

Section 2 - Specific Program Information

Section 2 is only to be completed only 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.

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

Specific Program Information

Name of Program: _____

Address of Program: _____

Program Description: (Briefly describe the funded program/service - 50 words max)

Service Boundaries (Geographic)

City-Wide - Please select City-Wide 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 | |

Population Served

1) Programs and Services: Is your specific program for the following populations:

- | | | |
|--|---|---|
| <input type="checkbox"/> Children 0 to 6 | <input type="checkbox"/> Children 7 to 12 | <input type="checkbox"/> Youth 13 to 18 |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Older Adults (50+) | <input type="checkbox"/> Seniors (65 and older) |

- | | | |
|---|---|---|
| <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"/> Singles |
| <input type="checkbox"/> Francophones | <input type="checkbox"/> Low Income | <input type="checkbox"/> Single Parents |
| <input type="checkbox"/> GLBTQ2 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): _____ |

Participation

2) Individuals Served/Frequency:

Participation	2019 Actual	2020 Forecast
How many individuals does this program serve throughout the year? Count each person only once .		
Total number of client contacts / visits		

Volunteers and Staffing

3) Volunteers and Staffing

Volunteers and Staffing	2019 Actual		2020 Forecast	
	Number	Total Hours	Number	Total Hours
How many volunteers are involved in this program? (Include committees, boards and front line volunteers)				
How many part-time staff do you employ for this program?				
How many full-time staff do you employ for this program? (Individuals who work 35 hours a week or more)				

Language

4 a) When providing **services*** to the public, does your organization apply the principles of an **Active Offer**** in one or both official languages, for this specific program:

English
 French
 Bilingual

* **Services:** promotion, documentation and direct client service.

****Active Offer:** refers to the provision, quality and availability of services in one or both official languages.

4 b) Is this program provided in other languages? Yes No

If yes, please specify:

Specific Program Revenues and Expenditures

5) Revenues

City of Ottawa	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)
Renewable Funding		

Other City of Ottawa Funding, specify:	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)

Provincial Government, specify:	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)

Federal Government, specify:	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)

Other Revenues, specify:	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)

Total Revenues		
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6) Expenditures	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)
Staffing		
Insurance		
Occupancy		
Office Administration		
Supplies and Equipment		
Transportation		

Other expenses, specify:	2019 Actual (unaudited) (Jan. 1 - Dec. 31)	2020 Forecast (Jan. 1 - Dec. 31)

Total Expenditures		
Total Revenues (from above)		
7) Surplus or (Deficit)		

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

8.0) Is the Surplus a result of funds provided by Community Funding? Yes No