

Municipal Funding Guidelines

THE CITY OF FLIN FLON

Eligibility for Funds

Includes but is not limited to the following:

- a. not for profit
- b. providing services to residents of the City of Flin Flon
- c. actively seeking other sources of funding
- d. able to provide proof of financial responsibility
- e. evidence of need for service or project
- f. number of local residents served
- g. evidence of clear goal and expected outcomes
- h. uniqueness of service (no duplication)
- i. evidence of financial need
- j. organization's sustainability plan
- k. indicated involvement from other community partners

Eligible Expenses

- a. Special projects/programs/events
- b. New projects/ programs that support The City of Flin Flon's strategic plans and goals

Exclusions for Eligibility

- a. applications from individuals
- b. activities restricted to people of specific religious or ethnic groups
- c. annual fund-raising campaign
- d. debt retirement
- e. expenses related to attendance at seminars, workshops, symposiums, or conferences;
- f. agencies which primarily fund other organizations.
- g. operating costs
- h. out of province events

PLEASE NOTE THAT PROJECTS OR EVENTS ARE REQUIRED TO PROVIDE RECOGNITION FOR THE CITY OF FLIN FLON. Examples of this include:

- Media coverage: announcement, banner or ad
- Signage or poster displaying City logo

Municipal Funding Guidelines Application

THE CITY OF FLIN FLON

PRESENTED TO: Council

1. Identification of Applicant

Organization Name: _____

Have you previously applied for funds from The City of Flin Flon? Yes No

If so, when? _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Contact Name: _____

Type of Organization:

Registered not-for profit society ☐

Business, industry or professional assoc. ☐

Community association ☐

Other: (please specify) _____

Charitable organization ☐

What is your organizations mandate?

2. Funding Information

a. Amount of funding requested: \$_____ .

b. Funding request is for: (check applicable)

Project ☐ Programs and Services ☐ Event(s) ☐

c. Describe how the use of these funds would benefit the residents of the City of Flin Flon:

d. How has the need for this service/project been determined? (specify the target audience)

e. Please describe the impact to your organization if funding is not received.

f. List other municipalities that have been contacted and funds received.

g. Name other organizations that you are collaborating with to ensure the success of your project/program.

h. How will you measure and evaluate the benefit of your project/program? Describe in detail:

Financial Overview of Organization

Please download and complete the Budget Report form (posted on the web with this application form.)

Save a copy of the Budget Report form to your personal computer.

Conditions and Signatures

Name of Organization: _____

Conditions

1. In the event that the funds are not used for the project or programs as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance may be payable forthwith to the municipality.
2. If there are any changes in the funding of the project from that contemplated in the application the municipality will be notified of such changes through the designated liaison for The City of Flin Flon liaison.
3. The Organization will make or continue to make attempts to secure funding from other sources indicated in this application.
4. The Organization will keep proper books of accounts of all receipts and expenditures relating to the project or program and provide a yearly report of how the funds were spent, program delivery and outcomes.
5. The Organization will make available for inspection by the municipality or its auditors all records and books or accounts of the Organization upon request from the municipality. An audited statement may be required.
6. If the project or program proposed in the Organization's application is not commenced, or not completed, and there remain municipal funds on hand; or the project or program is completed without requiring full use of the municipal funds; or Council directs that the funds be returned; such funds will be returned to the municipality.
7. The project or program may not be represented as a municipal project or program, and the Organization does not have the authority to hold itself out as an agency of the municipality in any way, the only relationship being that the municipality has approved and granted financial assistance to the Organization.

We certify that to the best of our knowledge the information provided in this municipal funding request is accurate and complete and is endorsed by the organization we represent. If our organization receives municipal funds we agree to the conditions set out above and to any other conditions approved by Council. (Signature of Executive Director and Board Chairperson or Signing Officer for the Board)

Name

Date

Please provide:

- a) A fully completed application
- b) Financials for most recently completed fiscal year or fill in provided template
- c) Annual report **OR** We do not generate an annual report ☐

Budget Highlights (add extra sheets if required)

1. If you are asking for an increase over last year's grant, please explain:
2. Please provide a brief explanation for any budget items that have increased or decreased more than 10% from the previous year.
3. If the service has an excess of revenue over expenses, please specify how the surplus was or will be allocated.
4. Provide any additional comments or explanations for your budget here.

Budget Information

Name of Agency:		
Year	Last Year	This Yearl
OPERATING REVENUES		
Donations		
Fundraising		
Programs		
Grants		
Interest		
Other Revenue (Please List):		
TOTAL OPERATING REVENUES		
OPERATING EXPENDITURES		
Salaries		
Benefits		
Telephone/Internet		
Postage		
Advertising/Promotion		
Accounting, Audit, Legal		
Training & Education		
Memberships		
Rent		
Utilities		
Insurance		
Office Supplies		
Facility Maintenance		
Volunteer Appreciation		
Travel/Subsistence		
Interest/Bank Charges		
Fundraising Expenses		
Other (Please List):		
TOTAL OPERATING EXPENSES		
TOTAL REVENUES LESS EXPENDITURES		