

2023 Community Grant Application

Part A: Organization Information

Organization/Charity Name: *

Port Hope Rainbow Network

Address (Including Postal Code): *

59 Pine Street North

Part B: Contact Information

First and Last Name of Contact Person: *

JOHN M DORION

Title of Contact Person: *

COORDINATOR/DIRECTOR

Phone Number: *

[REDACTED]

Alt. Phone:

[REDACTED]

Email: *

[REDACTED]

Part C: Applicant Eligibility

1. Are you a non-profit organization or a registered charity? Please select ONE: *

Registered Charity

Non-Profit Organization

If you are a registered charity as per CRA please indicate your registered number:

2. Which of the following describes your non-profit organization or registered charity? (Select all that apply) *

- Initiate or deliver programs and services to the citizens of Port Hope.
- Provide events of a Municipal, Provincial or National significance, which could be expected to bring economic, and/or public relations benefit to the Municipality.
- Provide programs and services to address any urgent and pressing events and natural disasters (i.e. fire, flood, earthquake).
- Initiate programs or services for individuals, groups or teams who require assistance to participate in recognized regional, provincial, national or international championships.

Part D: Application Information

Name of Event or Program: *

Current Year's Request: \$ *

Prior Year's Request:

Prior Years' Awarded Grant: \$

Date of the Organization's Event: *

Preferred Date to Receive Community Grant: *

1. Please briefly describe the organization's programs and services: *

This is a local group the purpose of which is to create a communication network amongst the Port Hope Queer community for support and social awareness. It is also intended to expose the larger community to the existence in Port Hope of members of our community and the contributions they make.

For individuals who are experiencing isolation or uncertainty about themselves and their identity, it is a means to link to local or a wide base of professional support.

The use of the network is of value to young and old alike.

2. Please provide a statement of the organization's goals/objectives: *

Mission Statement:

About

The Port Hope Rainbow Network is a nonprofit social club and advocacy group proudly run by and for the local queer community.

We're dedicated to creating safe, inclusive spaces and events for Port Hope 2slgbtqia+ individuals and allies to connect, communicate and celebrate as our authentic selves.

3. If Council approves the organization's Community Grant request, what will the funding be used for? *

We are seeking seed money to set up the preliminary elements of the group including public symbols such as a banner and flags. The funding will assist with some modest office supplies. We already have a donated meeting space.

4. Please provide a description of how the organization intends to measure the success of the program or service: *

We already have measures in place.

The FB group was established in July 2022 with two people and we now have over 150 members

We participated in the Run Salmon Run event in September 2022 and recorded site visits where people engaged in discussion for more than 5 minutes - 77. That does not include people who walk by glancing at the material. From that information booth, we already have one transgendered youth seek out support and help with their issue.

On Oct 2, 2022, we held the first-ever Pride Brunch with 16 people attending.

5. What is the approximate geographic audience demographic that you plan to target? (i.e. 300 Adults and 50 Kids: 75% Port Hope Residents) *

Our group targets all age groups and this is reflected on our FB membership list.

6. What new initiatives will the organization be doing in the upcoming year? *

Firming up structure
Two more Pride Brunches
Participate in the Canada Day Parade
Participate in the Santa Claus Parade
June 4 Rainbow Crosswalk ribbon cutting
Pride Picnic in the Park (Memorial Park)

7. Does the organization work jointly with any other community or organization? If yes, please provide details: *

Pride Northumberland
Pride Cobourg
Pride Hastings
Pride Warkworth
Pride Brighton
Interpride
Port Hope Queer Youth (affiliated)
PFLAG Cobourg/Port Hope

NOTE: we are not connected in any way with Port Hope Pride - it is a for-profit company with no obligation to support the queer community

8. Does the Municipality provide your organization other financial support? (i.e. fee waiver, etc.) If yes, please indicate the amount: *

no

9. How is the organization decreasing reliance on Municipal funding? *

Develop funding from other levels of government
Donations

10. Please indicate how the Municipality's financial support will be acknowledged. If possible, please provide an example: *

Municipal logo on Banner and on Website

11. Any additional information you find necessary: *

We are registered as a not for profit
Website
email

Part E: Financials

To complete your download [Financials Excel](#) and attach the completed version.

Please attach the completed **Community Grant Financials Excel**

File Name



2023a Community Grant Financials.xlsx

23.2 KB

2023 Community Grant Application Attestation

Organization/Charity Name: *

Port Hope Rainbow Network

Address (Including Postal Code): *

59 Pine Street North, Port Hope, ON L1A3G71100

Current Year's Request: \$ *

1100

First and Last Name of Contact Person: *

JOHN M DORION

Title of Contact Person: *

COORDINATOR/DIRECTOR

Phone Number: *

[REDACTED]

Alt. Phone:

[REDACTED]

Email: *

[REDACTED]

Having requested financial assistance from the Municipality, the Organization agrees to the following conditions if a grant in any amount is awarded:

A) The Organization confirms that the representations contained in the application for financial assistance are true and correct in every respect and that 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 will be payable to the Municipality.

B) 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 Director of Finance.

C) That the Organization will make or continue to make attempts to secure funding from other sources as indicated in its application.

D) That the Organization will keep proper books of accounts of all receipts and expenditures, relating to the program, services or project.

E) That the Organization will retain and make available for inspection by the Municipality or its auditors, all records and books of accounts of the Organization upon request from the Municipality which may be made within 2 years of the grant award.

F) That if the programs or services proposed in the Organization's application are not commenced, or are not completed and there remain Municipality's funds on hand, or are completed without requiring the full use of the Municipality funds, such Municipality funds will be returned to the Municipality.

G) That the program or services not be represented as a Municipal program or service, and that the Organization does not have authority to represent itself as an agency of the Municipality in any way, the only relationship being that the Municipality has approved the granted financial assistance to the Organization.

H) That should the Organization receive grant funding and subsequently cancel an event, the Organization must dispose of their assets in a responsible manner that meets the approval of the Municipality.

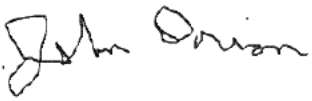
SIGNING AUTHORITY

We certify that to our knowledge, the information provided in this application for a Municipal Community Grant is accurate and completed and endorsed by the organization which we represent.

Authorized Signing Officer # 1 - Name *

JOHN DORION

Authorized Signing Officer # 1 *



Date (MM/DD/YYYY) *

Personal information is being collected on this form under the authority of the Municipal Act and the Municipal Freedom of Information and Protection Act (MFIPPA). Please note, that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of the corporate agendas and/or public consultation processes. Questions about the collection of personal information may be directed to the Municipal Clerk at 905.885.4544 or clerk@porthope.ca

**Municipality of Port Hope
Community Grant Application**

**Port Hope Rainbow Network
Organization's Statement of Revenue & Funding**

Organization's fiscal year-end: **31-Dec-22**

Please note: Additional lines can be inserted. Please enter values as a positive number.

	2021 Actual	2022 Year End Projection	2023 Budget	Notes
Expenses				
List all types of expenses (ie. office supplies, salaries & wages, materials, etc.)				
Opening Balance			\$ -	
Total Expenses:	\$ -	\$ -	\$ -	
Revenues				
List all types of revenues (ie. ticket sales, admin fees, interest revenue, etc.)				
Forecast Federal Grant			\$ 4,000	New program for @SLGBT+
Local donations			\$ 1,000	Persons, businesses
Total Revenue:	\$ -	\$ -	\$ 5,000	
Net Surplus/(Deficit):	\$ -	\$ -	\$ 5,000	
Grants from Municipality:			\$ 1,100	Do not include in Revenues section above
Total Net Surplus/(Deficit):	\$ -	\$ -	\$ 6,100	

Comments:

Note: This form is to include any amounts included in the event/programs statements

**Municipality of Port Hope
Community Grant Application**

**PORT HOPE RAINBOW NETWORK
Event's Statement of Revenue & Funding**

Event's fiscal year-end: **31-Dec-22**

Please note: Additional lines can be inserted. Please enter values as a positive number.

	2021 Actual	2022 Year End Projection	2023 Budget	Notes
Expenses				
List all types of expenses (ie. office supplies, salaries & wages, materials, etc.)				
Operating			\$ 1,100	Flags, supplies
Pride Picnic in the Park			\$ 2,000	Performers, tents, bling, supplies
Canada Day Parade			\$ 1,500	Truck, decorations
Santa Claus Parade			\$ 1,500	Truck, decorations
Total Expenses:	\$ -	\$ -	\$ 6,100	

Revenues				
List all types of revenues (ie. ticket sales, admin fees, interest revenue, etc.)				
Donations and Grants			\$ 5,000	
Total Revenue:	\$ -	\$ -	\$ 5,000	
Net Surplus/(Deficit):	\$ -	\$ -	\$ (1,100)	
Grants from Municipality:			\$ 1,100	Do not include in Revenues section above
Total Net Surplus/(Deficit):	\$ -	\$ -	\$ -	

Comments:

Note: This form is to identify the project/event specific amounts included in the organizations summary financial statements