# PART A – ORGANIZATIONAL OVERVIEW

**City of Toronto**

**Community Partnership and Investment Program (CPIP)**

**Application 2017**

**PART A\***

**Organizational Overview**

**\* Important note: Part A is the same for each of the following City of Toronto programs:**

* Access, Equity and Human Rights
* AIDS Prevention Community Investment Program
* Community Festivals and Special Events, Year 2010
* Drug Prevention Community Investment Program
* Community Safety Investment Program
* Community Service Partnerships Program
* Food Security Investment Program
* Service Development Investment Program
* Recreation Partnership and Investment Program
* Homeless Initiatives Fund/Consolidated Homelessness Prevention Program

**All applicants must fill out Part A.**

**Disclosure of Information:** The information collected in this application is done with the authority of City Council on August 5, 2009 [*Council Minutes*](http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2009.EX33.47) & General Manager, Shelter, Support and Housing Administration on March 4, 2013 [*Staff Report Action Required*](http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-56533.pdf) as part of the City's 10-year affordable housing plan.  Any information collected is deemed a public record as per the Municipal Freedom of Information and Protection of Privacy Act, S. 27.

**Date you completed Part A**

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| **1.** Name of incorporated body (if different from the organization name): | | | |
| **2.** Organization mailing address: | | | |
| **3.** Phone: | Fax: | | E-mail: |
| **4.** Contact name (First, Last): | | Position: | |
| **5.** Contact mailing address (if different from above): | | | |
| **6.** Contact phone: | Fax: | | E-mail: |
| **7.** First date of service (YYYY/MM/DD): | | **8.** Date of incorporation (YYYY/MM/DD): | |
| **9.** Incorporation #: | | **10.** Revenue Canada Business Registration #: | |

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| For office use only: |

**Service Overview**

1. What are your service boundaries? Examples:

* Steeles Ave. W. to Eglinton Ave. W. and Highway 427 to the Humber River
* All of the new City of Toronto.

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1. What is your target population, or the main groups that you serve? Examples:

* families with pre-school children
* South Asian seniors
* Youth ages 16-24.

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1. 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.

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1. 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.

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

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

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**Membership**

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

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

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

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1. List the categories of members that you have.

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

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**Board of Directors**

1. 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.

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1. 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 that50% or more of Board members reside in the City of Toronto.

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| --- | --- | --- | --- | --- | --- |
| **Board Member’s Name** | **Street Address** | **Postal Code** | **Position On The Board** | **Date They Became A Member Of The Current Board**  **(**YYYY/MM/DD**)** | **Total Number Of Years On The Board** |
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***PLEASE NOTE:*** Question 24 and 25 have been omitted for the purpose of this Request for Proposals

**Definitions**

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

**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.

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| **26a.** | **Governance** | **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | **Proposed year**  **2018 (2017/2018)** |
|  | 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: | | | |

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| **27a.** | **Volunteer resources** | **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | **Proposed year**  **2018 (2017/2018)** |
|  | Number of volunteers |  |  |  |
|  | Number of Board members (actual positions filled at time of application) |  |  |  |
|  | **Totals** | **0** | **0** | **0** |
| **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**

**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 hour 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.

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| **28a.** | **Staff** | **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | **Proposed year**  **2018 (2017/2018)** |
|  | 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 and transgendered 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.*

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| **29.** | **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**  **DD/MM/YYYY** | **No** | **Planned Completion Date**  **DD/MM/YYYY** |
|  | Anti-racism, access and equity policy |  |  |  |  |
|  | Anti-racism, access and equity  complaints procedures |  |  |  |  |
|  | Anti-racism, access and equity implementation plans |  |  |  |  |

**\*only attach copies if there are changes since last submission**

**30.**  In what languages do you deliver direct services?

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**In-kind Support**

**31.** 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.

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| **Type of support** | **Source** | **Estimated value** |
| **Example:** space for workshops | community organization X/private donor | $2,000.00 |
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**Instructions for Filling out the Income & Expenditure Detail**

**Overview**

This section has four forms. Please fill out each form completely, taking care that the columns add up:

1. Income Detail for your whole organization
2. Sources of Government Income for your whole organization
3. Expenditure Detail for your whole organization
4. Statement of unrestricted reserves.

**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, can be found through the following link: <http://www.toronto.ca/grants/csp/files/detailed_account_charts.pdf>.

**Financial year**

|  |  |
| --- | --- |
| **IF your organization’s financial year is ...** | **THEN your ...** |
| the same as the calendar year (January to December) | 1. Audited Year is 2016. 2. Current Year Revised is 2017. 3. Budgeted Year is 2018. |
| different from the calendar year | 1. Audited Year is 2015/2016. 2. Current Year Revised is 2016/2017. 3. Budgeted Year is 2017/2018. |

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

**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 all 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.

**32. Organization Income Detail**

1. Our organization’s financial year begins on day       of month       and ends on day       of month      .
2. Please indicate all of your sources of Organizational Income on the chart below.

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** | **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | **Proposed year**  **2018 (2017/2018)** |
| **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)*** | ***$0.00*** | ***$0.00*** | ***$0.00*** |
| 1010 United Way Base Allocation (Member) |  |  |  |
| 1020 United Way Grant (Member) |  |  |  |
| 1030 Other United Way (Winter Relief, Success by 6, Newcomer Grant) |  |  |  |
| 1040 Other United Ways |  |  |  |
| 1050 United Way Donor Choice Designation |  |  |  |
| ***SUB-TOTAL (1010-1050)*** | ***$0.00*** | ***$0.00*** | ***$0.00*** |
| 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)*** | ***$0.00*** | ***$0.00*** | ***$0.00*** |
| **TOTAL ORGANIZATION INCOME** | **$0.00** | **$0.00** | **$0.00** |

**33. Sources of Government Income**

1. 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”.**

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)** | | | |
| **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | | **Proposed year**  **2018 (2017/2018)** |
| 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:** |  |  |  |  |  |  |  |

**34. Organization Expenditure Detail**

1. Please indicate all of your organizational expenditures on the chart below.
2. A **variance** is an increase or a decrease from one year to the next. Please explain any variances of 20% or more between years
3. Explain how you will deal with any deficit or surplus that you are showing.
4. If total organization expenditures, total organization income and operating surplus (deficits) for audited year are not identical to Audited Financial Statement totals, please provide reconciliation.

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| --- | --- | --- | --- |
| **EXPENDITURES** | **Past year**  **2016 (2015/2016)** | **Current year**  **2017 (2016/2017)** | **Proposed year**  **2018 (2017/2018)** |
| **1100** Salaries |  |  |  |
| **1200** Employee Benefits |  |  |  |
| **1800** Staff Training |  |  |  |
| **1900** Staff Travel |  |  |  |
| ***SUB-TOTAL (1100 - 1900)*** | ***$0.00*** | ***$0.00*** | ***$0.00*** |
| **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)*** | ***$0.00*** | ***$0.00*** | ***$0.00*** |
| **TOTAL ORGANIZATION EXPENDITURES** | **$0.00** | **$0.00** | **$0.00** |
| **TOTAL ORGANIZATION INCOME** |  |  |  |
| **OPERATING SURPLUS (DEFICIT)** | **$0.00** | **$0.00** | **$0.00** |

**Statement of Unrestricted Reserves**

**35 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 by another name in your audited financial statement.) For each reserve, please indicate whether there is a Board Policy governing the use of the reserve.

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| --- | --- | --- | --- |
| **Name of Unrestricted Reserve** | **Balance, End of 2016 (2015/2016)** | **Balance, End of 2017 (2016/2017)** | **Board Policy Yes/No** |
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| ***TOTAL UNRESTRICTED RESERVES*** | **$0.00** | **$0.00** |  |

**35 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.*

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

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