



AD HOC FUNDING CRITERIA COMMITTEE MINUTES

Thursday, March 12 , 2015

The Committee met at 5:30 pm in the Sutton Room, 55 Zina Street, Orangeville

Members Present: Councillor Ken McGhee (Chair)
Warden Warren Maycock
Councillor Paul Mills
Councillor Darren White

Staff Present: Sonya Pritchard, Chief Administrative Officer
Pam Hillock, Clerk/Director of Corporate Services
Alan Selby, Treasurer

Declarations of Pecuniary Interest by Members - None

REPORTS

1. AD HOC – FUNDING CRITERIA COMMITTEE – March 12, 2015
Draft Funding Criteria

The committee reviewed Draft Criteria for the Funding Application Process. They also reviewed the application form and made changes. The Criteria and Application form are attached as Schedule A.

Moved by Warden Maycock, Seconded by Councillor Mills,

THAT the draft criteria for funding requests, attached as Schedule A, be presented to Council for approval. A

-Carried-

2. AD HOC – FUNDING CRITERIA COMMITTEE – March 12, 2015
Application Form

The committee reviewed the application form for the funding requests.

Moved by Councillor White, Seconded by Warden Maycock,

THAT the revised Funding Application Form, attached as Schedule B, be approved.

-Carried-

The committee also discussed developing small/medium grant parameters and moving some of the routine small requests to the section that does not require an application, ie fall fairs.

Next Steps

The minutes of this meeting will be presented to Council on April 9th for approval. The 2015 Funding Applications will be considered by General Government Services Committee at the April 28th meeting.

ADJOURNMENT

The meeting adjourned at 6:08 p.m.

Respectfully submitted,

Councillor Ken McGhee, Chair

SCHEDULE A TO Ad Hoc Funding Criteria Committee Minutes



FUNDING CRITERIA –March 12, 2015

The following is a list of criteria for funding applications submitted by community organizations. The funding program is not a guaranteed source of revenue that organizations can depend on.

Mandatory Requirements:

There must be a demonstrated benefit or potential social, economic or other benefit to the County of Dufferin, its citizens and taxpayers and at the same time supporting the County of Dufferin mandate. Mandates contributing to community betterment:

- Cultural Enhancement
- Economic Development
- Human Services
- Seniors Support
- Youth Engagement

The organization must have a minimum of 75% membership who reside in the County of Dufferin.

Services provided are to be available to the community as a whole and not a limited segment.

Demonstrate how the organization is sustainable by providing a plan outlining funding strategy.

Municipalities are not eligible to receive funding.

Other considerations for organizations:

- Focus on maximizing effect of the Dufferin County grants for the group
- Allocation of funding available may be decreased
- Levering (increase power of action) of County Grant to enhance fundraising activities of group
- One-time funding opportunities rather than ongoing funding

Application Process:

A completed application form is required in accordance with the template attached as Schedule A.

Eligible Expenses:

- Purchase of good and services in keeping with the purpose of the application
- Advertising and Marketing

Ineligible Expenses:

- None of the proposed expenses will be used for recurring costs to run the applicant organization, ie. wages, day-to-day administration costs
- Capital funding and infrastructure costs

Successful Grant Recipients – Reporting Requirements

Organizations are required to report on how money was used including producing invoices and proof of payment for goods and services at year end.

SCHEDULE B TO AD HOC FUNDING CRITERIA COMMITTEE MINUTES



CORPORATION COUNTY OF DUFFERIN

Corporate Services (Clerk's office)

55 Zina Street, 2nd Floor, Orangeville, ON L9W 1E5

Phone: (519) 941-2816

Fax: (519) 941-4565

Email: info@dufferincounty.ca

Web Site: www.dufferincounty.ca

APPLICATION FOR FINANCIAL SUPPORT
(deadline is the end of first business week in December)

GENERAL FUNDING (please print information)

Organization Name:

Full Mailing Address:

Contact Person: _____ Email: _____

Phone: (day) _____ (evening) _____ (fax) _____

1 AMOUNT OF FINANCIAL ASSISTANCE BEING REQUESTED:

\$ _____

2 How will the funds be used?

3 Have funds been requested from other levels of government? Yes____ No____
If yes, please indicate which level of government and the current status of the request:

4 Details of fund-raising activities planned for this year (use a separate sheet if necessary)

5 Outline the mission, purpose and objectives of your organization:

6 How does the Dufferin area community benefit from your activities?

7 Who takes part in your activities or makes use of your services (including ages if applicable)?

8 Percentage of membership/registrants who are County of Dufferin residents:

Current year: _____ Previous year: _____

9 What amount of your annual expenses are used to support the administration of your organization? (e.g. salaries, benefits, office supplies, telephone, office and/or storage, rent, utilities, accounting) \$ _____ % _____

10 Please provide a listing of your membership fees, fees for service and/or participation fees.

11 Has your organization previously received grants/support from the County of Dufferin:

Yes _____ No _____

If yes, please list the grant amounts received from the last 3 requests:

Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____

12 Do you donate funds to any other group? Yes _____ No _____

If yes, to whom and for what purpose:

13 Is your organization registered as a charitable or non-profit organization?

Circle as applicable: Charitable Non-Profit

Registration number: _____
(This section must be completed)

14 How long has your organization been in operation? _____

15 Annual Meeting Date: _____
(include copy of Annual Report)

16 If you are reapplying for this grant, please outline how the grant money you received last year was spent. (include year-end statement)

17 Officers for current year:

President: Name: _____

Address: _____

Phone: (Res) _____ (Bus) _____

Secretary: Name: _____

FINANCIAL STATEMENT

Outline your organization's sources of operating revenue:

Revenue Sources (be specific)	Amount Received (previous financial yr.)	Current Budget (projected)
Membership fees		
Program fees / fees for service		
Other government funding		
Other grants		
Fundraising		
Sponsorship		
Donations		
Gifts In Kind		
Other (please specify)		
<i>Total Revenues:</i>		

PROPOSED BUDGET

Expected Costs Description	\$ Amount	Expected Funding Sources	\$ Amount	√ confirmed	√ requested
<i>Sub-Total:</i>		<i>Sub-Total:</i>			

Funding Request: \$ _____

In-Kind Contributions (donation of space, materials, etc.)

Contribution	Estimated \$ Value	Donor	√ confirmed	√ requested
<i>Total:</i>				

Volunteer Support (associated with the proposal)

#of volunteers involved: _____ Total hours of volunteer time contributed: _____