



City of Ottawa

2017 Funding Submission

Renewable Recreation Funding

**Original signed hard copy is due
Tuesday January 31st 2017, 4pm**

Please mail or deliver to:

Recreation, Cultural and Facility Services Department

Recreation Funding Unit

City of Ottawa

Mary Pitt Centre

100 Constellation Drive, 8th Floor

Ottawa, ON K2G 6J8

NOTE: Availability of City of Ottawa funding is subject to Council approval of the 2017 Budget.

Hard Copy forms also available, please call 613-580-2424 ext. 14133
Formulaire disponible en français. Contactez le 613-580-2424, poste 14133
TTY/ATS: 613-580-2401

Checklist of mandatory requirements

Please note that 2017 funding submissions **must** be complete in order for organizations to receive their second quarter payment. If you require support to complete this submission, please contact your Recreation and Community Development Officer or Recreation Funding Consultant at 613-580-2424 Ext 26459.

Please ensure that your submission includes the following:

Completion of all required sections including

- Two original signatures from individuals who have signing authority for the organization on page 13 – Signature Block
- Specific Program Information on pages 11-12 detailing all or part of your City Renewable Funding
- Details about your Reserve Fund(s) on page 10
- Financial Information on pages 7 – 10 (2016 revenues/ expenditures & 2017 forecasts)

Audited financial statements - for last completed fiscal year

- Consult your Contribution Agreement-Schedule A- Annual Reporting Requirements for organizations that may submit financial statements that have not been prepared by a “qualified” auditor (unaudited financial statements)
- Unaudited Financial Statements should include annual revenues, expenditures and highlight any surplus, deficit and reserve funds

Annual report - for last completed fiscal year

- In the absence of a formal Annual Report, please attach a summary that includes your organization’s activities and accomplishments in 2016, and goals for 2017

Annual general meeting (agm) minutes - for last two completed fiscal years

- Draft AGM minutes from your last completed fiscal year; and
- Most recent **approved** AGM minutes signed by two individuals, with signing authority for your organization

Current board of directors list

- Include the names, position, home address, contact information and the number of years each member has been on your Board

Valid certificate of insurance

- Identifying the City of Ottawa as an additional insured and the certificate holder. Ensure insurance coverage is adequate as stipulated in your legal agreement.

Section 1 - Organization Information

General Information

1) Legal name of organization: _____

2) Preferred language of communication: French English

3) Address of organization:

Street: _____

City: _____ Province: _____ Postal Code: _____

4) Mailing Address (if different from above address):

5) Charitable number (if applicable): _____

6) Incorporation number (if applicable): _____ Fed. Prov.

7) Primary contact information:

Salutation: Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____

Role in Organization (Title): _____

Phone Number: _____ Ext.: _____ Fax Number: _____

E-mail: _____

Facility Information

8 a) Please provide details about organization's main facility:

Rented/Leased

Owned by your organization

Other (i.e., Shared facility)

Please specify:

8 b) If you currently occupy any space(s) in a City of Ottawa facility, please indicate:

Name of City of Ottawa Facility: _____

Address of City Facility: _____

Annual facility rental/mortgage amount: _____

Type of Rental:

Hourly

Seasonal

Long-term Lease

8 c) If you rent space in more than one City of Ottawa facility, please include the information on a separate page

Service Boundaries (Geographic)

9) Primary Catchment Area(s): Please only **select wards** where you **currently provide services**. Please select City-Wide **ONLY** if your funded program(s) and / or service(s) are open to residents from all wards of the city *e.g. Information/Referral telephone line*.

- | | | |
|---|---|--|
| <input type="checkbox"/> Ward 1 - Orléans | <input type="checkbox"/> Ward 9 - Knoxdale-Merivale | <input type="checkbox"/> Ward 17 - Capital |
| <input type="checkbox"/> Ward 2 - Innes | <input type="checkbox"/> Ward 10 - Gloucester-Southgate | <input type="checkbox"/> Ward 18 - Alta Vista |
| <input type="checkbox"/> Ward 3 - Barrhaven | <input type="checkbox"/> Ward 11 - Beacon Hill-Cyrville | <input type="checkbox"/> Ward 19 - Cumberland |
| <input type="checkbox"/> Ward 4 - Kanata North | <input type="checkbox"/> Ward 12 - Rideau-Vanier | <input type="checkbox"/> Ward 20 - Osgoode |
| <input type="checkbox"/> Ward 5 - West Carleton-March | <input type="checkbox"/> Ward 13 - Rideau-Rockcliffe | <input type="checkbox"/> Ward 21 - Rideau-Goulbourn |
| <input type="checkbox"/> Ward 6 - Stittsville-Kanata West | <input type="checkbox"/> Ward 14 - Somerset | <input type="checkbox"/> Ward 22 - Gloucester-South Nepean |
| <input type="checkbox"/> Ward 7 - Bay | <input type="checkbox"/> Ward 15 - Kitchissippi | <input type="checkbox"/> Ward 23 - Kanata South |
| <input type="checkbox"/> Ward 8 - College | <input type="checkbox"/> Ward 16 - River | <input type="checkbox"/> City-Wide - <i>see above</i> |

Populations Served

10) Target Population(s): Please indicate the **primary target group(s)** and/or **current users** of your organization's programs/services. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Children 0 to 6 | <input type="checkbox"/> Youth 13 to 18 | <input type="checkbox"/> Seniors or Older Adults |
| <input type="checkbox"/> Children 7 to 12 | <input type="checkbox"/> Adults | <input type="checkbox"/> All Ages |

- | | | |
|---|---|---|
| <input type="checkbox"/> Aboriginal People | <input type="checkbox"/> Homeless or At-Risk | <input type="checkbox"/> Rural Residents |
| <input type="checkbox"/> Families | <input type="checkbox"/> Immigrants or Newcomers | <input type="checkbox"/> Single |
| <input type="checkbox"/> Francophones | <input type="checkbox"/> Low Income | <input type="checkbox"/> Single Parents |
| <input type="checkbox"/> GLBTTQ Communities | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> General Population | <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Other (specify): _____ |

Language

11) In providing services, what primary language does your organization use?

- English
 French
 Bilingual
 Other

If other please specify:

12) Does your organization obtain client satisfaction feedback on City funded services?

- Yes
 No

Participation

13) Individuals Served/Frequency:

Participation	2016 Actual	2017 Forecast
a) Number of Programs:		
b) Estimated # of Participants:		
c) Estimated Total Programmed Hours:		

Volunteers and staffing

14) Volunteers/Staffing

Volunteers/Staffing	2016 Actual		2017 Forecast	
	Number	Total Hours	Number	Total Hours
How many volunteers are involved in your organization? <i>(Include committees, boards and front line volunteers)</i>				
How many part-time staff do you employ?				
How many full-time staff do you employ? <i>(Individuals who work 35 or more hours per week)</i>				

Success Story

15) Briefly outline how the City of Ottawa funding makes a difference to your organization. Examples include new programs or initiatives launched by your group, or outlining a success story from your association, e.g. attracting new members, new activities. If extra space is needed please attach additional pages.

Financial Information - Revenues

	2016 Actual (unaudited) (Jan. 1 - Dec. 31)	2017 Forecast (Jan. 1 - Dec. 31)
1.0 Government Revenue		
1.1 City of Ottawa Funding		
1.1.1 Civic Events Funding		
1.1.2 Community Development Framework Funding		
1.1.3 Councillor Donation		
1.1.4 Crime Prevention Ottawa		
1.1.5 Cultural Funding		
1.1.6 Emergency Funding		
1.1.7 Major Capital Funding		
1.1.8 Minor Capital Funding		
1.1.9 Outdoor Rink Grant		
1.1.10 Renewable Recreation Funding		
1.1.11 Rural Affairs Funding		
Other City Funding (Name type of funding/Department)		
1.1.12		
1.1.13		
1.1.14		
1.1.15 Subtotal City of Ottawa Funding		
1.2 Provincial Government (Name type of Funding)		
1.2.1		
1.2.2		
1.2.3 Subtotal Provincial Government Funding		
1.3 Federal Government (Name type of Funding)		
1.3.1		
1.3.2		
1.3.3 Subtotal Federal Government Funding		
1.3.4 Government Revenue Subtotal		

Financial Information - Revenues		
	2016 Actual (unaudited) (Jan. 1 - Dec. 31)	2017 Forecast (Jan. 1 - Dec. 31)
2.0 Non-Government Revenue		
2.1 Community Foundation of Ottawa		
2.2 Trillium Foundation		
2.3 United Way		
Other Non-Government Sources (Please specify the source)		
2.4		
2.5		
2.6		
2.7 Non-Government Revenue Subtotal		
3.0 Other Revenue		
3.1 Donations		
3.2 Fundraising		
3.3 Hall/Facility Rental Income		
3.4 Investment Income		
3.5 Membership Fees		
3.6 Program Registrations Fees		
3.7 Special Event Admission Fees		
3.8 User Fees/Drop-in Fees		
Other (Please specify the source)		
3.9		
3.10		
3.11		
3.12 Other Revenue Subtotal		
4.0 Total Revenues		

Financial Information - Expenditures

	2016 Actual (unaudited) (Jan. 1 - Dec. 31)	2017 Forecast (Jan. 1 - Dec. 31)
5.0 Staffing		
5.1 Full-time Salaries and Benefits		
5.2 Part-time Salaries and Benefits		
Other, specify		
5.3		
5.4 Staffing Subtotal		
6.0 Office Administration		
6.1 Advertising/Public Relations		
6.2 Audit/Legal Fees		
6.3 Board Expenditures		
6.4 Equipment Repairs/Purchases		
6.5 IT Costs (computers, etc.)		
6.6 Licenses, Taxes and Permits		
6.7 Office/Administration Expenses		
6.8 Telephone		
Other, specify		
6.9		
6.10 Office Admin Subtotal		
7.0 Occupancy		
7.1 Building Repairs (furnace, etc.)		
7.2 Heat		
7.3 Hydro		
7.4 Property Taxes		
7.5 Rent/Mortgage		
7.6 Water		
Other, specify		
7.7		
7.8 Occupancy Subtotal		
8.0 Insurance		
8.1 Comprehensive / Commercial General Liability		
8.2 Directors' and Officers' Liability		
8.3 Property Insurance		
8.4 Other Insurance		
8.5 Insurance Subtotal		

Financial Information - Expenditures

	2016 Actual (unaudited) (Jan. 1 - Dec. 31)	2017 Forecast (Jan. 1 - Dec. 31)
9.0 Supplies and Equipment		
9.1 Supplies and Equipment		
Other, specify		
9.2		
9.3 Supplies and Equipment Subtotal		
10.0 Other Expenses		
10.1 Fundraising Expenses		
10.2 Professional Fees		
10.3 Transportation		
10.4 Volunteer Expenses		
Other, specify		
10.5		
10.6 Other Subtotal		
11.0 Operations		
11.1 Fuel for Outdoor Equipment		
11.2 Grass Cutting		
11.3 Lining of Sports Fields		
11.4 Outdoor Rink Maintenance		
Other, specify		
11.5		
11.6 Operations Subtotal		
12.0 Total Expenditures		
13.0 Total Revenues		
14.0 Surplus or (Deficit) for the year		
14.1 Please provide an explanation your Surplus or Deficit:		
14.2 Is the Surplus a result of funds provided by Recreation Funding? <input type="radio"/> Yes <input type="radio"/> No		
15.0 Reserve Funds		
Please include information on ALL reserve funds as of December 31 st , 2016.		
Unrestricted: \$ _____	Purpose:	
Externally Restricted: \$ _____	Purpose:	
Internally Restricted: \$ _____	Purpose:	

Section 2 - Specific Program Information

Section 2 is only to be completed if all or part of your City of Ottawa Renewable Funding is directed to one or more specific programs as outlined in your Contribution / Letter Agreement or Recreation Agreement.

If you have more than one specific program funded by the City, please download additional copies of this section.

Specific Program Information

Name of Program: _____

Program Description: *(Briefly describe the funded program/service)*

List of Service Boundaries (Wards) of this specific program: (see legend of W ards on page 4)

Population Served

Target Population(s): Please indicate the primary target group(s) and/or current users of your program. Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Children 0 to 6 | <input type="checkbox"/> Youth 13 to 18 | <input type="checkbox"/> Senior / Older Adults |
| <input type="checkbox"/> Children 7 to 12 | <input type="checkbox"/> Adults | <input type="checkbox"/> All Ages |
| <input type="checkbox"/> Aboriginal People | <input type="checkbox"/> Homeless or At-Risk | <input type="checkbox"/> Rural Residents |
| <input type="checkbox"/> Families | <input type="checkbox"/> Immigrants or Newcomers | <input type="checkbox"/> Single |
| <input type="checkbox"/> Francophones | <input type="checkbox"/> Low Income | <input type="checkbox"/> Single Parents |
| <input type="checkbox"/> GLBTTQ Communities | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> General Population | <input type="checkbox"/> People with Disabilities | <input type="checkbox"/> Other (specify): <input style="width: 100px;" type="text"/> |

Participation

1) Individuals Served/Frequency:

Participation	2016 Actual	2017 Forecast
Estimated # of participants		
Estimated total programmed hours		

Volunteers and Staffing

2) Volunteers and Staffing	2016 Actual		2017 Forecast	
	Number	Total Hours	Number	Total Hours
How many volunteers are directly involved?				
How many part-time staff do you employ?				
How many full-time staff do you employ?				

3a) In providing services, what primary language does your organization use?
 English French Bilingual Other If other please specify:

Specific Program Revenues and Expenditures

4) Revenues	2016 Actual (unaudited) (Jan. 1 - Dec. 31)	2017 Forecast (Jan. 1 - Dec. 31)
City of Ottawa		
Renewable Funding		
Other City of Ottawa Funding, specify:		
Provincial Government, specify:		
Federal Government, specify:		
Other Revenues, specify:		
Total Revenues		
5) Expenditures		
Staffing		
Insurance		
Occupancy		
Office Administration		
Supplies and Equipment		
Transportation		
Other expenses, specify:		
Total Expenditures		
Total Revenues (from above)		
Surplus or (Deficit) for the year		
If a yearly Surplus or (Deficit) exists, please provide an explanation:		

If a yearly Surplus or (Deficit) exists, please provide an explanation (continue):

Signature Block

Both signatures on this page are mandatory.

We hereby certify that the Board of Directors/Steering Committee has authorized this 2017 Funding Submission, that all information provided in this application and any attachments is true, correct and complete in every respect and that we have signing authority for the organization.

1st Signature:

Name of Signatory *(please print):*

Title of Signatory:

Name of Organization:

Telephone Number:

Date (DD/MM/YYYY):

2nd Signature:

Name of Signatory *(please print):*

Title of Signatory:

Name of Organization:

Telephone Number:

Date (DD/MM/YYYY):

The City of Ottawa is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, as amended ("MFIPPA") with respect to, and protection of, information under its custody and control. Accordingly, all documents provided to the City of Ottawa in this Funding Submission may be available to the public unless the party submitting the information requests that it be treated as confidential, **unless law requires disclosure.**