

# **COMMUNITY EVENTS PROGRAM (CEP)**

INFORMATION AND APPLICATION PACKAGE

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# **GENERAL INFORMATION**

#### Funding Period:

#### January 1 to December 31 of each year

#### **Application Due Date:**

Community Events Program Applications must be received no later than

October 31 of previous year for funding between Jan 1- Dec 31.

Applications received after the deadline will not be considered.

Mailing Address

Municipality of Strathroy-Caradoc

52 Frank St.

Strathroy, ON N7G 2R4

Attention: Robert Lilbourne, Director of Community Services

Email

rlilbourne@strathroy-caradoc.ca

#### INTRODUCTION

The Municipal Community Events Program (CEP) is designed to support and promote community events that enhance the quality of life for residents of our municipality. By adhering to the eligibility and selection criteria outlined in this program, event organizers can ensure that their events are considered for funding under the CEP. The municipality is committed to working with community groups to ensure that our residents have access to high-quality, inclusive, and sustainable events that promote community engagement and pride.

#### **GOALS AND OBJECTIVES**

The primary goals of the Municipality of Strathroy-Caradoc's CEP Program are:

- 1. To promote and support community not-for-profit groups/organizations in hosting quality events that engage residents and visitors.
- 2. To improve the well-being of the community.
- 3. To promote volunteerism in the community.

The objectives of the program will be achieved:

- 1. By providing municipal funds or other forms of financial assistance, in limited amounts, to community groups/organizations that warrant municipal support.
- 2. By seeking full value for all municipal funds provided in financial assistance, through the program.
- 3. By evaluating all submissions equitably and consistently.
- 4. By submission of a final report from the community group/organization.

#### **GUIDELINES**

The following are the general guidelines, which will be used by the Municipality in evaluating applications for the CEP.

- The CEP will provide municipal funds or other forms of financial assistance, in limited amounts, to community groups and organizations that warrant municipal support. Priority would be given to registered not-for-profit group/organization that have legal documentation to support their status (e.g. charitable number).
- 2. The applicant must provide a detailed plan and/or description of the event that the application is being submitted for. The event plan and/or description must include, but not be limited to, name of event, type of event, date, times, location, target audience, alcohol (if applicable), fundraising/sponsorship efforts, staff/volunteers, equipment and budget. NOTE: The completion of the CEP application does not exempt you from completing the Special Events Permit and Manual.
- 3. The CEP will provide a maximum of twenty-five percent (25%) of the event's total expenses, up to a maximum limit determined by the Municipality.
- 4. Since volunteers are an important part in community service, the organization shall show evidence of volunteer involvement in the day-to-day provision of its services.
- 5. The applicant must extend its event to the public of Strathroy- Caradoc and should not exclude anyone by reason of race, religion, sex or ethnic background as per the Canadian Charter of Human Rights & Freedoms.
- All requests for financial assistance will be assessed in terms of the need for the event, cost effectiveness, financial viability, and contribution to the quality of life in the community, community response, and apparent quality.
- 7. The Municipality, through the CEP Program, will not contribute to deficits or funding shortfalls resulting from events of any kind which were undertaken without prior consultation with the Municipality.
- 8. The CEP recipient shall not transfer or assign the CEP funding or any part thereof to another organization or individual, without the prior written consent of the Municipality.

- 9. Any applicant being considered for financial assistance must not engage in providing a service that in the opinion of the Council, is beyond the requirements of the community, or is beyond a generally accepted standard of service already being provided by the Municipality of Strathroy-Caradoc, another level of government, or another organization.
- 10. Under normal circumstances, only one request per applicant is to be considered in a fiscal year. All programs, projects and undertakings should be consolidated into one request. This includes direct funds, property rental reductions, equipment donations, fee reductions, etc.
- 11. The CEP funds are not to be used to offset the operating expenses of an organization, association, or group.
- 12. The CEP shall be used only for the purpose approved by Council. The CEP recipient shall notify the Municipality of Strathroy-Caradoc of any proposed material changes to the nature of, or budget for, the activities for which the CEP has been made and shall use the CEP for such altered activities only with the prior written consent of the Municipality.
- 13. The granting of financial assistance in any year is not to be regarded as a commitment by the Municipality to continue such assistance in future years.
- 14. There will be no consideration given to financial requests from local recreation groups (ie. sports groups, etc.).
- 15. Applicants must provide the following financial information:
  - a) Previous year's balance sheet, income and expense statements, if applicable (to be audited if requested by the Municipality),
  - b) Current year's event budget,
  - c) List of all funding sources for event.
- 16. Applicant must provide a letter of confirmation from the board or committee showing that the board of committee is aware and approves the request.
- 17. The CEP recipient shall repay the whole or any part of the CEP, as determined by the Municipality of Strathroy-Caradoc, if the CEP recipient:
  - (a) Does not hold the event;
  - (b) Ceases to operate in the same capacity as at the time of application. IE not for profit to profit.
  - (c) Has knowingly provided false information in its CEP application;
  - (d) Uses CEP funds for purposes not approved by Council as identified in application;
  - (e) Breaches any of these terms or conditions; or
  - (f) Breaches any of the provisions of the Ontario Human Rights Code and the Canadian Charter of Human Rights and Freedoms in its operations.

- 18. The CEP recipient shall notify the Municipality of the occurrence of any of the events referred to in clauses 17(a) through 17(f).
- 19. Any unused portion of the CEP remains the property of the Municipality. If an unused portion of the CEP has already been paid to the CEP recipient, it shall be repaid by the recipient on request.
- 20. If the application is successful, the event must identify the Municipality as a major supporter. IE Supported by the Municipality of Strathroy-Caradoc. Must comply with the Municipal Branding Policy.
- 21. No financial donation or assistance will be considered unless specially authorized by this policy.
- 22. The organization and or group shall submit a final report 90 days after the event detailing, how the funds were utilized and how the municipality was promoted for its support.
- 23. A lack of filing the final report will deem the group ineligible for further funding until a final report is received for the previous event.
- 24. Events income and expense statement must be submitted with the final report.
- 25. Council makes the final decision on all financial assistance requests.

#### **EVALUATION**

The evaluation of applications will be conducted by the Community Development Advisory

### EL

	Committee (CDAC) and recommendations will be forwarded to Municipal Council for final approval.
.IG	<u>IBILITY</u>
1.	Are you a Not For Profit group/organization? Yes  No
2.	Please provide proof of Not For Profit status (e.g. Revenue Canada Charitable Registration Number).
3.	Is your group/organization located within the Municipality of Strathroy-Caradoc?  Yes No If no, please identify where it is from:
4.	Is your group/organization governed by a community based volunteer board of directors? Yes  No

5.	Has your group/or assistance within	ganization made any the current period? \	other application ∕es	s to the Municipality for financial If yes, when?
6.	. Has your group/or Yes  No	ganization received f If yes, how much? _	unding from the N	/lunicipality in previous years? 
7.	. Have you submitte	ed your final report fro	om the previous y	ears funding if applicable.
	Yes No			
8.		ovide a letter of confirm e is aware and appro		oard or committee showing that the Yes  No
EVE	ENT PLAN			
	Name of Event:			·
	Location of Event:			
		Primary (e.g. Gemi	ni Sportsplex)	Site Specific (e.g. Blue Pad)
	Date(s) of Event:		to	
		DD/MM/YYYY	DD/MM/YY	YY
	Day:	Time:	to	
	Day:	Time:	to	
	Day:	Time:	to	
	Day:	Time:	to	
	Number of Staff/V	olunteers Running E	vent:	
	Type of Event (e.g	ر. carnival, sports, va	riety, etc.):	······································
	Description of Eve	ent:		

Will the event serve alcohol? Yes No
If yes, the Municipal Alcohol Policy package will need to be completed.
Budget
Proposed Revenue: \$
Funding Sources:
Proposed Expense: \$
Detailed Expenses:
Funding amount requested: \$
Would this event occur without Municipal financial support? Yes 🔲 No 🗌
If yes, please explain why the funds are needed:
Does the group/organization have any outstanding loans or deficits? Yes 🔲 No
Is the event a fundraiser for the community? Yes 🔲 No 🗌
If yes, please identify the benefactor(s):
What is the target audience: Children 🔲 Adults 🔲 Seniors 🔲 Family 🔲
Other:
Is this a public or private event?
If private, why?
Explain the impact to the community:

Please identify how you will acknowledge the Municipality's support. If social media and websites are a part your plan, please include the details necessary for us to engage:

## FIRE AND EMERGENCY PLAN

This CEP application must be submitted with a completed Fire and Emergency Plan. See Appendix A for the Fire Safety/Emergency Planning Guide and Appendix B for the Event Safety Plan Checklist for assistance.

# **CONTACT INFORMATION**

Organization Name:	
Address:	
Contact Person/Position:	
Phone: (H)	(C)
Email:	
Authorized Signature:	
Name/Position:	
Date:	
DD/MM/YYYY	

Community Serv	 ices Designate		Signature
·	_		- · <b>g</b> ········
Date: DD/MM/YY			
AL REPORT  Name of Event:			
Location of Event:			
			Site Specific (e.g. Blue Pac
Date(s) of Event:	·····	to	
	DD/MM/YYYY	DD/MM/YYYY	,
Day:	Time:	to	
Day:	Time:	to	<del></del>
Day:	Time:	to	
Day:	Time:	to	
Number of Staff/Vo	olunteers Running Ev	vent:	
Attendance at the	event:		
	impact of the event:		

Did the impact of the event meet expectations? Yes No
Budget How were the funds, provided by Municipality, used for the event?
Did the funds, provided by the Municipality, provide what the event needed? Yes No [ If no, please explain.
Please identify how you have acknowledged the Municipality's support. If social media and websites are a part your plan, please include the details necessary for us to engage:
Events income and expense statements attached to the final report. Yes \( \square \) No \( \square \)