



City of Ottawa

2018 Funding Submission

Renewable Funding

Submission Deadline:
Wednesday January 31st 2018, 4pm
(Or postmarked for this date)

Please mail or deliver to:

Community Funding Unit
City of Ottawa
Mary Pitt Centre
100 Constellation Drive, 8th Floor West
Ottawa, ON K2G 6J8
Mail Code:26-41

NOTE: Availability of City of Ottawa funding is subject to Council approval of the 2018 Budget.

Hard Copy forms also available, please call 613-580-2424 ext. 24377
Formulaire disponible en français. Contactez le 613-580-2424, poste 24377
TTY/ATS: 613-580-2401

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) Please indicate:

Name of main facility: _____

Rental Contract End Date (DD/MM/YYYY):

Name of Landlord (as stated on your lease): _____

Address of main facility: _____

Annual facility rental/mortgage amount: _____

Type of Rental:

Hourly

Seasonal

Long-term Lease

If you own or rent more than one facility, please include the facility information on a separate page.

Service Boundaries (Geographic)

9) Primary Catchment Area(s): Please only select wards where you currently provide services.

City-Wide

Please select City-Wide if your 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 | |

Populations Served

10 a) Target Population(s): Please explain your primary target population as identified in your mandate or mission. **(50 words or less)**

10 b) Programs and Services: Do you have specific programs or services that are designed for the following populations:

- | | | |
|---|---|--|
| <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) When providing services* to the public, does your organization apply the principles of an Active Offer in one or both official languages:**

- 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.

12) Does your organization provide services in other languages: Yes No

If yes, please specify:

Participation

13) Individuals Served/Frequency:

Participation	2017 Actual	2018 Forecast
How many individuals does your organization serve throughout the year? Count each individual only once.		
Total number of client contacts / visits		

Are your clients able to access your services online?

Yes
 No

Please provide details on the type of services you provide online. (100 Words max)

Volunteers and staffing

14) Volunteers/Staffing

Volunteers/Staffing	2017 Actual		2018 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>				

Annual General Meeting

15) Tentative Date of 2018 AGM: (DD/MM/YYYY)

Client satisfaction

16 a) Does your organization obtain client satisfaction feedback on City-funded services?

Yes No

16 b) If yes, please attach a summary of your 2017 client satisfaction results.

16 c) If no, please explain how you determine your clients are satisfied with your services?

17. Client Service Outcomes

17 a) Do you measure client service outcomes?

Yes No

17 b) If yes, please attach a summary of your 2017 client service outcomes.

17 c) If no, please explain how you measure service outcomes.

17 d) Please provide up to 2 testimonials from clients demonstrating positive service outcomes.

1. (100 word max)

2. (100 word max)

Financial Information - Revenues		
	2017 Actual (unaudited) (Jan. 1 - Dec. 31)	2018 Forecast (Jan. 1 - Dec. 31)
1.0 Government Revenue		
1.1 City of Ottawa		
1.1.1 Renewable Community Funding		
1.1.2 Childcare Funding		
1.1.3 Civic Events Funding		
1.1.4 Councillor Donation		
1.1.5 Cultural Funding		
1.1.6 Economic Development & Innovation Funding		
1.1.7 Emergency Funding		
1.1.8 Housing Funding		
1.1.9 Major Capital Funding		
1.1.10 Outdoor Rink Grant		
1.1.11 Planning & Infrastructure Funding		
1.1.12 Public Health Funding		
1.1.13 Rural Affairs Funding		
Other City Funding (Please specify the source)		
1.1.14		
1.1.15		
1.1.16 City of Ottawa Funding Subtotal		
1.2 Provincial Government (Please specify the source e.g. EPC, LHIN etc.)		
1.2.1		
1.2.2		
1.2.3		
1.2.4		
1.3 Federal Government (Please specify the source e.g. HRSDC, New Horizon etc.)		
1.3.1		
1.3.2		
1.3.3		
1.3.4		
1.3.5 Government Revenue Subtotal		

Financial Information - Revenues

	2017 Actual (unaudited) (Jan. 1 - Dec. 31)	2018 Forecast (Jan. 1 - Dec. 31)
2.0 Non-Government Revenue		
2.1 Community Foundation of Ottawa		
2.2 Crime Prevention Ottawa		
2.3 Transfer Payments from Other Agencies		
2.4 Trillium Foundation		
2.5 United Way / Centraide Ottawa		
Other Non-Government Sources (Please specify the source)		
2.6		
2.7		
2.8 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

	2017 Actual (unaudited) (Jan. 1 - Dec. 31)	2018 Forecast (Jan. 1 - Dec. 31)
5.0 Staffing		
5.1 Full-time Salaries and Benefits		
5.2 Part-time Salaries and Benefits		
5.3 Honorariums		
Other, specify		
5.4		
5.5 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 Staff Travel Expenses		
6.9 Telephone		
Other, specify		
6.10		
6.11 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 Other		
8.4 Insurance Subtotal		

Financial Information - Expenditures

	2017 Actual (unaudited) (Jan. 1 - Dec. 31)	2018 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 Total Expenditures		
12.0 Total Revenues		
13.0 Surplus or (Deficit)		
13.1 If a Surplus or (Deficit) exists please provide an explanation:		
14.0 Is the Surplus a result of funds provided by Community Funding? <input type="radio"/> Yes <input type="radio"/> No		
Reserve Funds		
Please include information on ALL reserve funds as of December 31 st , 2017.		
Unrestricted: \$ _____	Purpose:	
Externally Restricted: \$ _____	Purpose:	
Internally Restricted: \$ _____	Purpose:	
Foundation		
1. Do you have a Foundation? <input type="radio"/> Yes <input type="radio"/> No		
2. Name of Foundation:		
3. Charitable Number:		

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.

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: _____

Address of Program: _____

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

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"/> 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): _____ |

Participation

2) Individuals Served/Frequency:

Participation	2017 Actual	2018 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	2017 Actual		2018 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

	2017 Actual (unaudited) (Jan. 1 - Dec. 31)	2018 Forecast (Jan. 1 - Dec. 31)
5) Revenues		
City of Ottawa		
Renewable Funding		
Other City of Ottawa Funding, specify:		
Provincial Government, specify:		
Federal Government, specify:		
Other Revenues, specify:		
Total Revenues		
6) Expenditures		
Staffing		
Insurance		
Occupancy		
Office Administration		
Supplies and Equipment		
Transportation		
Other expenses, specify:		
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? <input type="radio"/> Yes <input type="radio"/> No		

Signature Block

Both signatures on this page are mandatory. (*Minimum 1 signature from a volunteer Director of the Board*)

We hereby certify that the Board of Directors has authorized this 2018 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.**