

# Major Capital Funding Community Health & Resource Centres (CHRC's) Guidelines and Application

Application deadline

# April 30<sup>th</sup> by 4 p.m.

(Or postmarked for this date)

Late or incomplete applications will not be considered

City of Ottawa Community Funding Unit Community and Social Services Department 100 Constellation Drive, 8th floor West Ottawa, Ontario K2G 6J8

Forms are available in English and French at ottawa.ca or by phone at 613-580-2424 ext 24377 Forms are available in alternate formats by request at 613-580-2424 ext 24377 TTY: 613-580-2401

#### **Funding Guidelines**

The Major Capital Funding Program is an initiative to implement major capital improvements and additions to facilities related to Community Health Resource Centres (CHRC's) on a cost-sharing basis between the City and community partners. The project may relate to an asset that is owned by the City, or owned and operated by a community partner (CHRC's) who delivers service on behalf of the City or assists the City in the delivery of programs and services. The funding program applies to major capital projects for new facilities, renovations and expansions. It will only apply to fixed assets. It will not fund other components such as furniture, equipment, feasibility studies, fundraising studies, soil testing and architect fees.

### **Program Objectives**

- To develop capital projects that respond to priority needs as identified through Departmental and Council planning documents
- To support community initiatives in developing and improving facilities which serve the
- community develop cost effective capital projects which minimize City contributions and leverage funding from other sources

## **Program Principles**

- All facilities developed with City funding within this program must be open and accessible to all residents of Ottawa
- Capital partnerships will only be considered where they can be supported by a business plan that indicates the completed project is sustainable over the long term
- All partnership funding agreements are subject to the availability of funding within the capital budget program of the City
- The City will be proactive in assisting organizations to develop partnerships that provide services within the core mandate of the City
- A staff allocation team will review and evaluate all proposals and score according to defined criteria for prioritization. Assessment is based on project merit, community impact and organizational effectiveness.

# Eligibility

The following mandatory conditions must be met in order for the proposal to be assessed by a staff team:

Must be one of the recognized 13 Community Health Resource Centres.

Proposals must relate to an asset that is owned by the City, or operated by a community partner who delivers service on behalf of the City or assists the City in the delivery of programs and services

Must be a major capital project for new facilities, renovations and/or expansions

Agency must be in existence for at least two years.

Must be governed by a Board of Directors

Must be located in the City of Ottawa

Must be in good financial standing with City of Ottawa

#### **Eligible Costs**

- Concept and detailed design costs
- Construction costs including contingencies
- Site development costs
- Fixed equipment

#### Ineligible Costs

- Operational costs such as facility rental fees, salaries, advertising costs
- Components such as furniture, equipment, feasibility or fundraising strategies/costs
- Financing costs (loan charges/debt servicing)
- Projects that have been completed before receiving final grant approval
- Retroactive costs any costs incurred before a proposal is submitted
- · For-profit or commercially operated programs/services
- Costs that are the responsibility of another level of government or funding program

#### **City Contribution**

- The total annual envelope for major capital funding approved by Council is \$300,000.
- The city contribution will exercise discretion and flexibility when approving the Major Capital Program funds to the Coalition of Community Health and Resource Centres; up to a maximum of the amount available in the Major Capital Program funding envelope
- The City contribution may be provided by a grant paid in cash or land/ other services in kind.

#### Criteria for Prioritization of Eligible Proposals:

- Agency Need and Benefit: Objectively establishes the urgency of the need and how the project benefits their clientele. Track record that demonstrates ability to complete proposal and operate facility as proposed. Extent to which project is aligned with City priorities.
- **Organization of Profile:** The organization has established a successful, competent record regarding financial feasibility and project planning.
- Application Package: Extent to which the overall proposal is complete.
- Project Feasibility: Project design and scope of work are consistent and feasible.
- **Financial Feasibility:** Project budget estimates and costs are reasonable and well supported or justified. Budget forms are consistent and accurate.
- Health and Safety: The project will improve health and safety concerns of the Community Health Resource Center. Readiness to Proceed: The organization indicates all requested funds will be committed and project completed within agreed upon timelines.

Required Attachments Checklist			
Use this checklist to ensure that your application is complete. Please save a copy on your computer prior to entering data.			
One original signed application with all questions answered			
Signatures from two authorized officers of the organization (minimum 1 signature from a volunteer Director of the Board)			
Provide a description of the other funding partners and the total project cost			
$\square$ Provide most recent financial audited statements ( if different from those submitted with the Annual Funding Submission)			
Provide lease agreement or proof of ownership			
If leased, documentation to indicate that the landlord has agreed to the project			
Schematic drawings where applicable			
Preliminary cost estimates for project. If project is approved, evidence that CHRC has undertaken proper procurement process. Three (3) estimates will be required before initial City payment is released.			

Major Capital Funding Application					
General Information					
Name of Organization:					
Address:					
City:	Province: Postal Code:				
Mailing Address ( <i>if different</i> )					
Address:					
City:	Province: Postal Code:				
Contact Person					
Title OMs. OMr.	$\bigcirc$ Mrs. $\bigcirc$ Miss. $\bigcirc$ Dr.				
First Name:	Last Name:				
Role in Organization:					
Email address:					
Phone Number:	Fax Number:				
Project Information					
Project Date: From (DD/MM/YY) To (DD/MM/YY)					
Amount Request:					
Total Cost of Project:					
In addition to the above amount r permit payments	requested, are there any additional City Contributions that you are seeking? Eg. Deferral of				
Provide a list of all capital funding purpose.	previously received from the City of Ottawa (all departments). Include date, amount and				

lress of the facility where project is being co	ompleted			
	-			
ddress:				
ty: Provinc	Ce: Postal Code:			
hat is the total sq. ft. of the facility/space:				
this facility	If leased, please provide expiry date of lease.			
Annual facility rental amount: What is the age of the facility:				
utility cost included? If not provide details				
Project Information				
rovide a description of the proposed project:				
hy are you undertaking this project:				
ow will this project benefit your organization a	and the local community?			

Provide a schedule of activities. Include time lines, start and completion dates:

Who will be leading the project:

#### Please attach:

- Schematic drawings where applicable
- Provide supporting documentation to validate need.
- Preliminary cost estimates are required.

# **Summary of Estimated Project Cost**

If the project is approved, commitments for funding will be given based on the estimated cost of the project as indicated below. Such commitments cannot be subsequently increased should project costs rise.

#### Please attach:

- 1. A breakdown of anticipated expenses on a separate sheet.
- 2. Exclude refundable taxes, GST, interest and financial charges.

Number	Description of Other Funding Partners	Funding Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

ubmission of Proposal:				
rovide original copy of the proposal, signed by two authorized of	ficers and address to:			
ara Freire artner and Stakeholder Initiatives ommunity and Social Service Department 30 Constellation Drive, 8th Floor West ttawa ON K2G 5J8				
roposals received after April 30 <sup>th</sup> will not be considered.				
Signatu	ire Block			
Both signatures on this page are mandatory.				
Signatures of Two Authorized Officers (minimum 1 signature from	m a volunteer Director of the Board):			
We hereby certify that the Board of Directors has authorized this any attachments is true, correct and complete in every respect a				
(Please print Name)				
Title				
Signature				
Date				
(Please print Name)				
Title				
Signature				
Date				
Please keep a copy of this signed application for your record	s.			
The City of Ottawa is subject to the <i>Municipal Freedom of Informa</i> ("MFIPPA") with respect to, and protection of, information under	<i>ation and Protection of Privacy Act</i> , R.S.O. 1990, c.M.56, as amended r its custody and control. Accordingly, all documents provided to may be available to the public unless the party submitting the			
information requests that it be treated as confidential.				