

Community Beautification Grant Program – 2018 Proposed Budget

Project: _____

Item/Description (please provide details of funding source; hours of in-kind labour, value of donations, etc.)	Total Expense	Requested Funding – Haldimand County	Confirmed Funding – Other Sources	Anticipated Funding – Other Sources	Confirmed In-Kind Resources	Anticipated In-Kind Resources
Construction/Project Materials:						
Professional Services (engineered drawings, utilities, locates, etc.):						
Labour:						
Total:						

Note: Where applicable, attach a detailed breakdown of cost estimates, including copies of contractor quotations/estimates.

In-kind general labour is calculated at a rate of \$16.50 per hour; in-kind professional services should be calculated using local labour market rates.

Community Beautification Grant Program – Proposed Budget

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Construction/Project Materials:						
Hanging Baskets (40 @ \$39 incl. HST) ²	\$ 1,560.00		\$ 1,000.00 (Lead Organization)	560.00 (Partner Org.)		
Large Containers (4 @\$200 plus HST)	904.00		904.00 (Lead Organization)			
Flowers (incl. HST) 40 baskets @ \$75 = \$3,000 4 large containers @ \$300 = \$1,200 6 flower beds @ \$400 = \$2,400	6,600.00	4,000.00	2,600.00 (Lead Organization)			
Soil (120 @ \$5 incl. HST = \$600)	600.00			600.00 (Partner Org.)		
Professional Services (engineered drawings, utilities, locates, etc.):						
Landscape Design (5 hrs @ \$100)	500.00					500.00
Labour:						
Volunteers to plant/maintain flowers (6 volunteers x 8 hrs/wk x 10 wks)	7,920.00				7,920.00	
Summer student to water plants (20 hrs/wk x \$10/hr x 10 wks)	2,000.00		2,000.00 (Lead Organization)			
Total:	\$20,084.00³	\$ 4,000.00⁴	\$ 6,504.00	\$ 1,160.00	\$ 7,920.00	500.00

¹ All items to the right of this column must be reflected in that total expense line and add up to the total cost of the project.

² Remember to include all HST costs in your budget.

³ Expenses above and to the right of this box must add up to this total amount.

⁴ This total amount cannot exceed \$4,000.

Total Expenses:

This is the total budget for the project or the specific phase of a larger project.

Requested Funding – Haldimand County:

The total funding being requested of Haldimand County; this amount cannot exceed \$4,000 per project request.

Confirmed Funding – Other Sources:

This refers to confirmed cash funding from partner organizations or other sources for the project.

Anticipated Funding – Other Sources:

Funding which has been identified for the project during preliminary planning/discussions, but not yet confirmed.

Confirmed In-Kind Resources:

In-kind materials or labour which have been confirmed for the project.

Anticipated In-Kind Resources:

In-kind materials or labour which have been identified for the project during preliminary planning/discussions, but not yet confirmed.

Community Beautification Program – 2018 Project Work Plan

Project Name: _____

Task/Activity	Responsibility (Person/Organization)	Date/Timeline	Results/Outcomes



Community Beautification Program – 2018 Proposals

45 Munsee Street North; Cayuga, ON N0A 1E0
T: 905-318-5932, ext. 6341 F: 905-772-3542

HOLD HARMLESS AGREEMENT

_____ (Name of Organization/Group) shall indemnify and hold Haldimand County harmless from and against all liability, loss, claims, demands, costs and expenses, by any negligence or acts or omissions by the above-named, their officers, agents, employees, volunteers or others for whom they are responsible at law, arising out of any cause whatsoever, either direct or indirect, through its use and/or operation on Municipal property.

_____ (Name of Organization/Group) shall maintain a policy of public liability and property damage insurance in the amount of two million dollars (\$2,000,000.00) and containing endorsements showing "Haldimand County" as an additional insured and having a cross-liability clause, in a form satisfactory to Haldimand County. Proof of insurance must be made available to Haldimand County upon request.

Under this Agreement, any and all items placed in the road allowance that are not maintained properly and, in the opinion of the Municipality, are in a state of disrepair and/or have the potential to harm persons and/or property, shall be removed by the Municipality. There is no obligation for repair and/or replacement of the item identified as being in a state of disrepair by the Municipality.

Approved Project: _____

Name of Applicant: _____

Signature of Applicant: _____ (or authorized representative)

Print Name: _____

Date: _____

OFFICE USE ONLY

Cheque issued on: _____



Community Partnership Program

Volunteer Insurance Coverage Acknowledgement

Project Name: _____

Project Location: _____

As a volunteer for Haldimand County, you have the right to know that you are covered under the County's liability policy for those activities you perform as a part of the project to be undertaken.

This liability policy protects the Corporation and the volunteer against claims brought against them by third parties. It does not, however, cover loss or damage to a volunteer's property. Similarly the County does not provide coverage for personal injuries that may occur to volunteers while undertaking their activities, either through the policies of the Corporation or through Workplace Safety and Insurance Board provisions. The volunteer must ensure their personal safety through provision of appropriate safety equipment where required.

I have read and understand the insurance provisions as outlined above:

Name: _____
(please print)

Signature: _____ Date: _____



Community Beautification Program – 2018 Projects

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T: 905-318-5932, ext. 6341 F: 905-772-3542

REPORTING & RECONCILIATION FORM

Name of Organization: _____
Name of Approved Project: _____
Name of Applicant/Contact Person: _____
Email: _____ Telephone: _____

Wherever possible, please provide before and after photos of your project.

- Please contact the Community Partnership Liaison staff person, Katrina Schmitz, 905-318-5932, ext. 6341, before you re-allocate funds in your approved budget.
- Please complete the financial report, below, **including submitting copies of all invoices, bills**, etc., which are associated to the Project. Failure to complete this section may result in future proposals being declined.
- Please explain in-kind donations for materials and services by including the relevant company name and phone number. Please provide a breakdown of volunteer hours at a rate of \$16.50 per hour.
- If you have any questions concerning your grant or about completing your report and reconciliation, contact the Community Partnership Liaison staff person, Katrina Schmitz, at 905-318-5932, ext. 6341.

Did you encounter any challenges to completing your project?

Project Budget:

Item (please provide specifics and details wherever possible)	Projected Budget (numbers from original application)	Actual Costs	Difference
Monetary Contributions:			
Construction Materials			
Professional Services			
Associated Labour			
Other (please specify):			
Sub-Total:			
In-Kind Contributions:			
Donated Materials (specify company name, item):			
Donated Services (specify company name, service):			
Volunteer Hours (please calculate at \$16.50/hour):			
Other (please specify):			
Sub-Total:			
Total:			

Project Summary:

Please include the following attachments in your Report & Reconciliation:

- Photographs of project areas (before and after are best);
- All invoices/bills relevant to the project;
- If your initiative received any media coverage, please indicate the type of coverage received, the number of reports or stories and provide any clippings:
 _____ Newspaper _____ Radio Interview _____ TV _____ Other, please specify: _____
- During the course of the project, did your organization undertake any activities to recognize Haldimand County's Community Beautification funding?
 - Yes No

If yes, please indicate all the recognition activities you undertook. Check all that apply:

- Acknowledged Haldimand County support in publications and promotional materials;
- Used Haldimand County logo in print and promotional materials and/or website;
- Recognized Haldimand County support on website;
- Provided link to Haldimand County website;
- Gave verbal acknowledgement of Haldimand County funding (e.g. during public presentations); and,
- Other, please describe: _____

How many volunteers **contributed directly to the project** funded by your grant? (Please do not give the total number of volunteers in your organization.)

_____ Volunteers _____ Hours Contributed

Approved Project: _____

Name of Applicant: _____

Signature of Applicant: _____ (or authorized representative)

Print Name: _____

Date: _____

Date Report Received: _____

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