



Clean Air Hamilton
Air Quality Program Funding
NEW projects or programs
2018 APPLICATION FORM



Applications to be received by:
3:00 pm, March 19, 2018

Trevor Imhoff

Coordinator - Clean Air Hamilton

110 King Street West 3rd Floor, Hamilton ON, L8P 4S6

P: 905.546.2424 ext. 1308

E: Trevor.Imhoff@hamilton.ca

SUBMIT THE ORIGINAL AND (3) PHOTOCOPIES

**Late Applications will not be considered and will be returned
unopened**

ATTACHMENT CHECKLIST:

- Completed and signed application (original and 3 photocopies).
- List of the current Board of Directors, including number of years on the Board, occupation or specialization, and Board role (Chair, Secretary, Treasurer, etc.).
- List of the current staff that will be involved in this initiative and whether full or part time including number of years involved, expertise and role of each member (if applicable).
- Support material that will help the assessors to evaluate your application (e.g. strategic plans identifying the project as priority, annual reports, catalogues, fundraising and marketing materials).

Submission Requirements

- If submitting electronically send your application in either Word document or PDF.
- If submitted by hardcopy all text material must be on single-sided 8.5 x 11 white paper
- Do not use staples, binders or separators in your submission. Paper clips or other removable clips are acceptable
- Use a typeface no smaller than 11 point
- Follow page length maximums if specified on the application. Additional pages will be removed and not assessed
- Incomplete applications will be considered ineligible

Inquiries:

Trevor Imhoff

Coordinator – Clean Air Hamilton

110 King Street West, 3rd Floor, Hamilton ON, L8P 4S6

P: 905.546.2424 ext. 1308

E: Trevor.Imhoff@hamilton.ca

**PLEASE DO NOT INCLUDE THE FIRST THREE PAGES
WITH YOUR SUBMISSION**

Adjudication of Application

- Passing Score for an application is: 60%;
- A minimum of three (3) adjudicators per application is required. In unique circumstances, a minimum of two adjudicators per application will be accepted upon approval of the Director of Health Protection Division in cases of unique or unforeseen circumstances;
- An application's score will be reviewed through a combination of individual assessments and an adjudication team discussion;
- Any adjudicators that have or may have any conflict of interest shall disclose this to the Clean Air Hamilton coordinator and excuse themselves from adjudicating responsibilities. External adjudicators are required to complete a conflict of interest form which are to be maintained by the Clean Air Hamilton Coordinator. City staff who act as adjudicators for Clean Air Hamilton are covered by the City's Conflict of Interest policy but are responsible for telling the Coordinator of any potential assignments that could be considered a Conflict of Interest.

Appeal Process

Clean Air Hamilton funding does not have an appeal process.

Payment Plan

- All grants will be paid out at 90% upon Council approval with a 10% holdback.
- The 90% will be processed when the signed Clean Air Hamilton Agreement is released to successful applicants upon Council approval.
- The 10% funding holdback will be released upon staff approval of the program/event requirements in accordance with the terms outlined in the application and Agreement, with a deadline date of February 1, 2019.
- All initiatives must be completed by December 31, 2018 unless written approval is given by the Coordinator. All successful applicants must submit their final report and all required content as per the Agreement by December 31, 2018, unless written approval is given by the Coordinator.

Agreement

The Clean Air Hamilton Agreement will be followed by a statement regarding final reporting on outcomes from initial application and discussions with staff.



Clean Air Hamilton
Air Quality Program Funding
NEW projects or programs
2018 APPLICATION FORM



Section 1: Organizational Information (5 points)

This section provides your organization's contact information and a summary of the grant amount requested.

Organization Name				
Name of Project				
Organization Legal Name (if different from <i>Organization Name</i> above)		<input type="checkbox"/> If the application is successful, make the cheque payable to the legal name instead of the organization name.		
Head Office Address				
Suite / Apt. / Floor				
Number and Street Name				
City				
Province	ON	Postal Code		
Mailing Address (if different from the address above)				
Suite / Apt. / Floor				
Number and Street Name				
Town / City				
Province	ON	Postal Code		
Organization Contact				
Phone Number		Email		
Fax Number		Website		



Clean Air Hamilton
Air Quality Program Funding
NEW projects or programs
2018 APPLICATION FORM



Personnel				
Board or Committee Chair/President	First Name		Last Name	
	Title		Email	
	Phone		Extension	
Primary Contact for this funding application	<input type="checkbox"/> Board or Committee Chair/President listed above <input type="checkbox"/> Other:			
	First Name		Last Name	
	Title		Email	
	Phone		Extension	

Grant Request Information (Complete one of the following options as applicable)			
1. Duration initiative (i.e. initiative spans a period of time):			
Initiative will begin on (date)	_____/_____/_____ (month / day / year)	Initiative will end on (date)	_____/_____/_____ (month / day / year)
Grant request Amount			
The total grant request can be up to 100% of the total project budget. Round up to the nearest dollar.			
Total grant request from Clean Air Hamilton		\$ _____	



**Clean Air Hamilton
Air Quality Program Funding
NEW projects or programs
2018 APPLICATION FORM**



DECLARATION: On behalf of and with the authority of the organization named above, in signing this application we certify that:

We have carefully read the Clean Air Hamilton Program Guidelines and eligibility criteria. Our organization and activities meet these criteria.

- We accept the conditions of this Program as outlined in the Guidelines and agree to abide by City Council's funding decision.
- All the information provided is accurate and complete and we are authorized to make an application on behalf of this organization.
- Our organization is an incorporated not-for-profit.
- Our organization is an incorporated for-profit partnering with an incorporated not-for-profit organization.
- We understand that approved grant amounts may be less than the maximum or requested amount.
- We understand that if this application is successful, no funds will be released until all outstanding documentation for previous City of Hamilton grants has been submitted.
- If a grant is awarded, we accept responsibility for ensuring that the activities for which funding is received are completed in the manner described in this application.

Municipal Freedom of Information and Protection of Privacy *Personal information on this application form is collected under the authority of section 107 of the Municipal Act, 2001 S.O. 2001, C. 25. The City of Hamilton will use this information in the determination of eligibility and in establishing funding allocation recommendations. A list of successful applicants will be made public. Questions regarding the collection of this information may be addressed to:*

Trevor Imhoff, Coordinator – Clean Air Hamilton
110 King Street West, 3rd Floor, Hamilton ON, L8P 4S6
P: 905.546.2424 ext. 1308
E: Trevor.Imhoff@hamilton.ca

Two signatures are required for this application.

	First Name / Last Name	Title	Signature
Board of Directors Signature			
Executive Staff Signature			
Approval date	The full Board of Directors or Committee has approved this application at its meeting on:		____ / ____ / ____ (month / day / year)

Legal status of organization (must be not-for-profit)		
<input type="checkbox"/> Incorporated not-for-profit	Incorporation date	_____/_____/_____ (month / day / year)
	Incorporation number	
<input type="checkbox"/> Incorporated for-profit	Incorporation date	_____/_____/_____ (month / day / year)
	Incorporation number	
<input type="checkbox"/> Unincorporated group with not-for-profit goals and governance structure		
<input type="checkbox"/> Charitable registration number (please provide, if applicable):		

Section 2: Organizational Capacity (15 points)

This section will allow assessors to evaluate if the organization has:

- An effective, active and appropriate governance structure;
- An active Board of Directors or other form of governance/leadership body providing the proper stewardship role;
- Evidence of thoughtful planning towards its vision;
- Resources to deliver on program / grant request.

<p>Organizational Mandate / Mission (100 word max) – 3 points Describe your organization’s mandate.</p>
<p>Strategic Plan (100 word max) - 3 points Provide a strategic plan that fits the mandate of the organizations and when that plan was last developed and/or revised</p>
<p>Implementation Team Experience (200 word max) – 3 points Provide information about your project team. List any experience individual team members have that will help the project be successful and well managed.</p>

<p>Community Representation (200 word max – point form) – 2 points</p> <p>Describe how your Board of Directors or leadership body represents the community your organization serves.</p>
<p>Current Leadership (100 word max – point form) – 2 points</p> <p>Describe some of the key activities of your governing body that help illustrate its effectiveness towards improving air quality in Hamilton.</p>
<p>History (300 word max) – 2 points</p> <p>Provide a brief history of your organization to give us an understanding of its development. List the year your organization was founded, important milestones and any changes in activity or organizational direction.</p>

Section 3: Project Management Details (10 points)

This section will allow assessors to evaluate whether project risks have been adequately assessed and mitigated for.

<p>Risk Management (250 word max) – 5 points</p> <p>Describe the main risks to success for your initiative, and plans in place to avoid or mitigate them.</p>
<p>Health and Safety (200 word max) – 5 points</p> <p>Describe public health and/or safety risks, and plans to avoid or mitigate them.</p>

Section 4: Community/Capacity Impact (25 points)

This section will allow assessors to evaluate the potential impact this will have on community behaviours or knowledge, or capacity-building within the City of Hamilton community. Please note that it is not necessary to supply answers to all questions; choose questions that are relevant to the project or program you are proposing.

<p>Summary of Initiative (150 word max) – 5 points</p> <p>Describe what you are proposing to do within this new initiative and number of participants expected.</p>
<p>Quantitative measurements of program/project impacts – 5 points</p> <p>How will impacts on participants be measured, and what are they anticipated to be? Example: “We will administer a short survey for participants at project completion to measure retention of information on health</p>

& air quality impacts of walking” (250 words max)
Number of participants anticipated to alter behaviour following program or project completion – 7 points What proportion of attendants are anticipated to alter their own behaviour following the program or project, and how will this be measured? (250 words max)
Number of participants anticipated to participate in ongoing air-quality monitoring activities – 3 points For projects where ongoing public participation in monitoring programs or other ongoing initiatives, how many participants do you hope to attract, and how will this be measured? (250 words max)
Geographic impact – 5 points Please describe the geographic impact of your project or program, in terms of City of Hamilton wards who will participate or benefit from the work to be undertaken.

Section 5: Air Quality Impact (45 points)

Potential for project or program to positively affect air quality, scientific knowledge of air quality in the City of Hamilton, or both. Please note that it is not necessary to supply answers to all questions; choose questions that are relevant to the project or program you are proposing. It may be appropriate and useful to answer the research questions for community or education projects if citizens are to be engaged in obtaining and measuring air quality data.

Anticipated reductions in target pollutants: pollutant types, amount of decrease, source/evidence – 15 points
For research projects: geographic areas to be covered (Wards) – 5 points Eg. “Monitoring conducted in Ward 2 in the John St & Cannon St Area”
For research projects: pollutants covered (list) – 10 points Eg. “Project measures PM 2.5, PM 10, NOX.”
For research projects: Time period covered – 5 points



Clean Air Hamilton
Air Quality Program Funding
NEW projects or programs
2018 APPLICATION FORM



Eg. "Monitoring will be conducted in the spring and fall."
Scientific basis for project/program – 5 points List papers, references, other documents
Analysis of existing data gaps – 5 points Describe how this project will help to fill identified gaps in existing knowledge about air quality in the City of Hamilton (250 words maximum). Example: if the project is fulfilling the recommendations of previous reports; if the project expands an existing project or program into a new geographic area; etc.

Section 6: Financial Information

ALL other sources of funding (specific to this capacity building initiative only) Identify cash revenue sources only, and indicated if each source is 'confirmed' or 'pending'. Include all sources of funding including municipal, provincial, federal, private etc.			
Source	Amount	Confirmed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
Total Revenue			

EXPENSES (specific to this capacity building initiative only) Complete the table below. Identify all expenses including applicable staff time, administrative costs, equipment/facility rentals, consultants, etc. Some examples are provided in italics below. Round all figures up to the nearest dollar.

Complete the table below using information from the previous tables.	
Total Revenue	\$
Total Expenses	\$
Surplus / Deficit (Total Revenue – Total Expenses)	\$

TOTAL VALUE OF INITIATIVE (specific to this capacity building initiative only)	
Complete this table using information provided in previous tables.	
Total Expenses	\$
Total Volunteer In-kind Value	\$
Total Value of Initiative (Total Revenue + Total Volunteer In-kind Value)	\$

Additional Financial Information

Please provide any additional information or clarification regarding the project financials that will be of assistance to the assessors reviewing this application. If the total project revenues and total project expenses do not equal each other, please explain why.

Section 7: Additional Documents

Please submit **one copy** of the following documents with your completed application form:

- List of the current Board of Directors or Committee members, including number of years involved, expertise / specialization, and role of each member (Chair, Secretary, etc.)
- List of the current staff involved in this initiative and whether full or part time, including number of years involved, expertise and role of each member (if applicable)
- Support material that will help the assessors to evaluate your application (e.g. strategic plans identifying the project as priority, catalogues, fundraising and marketing materials)