# PART 1: General Information

Lead Agency Name

Address

City

Province

Postal Code

Contact Person Contact Phone Number

Contact Email:

# Please select the area of hub development the application is for:

**Feasibility Study**

* Market demands analysis ☐ Resource analysis (includes sustainable funding sources and

human resources)

* Site selection/site appraisal ☐ Design analysis ☐ Other (please specify):

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| ☐ **Business Plan or Existing Business Plan Enhancement**   * Development of Business Plan  Defined vision and service model  Financial * Strategic rationale and benefits  Key operating metrics Projections * Key issues and risks  Implementation and integration plans  Outcomes |

Amount of funding requested ($)

Term of Funding Requested: Start Date

End Date

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| **PART 2: Proposed Community Hub Plan** |
| 1. **Evidence-Informed Needs of the Community & Priorities:**    1. In 200 words or less, describe the needs of the community. Attach any relevant evidence based reports or documents summarizing the local needs. |
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b) In 100 words or less, outline the priorities that are driving the development of the community hub concept.

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**2. Shared Vision/ Proposed Service Model**

a) Proposed Model: In 200 words or less, describe your proposed community hub service model. Explain how the model will provide integrated services for Peel residents

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b) Shared Vision: In 200 words or less, outline the current vision and objectives for the community hub model.

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**3. Community Hub Development Partner(s)**

a) Do you have a planning committee guiding the development of the community hub?

 Yes  No

Frequency of Meetings:

b) In 200 words or less, describe the current planning structure.

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| c) Current Community Hub Development Partners (Attach separate sheet if needed). |

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| Hub Planning Partner Organization |  |  |  |
| Contact Person |  |  |  |
| Contact Email |  |  |  |
| Type of Organization | * Non-Profit/Charity * Grass Roots * Business * Resident * Government * Other | * Non-Profit/Charity * Grass Roots * Business * Resident * Government * Other | * Non-Profit/Charity * Grass Roots * Business * Resident * Government * Other |
| Partnership Role – What do you bring to this initiative? |  |  |  |

d) Partnership Needs

Are there other partners not yet engaged that would be valuable to engage in the

project, if so who and why?

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| How do you plan to engage those partners? |
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| **Part 3: Three Funding Request** |
| **Feasibility Study or Business Plan or Enhanced Business Plan Outcomes** |
| a) In 300 words or less outline the anticipated outcomes of the requested activities. |
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| b) Preferred Consultant: In 100 words or less, outline why this consultant has been selected |
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| c) Describe consultant’s roles, responsibilities and deliverables.  Attach a minimum of 2 consultant quotes detailing anticipated project expenses, work plan, and service timelines. It should demonstrate value for the funding requested. |
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d) In 200 words or less, list and briefly describe the two or three most significant risks that might prevent or threaten the viability of your project. Outline your contingency plan for each risk.

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# PART 4. Supporting Documents

* Send the following documents as attachments with your application. Incomplete applications and/or those with missing documents will not be reviewed:
* Your organization’s last two years (2015/2016 or 2016/2017) completed financial year statements:
  + Organizations with a total annual operating budget of $0 to $150,000 within 2018/2019 may submit a Notice to Reader statement for the last two years instead of audited financial statements
  + Organizations with a total annual operating budget of $150,001 to $250,000 within 2018/2019 may submit a Review Engagement Report for the last two years instead of audited financial statements
  + Organizations with a total annual operating budget of $250,001 or greater within 2018/2019 must submit audited financial statements for the last two years
* Your organization’s YTD financial statements
* Article of Incorporation
* Quotations from a minimum of 2 consultants/consulting firms

Submit your completed application form(s) and supporting documents through email to [cip@peelregion.ca](mailto:cip@peelregion.ca)

# PART 5. Declaration

* + I declare that I am legally authorized to submit the Application on behalf of the Organization named in this application
  + I certify that the information provided in this application is accurate, complete and endorsed by the organization I represent
  + I understand that the information in this application may be shared with the Fund Review Committee members, Region of Peel employees, as well as other funding contributors as listed in this application

Name

Title: Date:

# Notice With Respect To The Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

This information will be used to determine and verify initial and ongoing eligibility for community investments as well as for research and planning purposes. Information may be disclosed within this Act. Questions about this collection should be directed to the Region of Peel, Human Services Department, Community Partnerships Manager, 7120 Hurontario Street, 4th floor, Mississauga Ontario L5W 1N4 or by telephone 905-791-7800.