

Financial and In-Kind Assistance Application Form

Saving your application to complete later:

You can save your progress and complete the application at a later date by clicking the save button located at the end of the application form. An email will be sent with a link to your application in progress each time it is saved.

Submitting your completed application:

Once your application is submitted, an email will be sent to the email provided in this application. The email will include a PDF copy of your completed application.

Part A – First Stage Evaluation

Municipal grants are intended to provide modest levels of support and assistance to eligible organizations.

Please complete this checklist to confirm your eligibility. (All boxes must be checked to be eligible and proceed to the next stage); *

- The organization is a non-profit organization and/or charitable organization
- The organization operates within the City of Clarence-Rockland.
- This grant application pertains to a future initiative. (Retrospective funding is not considered).
- The grant will be spent during the current fiscal year and must be used for the sole purpose for which it was approved.
- This proposed initiative/activity will benefit the entire community of the City of Clarence-Rockland in an inclusive manner.
- We understand that the available amount in a calendar year is \$5,000 (monetary and in material and technical support, as determined by the Committee).
- We understand the reporting requirements that must be fulfilled by the last Friday of October in the year the grant was approved.
- We have liability insurance.
- We understand that additional documents may be requested (see list of documents in Financial Aid Section).

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Part B - General Information

B.1 - Contact name : *

Sara Pinsky, Katie Sexton, Trevor McAlmont

B.2 - Organization name :

YMCA of the National Capital Region - Camping

B.3 - Event name : *

YMCA Summer Camps - Inclusion Support Program

B.4 - Mailing Address (including Apt/Unit)

180 Argyle Ave

B.5 - City:

Ottawa

B.6 - Postal Code:

K2P 1B7

B.7 - Website :

<https://www.ymcaottawa.ca/>

B.8 - Telephone:

6138321234

B.9 - Extension

618

B.10 - Email *

sara.pinsky@ymcaottawa.ca

B.11 - Is the initiative/activity for which you are applying emerging? (Existing for 3 years or less) *

Yes

No

B. 12 - How many volunteers support your organization? Does this number of volunteers fulfill your organizations needs?

10-15 in the camping department depending on how many volunteers request to be placed with us

B. 13 - How many members does your organization currently have?

200 seasonal staff in our camping department (20 seasonal staff in Clarence-Rockland), plus 5 FT staff to support camping operations

B. 14 - What is the mission and primary objective of your organization?

The YMCA of the National Capital Region is a charitable association dedicated to igniting the potential in people, helping them grow, lead, and give back to their communities.

Our camps offer a place of belonging where lifelong friendships are developed, and where children learn new skills in a safe, fun and supportive environment.

This funding would be used to support our 1:1 inclusion support program. This program is for camper that require a helping hand to attend camp. We see campers coming to us with a variety of needs. In our inclusion support program, we typically see campers with ADHD, Autism, behaviour regulation disorders or developmental delays register for this program.

B. 15 - How does/will the Clarence-Rockland community benefit from your organization's presence in the community?

From running camps in Clarence-Rockland for many years now, we have seen the need to our 1:1 program grow significantly. We are excited at the opportunity to open this program up to more families in need at a reduced cost. Families supporting campers with needs that require 1:1 support already face many barriers to entry to recreation programs. With this funding, we hope to remove some of those barrier.

B. 16 - Programs offered by your organization are primarily serving which demographic?

- Children (below the age of 13)
- Youth (between the ages of 13-24)
- Adults (between the ages of 25-54)
- Senior Adults (55 years of age and older)

B. 17 - What are the targets you wish to achieve through this initiative?

In 2023 we had 9 spots available at our Clarence-Rockland location for inclusion support (with more available upon request). In 2024, we'd like to triple this number of offer 27 spots to families in our Clarence-Rockland community. Additionally, with this funding, we would like to bring in an behaviour specialist to do additional training with our seasonal staff team.

B. 18 - How will you evaluate and measure these targets and outcomes? (check all that apply)

- Participant survey
- Reviews from local media
- Feedback from social media site
- Track increase/decrease in membership
- Track increase/decrease in participation
- Track increase/decrease in volunteerism
- Analyze budget
- Other

B. 19 - Please indicate what other sources of funding have been obtained or for which a request has been submitted:

- Federal Government
- Provincial Government
- Municipal Government
- Regional Government (ie. United Counties of Prescott-Russell)
- Fundraising Events
- Donations
- Other
- N/A

B. 20 - Please provide details and amounts.

We will be submitting a request from Service Canada's Canada Summer Jobs program to support with our inclusion camp staff's wages, though our request from the City of Clarence-Rockland is not to support our staff's wages. We would like to use this funds to support families and provide additional training to our team to support these campers in our care.

B. 21 - Do the goals and activities of the organization fall within at least one of the four charitable objectives categories? If so, which category is it?

- Alleviation of poverty
- Advancement of education
- Advancement of religion
- Any other charitable purpose beneficial to the community *specific examples

B. 22 - Has the organization been providing community charitable services consistent with its primary objectives for at least one year? *

- Yes
- No

B. 23 - Has the organization been in existence for at least one year and can it demonstrate that it has engaged in charitable activities throughout the year? *

- Yes
- No

B. 24 - Does the organization have an establishment in Ontario? *

- Yes
- No

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PART C – Financial Aid

Cost of the Initiative/Financial Information

Please note the following:

Should full financial support not be recommended for your proposal, it will be helpful to know which items you view as the most critical part of your request. List your requests for funding below in order of priority.

Organizations may request up to a maximum of \$5,000 (total combined benefit funding and in-kind). In-kind services do not include Permits, Police Services or Paramedic Services.

If you require assistance in calculating the estimated costs of in-kind service requests please contact us by email at finance@clarence-rockland.com or by phone at 613-446-6022, 2205.

You may be required to provide one or more of the following documents:

- A copy of your budget for the previous year.
- A copy of your proposed budget for the current year.
- A list of executive committee/organizing committee or board of directors members, including names, city of residence, phone numbers, and years of service on the committee.
- Your audited financial statements (signed by 2 directors). *Note: For emerging organizations (less than 3 years), please attach unaudited financial statements from the previous year.
- Proof of liability insurance.
- A copy of the charity registration notice provided by the Canada Revenue Agency, along with any document indicating the status of the applicant and registration terms.
- Copies of charity income statements submitted to the Canada Revenue Agency for the previous calendar year.

C.1 - Are you requesting Financial Funding? *

Yes

No (If this box is checked, please go to Part D)

C.2 - Total amount of requested funding

5000

C.3 - How will your organization be affected if the grant is not approved or if a reduced amount is granted?

The camping department has a pot of funding to support families across all our 10 sites in the National Capital Region. The funding we would receive from the City of Clarence-Rockland would be going directly to families living in Clarence-Rockland. Without this funding, Clarence-Rockland families would be accessing a different pocket funds, and this different pot of funds would be less than they would be receiving with this City specific funding.

Additionally, our seasonal staff would not be getting the training from an outside expert, though would still receive in-house training on camper support.

C.4 - Is the allocation of administrative costs limited to more than 30% of our expenses? (No more than 30% of your expenses can be allocated to administrative costs.)

YEs

C.5 - This grant application is considered the primary source of funding for our organization:

- Yes, it is considered the primary source of funding.
 No, it is not considered the primary source of funding.

C. 6 - Describe what you are seeking funding for and how you would specifically use the grant. If this initiative is related to an event(s) please provide the date(s) of the event(s).

1. Training support for camp staff to learn more about supporting campers with a variety of behavioural needs.
2. Direct support for families to access camp (low or no cost camp fees to our 1:1 inclusion program)

C. 7 - Who will directly benefit from this grant request? (include the estimated number of beneficiaries)

27+ campers and 20 camp staff

C. 8 - How will this grant funding aid your organization and the intended beneficiaries? (What changes or improvements will members, participants, or volunteers experience?)

1. We expect to see higher camper families satisfaction with our inclusion program due to additional training for our staff
2. More engagement from local families to access camp with lowered camp fees
3. Parents and Caregivers will have more capacity to give attention to other areas of their live, as their children will be well cared for at Y Camps during the workday
4. Staff will gain transferable workplace skills from the training received due to this funding

C. 9 - Please indicate what other sources of funding have been obtained or for which a request has been submitted:

- Federal Government
- Provincial Government
- Municipal Government
- Regional Government (ex. United Counties of Prescott and Russell)
- Charity Event
- Donations
- Other
- N/A

C. 10 - Please provide details and amounts.

C,11 - Please provide a report showing how the money will be used (e.g. activity budget, expense report, etc.).

File Name



CR Inclusion Proposed Budget.xlsx

10.8 KB

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Part D – In-Kind Assistance

D.1 - Are you requesting In-Kind Assistance?

Yes

No

If selected YES, please complete the following : :

Material Support :

Round Tables (maximum 40)

Picnic tables (wood only) : (maximum 4)

Folding tables (plastic) : (maximum 10)

Chairs : (maximum 20)

Barricades (yellow - recreation) : (maximum 15)

Trash cans (45 gallons - blue) : (maximum 10)

Orange cones: (maximum 10)

Black risers : (maximum 8)

Sound system and microphone :

Banners:

Podium :

Other :

Technical Service

What type of technical services is requested ?

Invitation to Mayor :

Yes

No

Mayor's Speech :

Yes

No

Invitation to Municipal Council Members:

Yes

No

Message :

We would welcome the Mayor and Council to visit our programs should they wish. We are always happy to share the good work that is happening at the YMCA with others.

Employees present during activity :

- Yes
- No

If yes – Please indicate the numbers of employees requested

Date of activity :

7/1/2024



Time of activity



Please attach any additional information to support your request :

Our inclusion programs will run for 9-weeks in the summer.

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Part E - Confirmation of authorized representative(s).

E.1 - Authorization

- I have reviewed the entire request, and all information provided is true and accurate to the best of my knowledge and understanding.
- I am authorized to sign on behalf of this organization.

E.2 - Name and title of the signing representative submitting this request for the Municipal Grants Program on behalf of your organization.

Katie Sexton, VP, Employment, Newcomer Services and Camping & Trevor McAlmont, President & Chief Executive Officer

Thank You

You will receive an email confirmation that includes a PDF copy of your completed application. Applications are reviewed by the Municipal Grants Committee.

Applicants will be notified of the decision of the Committee.

Notice of Collection - Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), including (but not limited to) your name, contact information, and any comments, is collected and will be used in accordance with MFIPPA and all other relevant privacy laws. All information received will only be used by City staff for the purpose it is collected. Questions regarding the collection, use, and disclosure of your personal information should be directed to the City Clerk, 1560 Laurier St, Rockland ON, K4K 1P7, 613-446-6022, ext. 2300, mouellet@clarence-rockland.com.