. Please indicate where this event request priority fits in relation to items requested in Part C (as applicable).

First Priority

Second Priority

Third Priority

Lowest Priority

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F11. Event Budget:

Description of Expenses	Anticipated Expense Amount	Milton Community Fund Request
Total:		

*Total Event Funding Request: \$

Priority (if more than one event request):

*Please indicate this total in Section A under "Total Funding Request Part F."