



2018 One-Time Non-Renewable Community Project Funding Program Application

**Application Deadline
Received or postmarked by
Thursday February 22, 2018 by 4 p.m.**

Late or incomplete applications will not be considered

City of Ottawa
Community Funding Unit
Community and Social Services Department
Mary Pitt Centre
100 Constellation Drive, 5th Floor East
Ottawa, ON K2G 6J8
Mail Code: 26-47

**Forms are available in alternate formats by request at 613-580-2424, ext. 24377
TTY: 613-580-2401**

Organization Information

1. Legal Name of Organization:

2) Charitable Number (if applicable):

3) Incorporation Name and Number:

4) Contact Person:

Ms. Mr. Mrs. Miss Dr. Other

if Other, please specify

Full Name (first and last name)

Role in the Organization (Title)

Phone Number

E-mail Address

5) Street Address

City

Postal Code

6) Mailing Address (if different) :

7) Applicant Organization's Mandate and/or Mission:

8) Organization's Start Date(MM/DD/YYYY):

9) Organization's Total Revenue (2017):\$

10) Website of Organization:

11) Is the Organization sponsored by another organization?

Yes No

Incorporation Name of Sponsoring Organization

Incorporation Number of Sponsoring Organization

11a.) Contact Person for **sponsoring agency:**

Ms. Mr. Mrs. Miss Dr. Other

If Other, please specify:

Full Name (first and last name)

Role in the Organization (Title)

Phone Number

E-mail Address

11b.) Mailing Address for sponsoring agency:

Project Information

12) Project Title:

13) Project Summary: In 50 words or less please **summarize** your project

14) Amount of City Funding Requested for this Project (Up to \$20K):

15) Total Cost of Project:

16) Project Start Date (MM/DD/YYYY):

17) Project End Date (MM/DD/YYYY):

18) Priorities: Check the applicable box(es) to identify the priority area(s) of your organization:

- Promote conditions of equity and inclusion on the basis of race, ethnicity, income, gender identity, sexual orientation, official language and ability
- Promote improved quality of life of people who are low income, at risk, isolated or otherwise marginalized
- Address a unique or emerging service need, for which defined and demonstrated service gaps exist

19) Target Population:

Check the applicable box(es) to identify the primary target population(s) of your project.

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal persons | <input type="checkbox"/> Children and Youth (0 -18) |
| <input type="checkbox"/> Francophones | <input type="checkbox"/> LGBTTQ |
| <input type="checkbox"/> Homeless or at-risk | <input type="checkbox"/> Immigrants, New Canadians |
| <input type="checkbox"/> Low Income (Families/Individuals) | <input type="checkbox"/> Men |
| <input type="checkbox"/> Persons with disabilities | <input type="checkbox"/> Rural residents |
| <input type="checkbox"/> Seniors and Older Adults | <input type="checkbox"/> Women |
| <input type="checkbox"/> General population | |

20) Project Description:

a.) What are the goals/objectives of your project?

b.) How was the need for your project identified and how does your project respond to the identified needs?

c.) How does your project respond to the Community Funding priorities in question 18?

d.) Describe the actions you will take to reach out to and serve diverse equity groups?

e.) Will your project provide services in English, French, or other languages?

English French Other

Other language (Please specify)

21) People Served: Estimate how many individuals will be served by this project.

22) Staff: How many staff will be working on the project?

23) Volunteers: How many volunteers will be working on the project?

24) Service Boundaries of Project:

a.) Citywide: Yes No

b.) Wards: Please list the City ward(s) where your project will take place.

c.) Geographic Boundaries: Are there any geographic boundaries that limit participation in this project?

25) Project Implementation: Describe the implementation strategy for your project including activities, timelines, dates, hours, location and participation fees (if applicable) of your project.

26) Partnerships/Collaboration:

a.) What other organizations or groups have you partnered with or plan to work with on this project? Please indicate whether partnerships/collaborations are confirmed.

b.) How will these partnerships/collaborations support the project?

c.) How does your project complement other similar or existing services?

27) Expected Project Outcomes and Evaluation Plan:

a.) Outcomes How will your project benefit participants and the community?

b.) Indicators How will you know these benefits have been achieved?

c.) Evaluation What methods and/or tools will you use to demonstrate that the outcomes have been achieved?

28) Budget

Anticipated Project Revenues

Government Sources

Sources	Amount	Confirmed
City of Ottawa Project Funding (amount requested page 4)		TBD
Other City Funding (specify) <input type="text"/>		
Provincial Government (specify) <input type="text"/>		
Trillium Foundation		
Federal Government (specify)		

Non Government Sources

Sources	Amount	Confirmed
United Way		
Ottawa Community Foundation		
Other (specify) <input type="text"/>		
Other (specify) <input type="text"/>		

Other Revenues

Sources	Amount	Confirmed
Donations/Fundraising		
Client /user Registration Fees		
In-Kind Contributions (specify) <input type="text"/>		
Other (specify) <input type="text"/>		
Other (specify)		
Total Project Revenues		

Anticipated Project Expenditures

(Ensure costs are specific to project, and only complete applicable expenses)

Staffing (# of staff, wages, hourly rates etc.)

Sources	Amount	In Kind Amount
1.		
2.		

Office Administration (printing, office supplies, telephone, IT costs etc.)

Sources	Amount	In Kind Amount
1.		
2.		
3.		
4.		

Occupancy Costs (rent, utilities, etc.)

Sources	Amount	In Kind Amount
1.		
2.		

Insurance (costs related to the project)

Sources	Amount	In Kind Amount
1.		

Program Costs (supplies, transportation, admission fees, food, etc.)

Sources	Amount	In Kind Amount
1.		
2.		
3.		
4.		
Total Project Expenditures		
Total Project Revenue		
Deficit/Surplus		

29) Ongoing Funding:

If this project requires ongoing funding, how do you plan to sustain the project after the one-year City funding term?

30) Other Information:

Is there anything else you would like to tell us about your project and/or your organization?

Signature Block

- ✓ Both signatures on this page are mandatory.
- ✓ If the project is sponsored by another organization, the second signature must be from the Executive Director of the sponsoring agency.

We hereby certify that the Board of Directors has authorized this proposal, 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:

2nd Signature:

Name of Signatory (*please print*):

Title of Signatory:

Name of Sponsoring Agency
(if applicable):

Telephone Number:

Date:

Please keep a copy of this signed application for your records.

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 in the Community Project Funding Application form may be available to the public unless the party submitting the information requests that it be treated as confidential.