Organization name: ____

City of Toronto
Community Partnership and Investment Program (CPIP)
Application 2012

Organizational Overview

This form provides standard information for many City of Toronto funding programs. If you have filled out a "Part A" organizational information form for the current year for one program, you may be able to use it with other funding programs.

This form is currently being used by these programs:

- AIDS Prevention Community Investment Program
- Drug Prevention Community Investment Program
- Community Festivals & Special Events Investment Program
- Competitiveness, Creativity and Collaboration
- Homeless Initiatives Fund Partnership Program
- Community Recreation Program

These programs use an on-line version of these questions:

- Access, Equity and Human Rights
- Community Safety Investment Program
- Community Service Partnerships Program

Disclosure of Information: The information provided in your application is subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act and may also be shared with other funders.

Date you completed this form ___________________________________.
(month and year)

PART A: Organizational Overview

Organization name: ____

1. Name of incorporated body (if different from the organization name):		
2. Organization mailing address:		
3. Phone:	Fax:	E-mail:

4. Contact name:	Position:

Alternative Mailing Address Section:

5. Contact Mailing address (for conducting organizational business, if different from organization address):
6. Contact Phone (for conducting organizational business, if different from organization phone number):
7. Fax (for conducting organizational business, if different from organization Fax number):
8. Email (for conducting organizational business, if different from organization Email Address):

9. First Date of Service (DD/MM/YYYY):	**10.** Date of Incorporation (DD/MM/YYYY)
11. Incorporation #:	**12.** Revenue Canada Business Registration #:

For office use only:

Organization name: ______________________________

Service Overview

11. What are your service boundaries? Examples:
- Steeles Ave. W. to Eglinton Ave. W. and Highway 427 to the Humber River
- All of the City of Toronto.

12. What is your target population, or the main groups that you serve? Examples:
- families with pre-school children
- South Asian seniors
- youth ages 12-16.

13. What is your mission statement? A mission statement is a short statement of your organization's purpose. It can be:
- the Objects in your Letters Patent, if you are incorporated, or
- a mission statement formally adopted by your Board of Directors.

14. Give a brief (50 words or less) history of your organization. Include major events and dates.

15 Briefly describe the types of services that your organization provides.

16 Please list the addresses and telephone numbers for each of your service locations. A service location is any office, branch or satellite program where you offer your services.

Membership

17 How does your organization recruit, screen and register new members? If there are any restrictions on becoming a member, please explain.

18 List the categories of members that you have.

19 List any membership fees that you have, and explain why you have them.

Definition: Voting members of your organization are defined in your by-laws.

20 a.

Governance	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
Number of Board members who are currently service users			
Number of voting members in the organization (membership)			
Maximum number of Directors as stated in by-laws			

b.

A variance is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:

Organization name: ____

21 Give the date of your last Annual General Meeting (AGM).

22 How many voting members were at the last AGM? (Voting members of your organization are defined in your by-laws.)

Board of Directors

23 How does your organization recruit and screen Board members? If there are any restrictions on becoming a Board member, please explain. Examples: age, gender, faith, where people live, etc.

24 Please list your current Board members on the chart below:

As part of the eligibility criteria for City of Toronto Grants, organizations must be based in the City of Toronto. One indicator is that 50% or more of Board members reside in the City of Toronto.
(Please provide home Postal Code)

Board Member's Name	Home Address Postal Code	Position On The Board	Date They Became A Member Of The Current Board	Total Number Of Years On The Board

The personal information on this form is collected under the authority of the *City of Toronto Act*, 2006, s. 83(1) and 136(c). The information is used to verify residence. Questions about this collection can be directed to Policy & Research Consultant, 15th Floor, East Tower, 100 Queen Street West, Toronto, ON, M5H 2N2. Telephone: 416-392-0104.

Organization name: ____

Definitions

Client contacts means all the separate times your services are used. Each time a person uses a service, count this service use as one client contact. Each inquiry or referral should also be counted as one client contact.

Individuals served means the separate individual people who use your services. Even if someone uses more than one of your services, count that person only once.

Participants means the number of people that attend your events, public meetings, conferences, workshops, or that receive publications, etc.

A variance is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years.

All organizations should fill out the question on Client Contacts.

	Client contacts	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
25a.	**Total client contacts for all agency activities**			
b.	**A variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:			

Complete the question on Individuals Served if your organization provides direct services (you provide one-on-one or group services to identifiable clients).

	Individuals served	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
26a.	Pre-school children served (0-4)			
	School children served (5-14)			
	Young Youth served (15-19)			
	Older youth served (20-24)			
	Adults served (25-64)			
	Seniors served (65+)			
	Total individuals served			
	% total individuals served who live in Toronto			
b.	**A variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:			

Organization name: ____

Complete question on Participants if your organization provides planning, community development, or public education activities.

27a.

Number of Participants	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
Public Events/Meetings			
Workshops			
Conferences			
Publications (Number of recipients)			
Other (specify)			
Total number of participants for all activities			

b. **A variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:

Definitions

Volunteer resources are the number of unpaid individual people who work for your organization. Please list board members separately from all the other volunteers, including the volunteers who work directly with service users, give administrative support, help with special events, or participate in committees.

Count each of these volunteers only once. Be sure to count only individual people who are active now. Do not count vacant positions.

28a.

Volunteer resources	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
Number of volunteers			
Number of Board members (actual positions filled at time of application)			
Totals			

b. **A variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:

Organization name: ____

Definitions

Full Time Equivalent (FTEs): To calculate FTEs, add up the hours of your paid staff in your organization and divide by the number of hours in your work week. Example: one person working full time and three people working half time for a 35 hours work week is calculated as follows, 87.5 ÷ 35 = 2.5 FTE. For seasonal staff, divide the number of full-time work weeks by the number of weeks in the year. Example: seven full-time staff for a ten week leadership program is calculated as follows, 70 ÷ 52 = 1.3 FTE.

29a.	Staff	Past year 2010 (2010/2011)	Current year 2011 (2011/2012)	Proposed year 2012 (2012/2013)
	Number of people employed by the organization			
	Number of Full-Time Equivalents (FTEs)			
b.	**A variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years:			

Anti-racism, Access and Equity

The City of Toronto recognizes that barriers exist for many members of our city's diverse communities, particularly for equity-seeking groups such as:

- women
- people with disabilities
- ethno-cultural and racial minorities
- immigrants and refugees
- faith groups
- the poor
- Aboriginal peoples
- lesbian, gay, bisexual, transgendered and transsexual people.

The City expects funded agencies to act as positive forces in helping to eliminate these barriers. For more information, please see the *City of Toronto Grants Policy: Anti-Racism, Access and Equity Policy Guidelines Applicable to Recipients of City of Toronto Grants and Non-Financial Supports, 1998.*

30	**Does your organization have the following in place?** (Please attach a copy of each of your policies, procedures and plans)	Yes	Date Approved by Board	No	Planned Completion Date
	Anti-racism, access and equity policy				
	Anti-racism, access and equity complaints procedures				
	Anti-racism, access and equity implementation plans				

31. In what languages do you deliver direct services?

Organization name: ____

Statement of Unrestricted Reserves

32 a. *"Unrestricted" reserves are those funds that have not been restricted by the donor and whose use is therefore at the discretion of the Board of Director of the organization, or one of its affiliated organizations (such as a trust fund, property corporation or foundation).* Use the table below to provide details of unrestricted reserves identified in your most recent audited financial statement. (These may be called a "fund", a "reserve" or a "surplus", or another name in your audited financial statement.) For each reserve, please indicate whether there is a Board Policy governing the use of the reserve.

Name of Unrestricted Reserve	Balance, End of 2010 (2010/2011)	Balance, End of 2011 (2011/2012)	Board Policy Yes/No
TOTAL UNRESTRICTED RESERVES			

32 b. Do you have an affiliated organization or a foundation/trust fund from which your organization receives income?

☐ Yes ☐ No

If yes, please attach a copy of the most recent audited financial statement for this organization.

32 c. What is the relationship of this organization or foundation/trust fund to your organization?

In-kind Support

33. In-kind support is any gift other than money, such as space, supplies or services. List the in-kind support that your organization received in the past year, using the chart below.

Type of support	Source	Estimated value
Example: space for workshops	community organization X	$2,000.00

Organization name: ____

Instructions for Filling out the Income & Expenditure Detail

Overview
This section has three forms. Please fill out each form completely, taking care that the columns add up:
- Income Detail for your whole organization
- Sources of Government Income for your whole organization
- Expenditure Detail for your whole organization

Account numbers
The numbers down the left hand side of the forms are account numbers. The complete chart of accounts, with a description of each account category, is attached to this application as “Appendix 1 - Detailed Chart of Accounts”.

Financial year
You must report using your own financial year. Use this chart to figure out what goes in each column:

IF your organization’s financial year is ...	THEN your ...
the same as the calendar year (January to December)	· Audited Year is 2010. · Current Year Revised is 2011. · Budgeted Year is 2012.
different from the calendar year	· Audited Year is 2010/2011. · Current Year Revised is 2011/2012. · Budgeted Year is 2012/2013.

Audited information
All of the information in the Audited Year column should match your audited financial statement. If any of the information is different, please attach a note explaining why.

Reporting all income
Report <u>all</u> of your organization’s sources of income, including project and summer program funding.

Reporting income from governments
The total government income that you report on lines 410 to 471 of your Income Detail form must match the total government income that you report on your Sources of Government Income form. Report any Income from the Trillium Foundation on the Income Detail sheet as Foundation income (line 540). That means that you would not report it on your Sources of Government Income sheet.

United Way Donor Choice
Report the sum of the actual payments you received from the United Way on behalf of designated donors for your Audited Year and your Current Year Revised. For your Budgeted Year show the same amount you received in your Current Year Revised.

Variances
A variance is an increase or a decrease from one year to the next. Please attach an explanation for any variances of 20% or more between years.

<u>Important Note:</u>
The Income and Expenditure Detail forms (Questions 34, 35 and 36) are also available in Excel. Using the Excel version is recommended to take advantage of the formulas included in questions 34 and 36 to help provide accurate information for your application.

Organization name: ____

34. Organization Income Detail

a. Our organization's financial year begins on day ___ of month ______ and ends on day ___of month _____.

b. Please indicate all of your sources of Organizational Income on the chart below.

c. A **variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years.

INCOME	Audited year 2010 (2010/2011)	Current year Revised 2011 (2011/2012)	Proposed year 2012 (2012/2013)
GOVERNMENT – FEES AND GRANTS 410 Federal			
420 Provincial			
460 City of Toronto-CSP			
465 City of Toronto-Other CPIP Programs			
466 City of Toronto-Fees/Purchase of Services			
470 Other Government(s)			
471 Other Regional Municipalities (Examples: Peel, York Region, etc.)			
SUB-TOTAL (410 – 471)			
1010 United Way Base Allocation (Member)			
1020 United Way Grant (Member)			
1030 Other United Way (Winter Relief, Success by 6, Freedom from Violence, Newcomer Grant, Action Grant, CIF)			
1040 Other United Ways			
1050 United Way Donor Choice Designation			
SUB-TOTAL (1010-1050)			
210 Fees From Users			
300 Productive Enterprises			
530 Other Agencies (**Specify**)			
540 Foundations (**Specify**)			
615 Membership Fees			
690 Fund Raising, Donations and Bequests			
900 Other Receipts **(Specify**)			
100 Investment Income			
SUB-TOTAL NON-GRANT REVENUE (210-100)			
TOTAL ORGANIZATION INCOME			

Organization name: ____

35. Sources of Government Income

a. Please indicate all of your organizational sources of Government Income on the chart below. **The total grants indicated for each level of government should correspond to the government income sub-total (410 - 471) indicated on "Organization Income Detail".**

b. A **variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years.

Level of Government	Ministry or Department of Origin	Name of Legislation, Program or Grant	Mark Fee (F) or Grant (G)	$ Amount/Status (A=Approved, P=Pending)			
				Audited year 2010 (2010/2011)	Current year Revised 2011 (2011/2012)		Proposed year 2012 (2012/2013)
				Amount $	Amount $	A/P	Amount $
FEDERAL							
Total Federal:							
PROVINCIAL							
Total Provincial:							
CITY OF TORONTO (List each source)							
Total City of Toronto:							
OTHER GOVERNMENTS							
Total Other Government(s)							
OTHER REGIONAL MUNICIPALITIES							
Total Other Regional Municipalities							
TOTAL ALL GOVERNMENT:							

Organization name: ____

36. Organization Expenditure Detail

a. Please indicate all of your organizational expenditures on the chart below.

b. A **variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years

c. Explain how you will deal with any deficit or surplus that you are showing.

d. If total organization expenditures, total organization income and operating surplus (deficits) for audited year are not identical to Audited Financial Statement totals, please provide a reconciliation.

EXPENDITURES	Audited year 2010 (2010/2011)	Current Year 2011 (2011/2012)	Budgeted Year 2012 (2012/2013)
1100 Salaries			
1200 Employee Benefits			
1800 Staff Training			
1900 Staff Travel			
SUB-TOTAL (1100 - 1900)			
1300 Building Occupancy			
1400 Office Expenses			
1495 Office Equipment Purchased			
1496 Amortization of Capital Assets			
1515 Volunteer Expenses			
1600 Promotion & Publicity			
1700 Purchased Services			
3600 Financial Assistance Provided			
3700 Program Expenses			
4900 Fundraising Expenses			
5000 Productive Enterprise Expenses			
7000 Dues **(National, Provincial, Other)**			
9000 Other Expenditures **(Specify)**			
SUB-TOTAL (1300 - 9000)			
TOTAL ORGANIZATION EXPENDITURES			
TOTAL ORGANIZATION INCOME			
OPERATING SURPLUS (DEFICIT)			