



Program Partnership Application

Appendix A

Partnership Renewal New Partner Proposal

SECTION A: PARTNER INFORMATION

ORGANIZATION INFORMATION *(Please Print):*

Name of organization: _____

Website: _____ **Fax #:** _____

Contact Name & Title: _____ **Contact Phone #:** _____

Contact Email Address: _____

Mailing address: _____ **City/Town:** _____ **Postal code:** _____

Type of Organization: (e.g not for profit, charitable, private business, government) _____

If not for profit or Charity organization, provide Registration #: _____

Have you been approved under the Town of Richmond Hill Affiliated Community Group Policy?: Yes No

Provide a profile of your organization: (Brief history, organization mission and mandate, organization activities, list of Board of Directors, main funding sources, relevant past projects related to the proposed program, etc.) Attach documents as needed.

How will this program help to fulfill the Town of Richmond Hill's Strategic Plan (2009) (Please make specific reference by providing examples from your program proposal) The Strategic Plan can be found on the Town website at richmondhill.ca/strategicplan.



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SECTION B: PROGRAM INFORMATION: *(Use additional paper if needed)*

Target Age of Participant(s):

Preschool (Under 5) Children (5-12) Teen (13-18) Adult (19+) Older Adult (55+)

Target Group Description (i.e. gender, ethno-specific, etc.)

Proposed Time(s) and Day(s) of week: _____

Preferred Location (i.e. specific name of Town recreation facility): _____

Type of space required (i.e. gym, meeting room, etc.): _____

Identify the key objectives for this program: _____

Is there a program similar to this in Richmond Hill? How will the proposed program be different? _____

What skills or knowledge will be gained by participants in your program? _____

What type of equipment and/or program supplies are required for this program? _____

Partner to supply the equipment/program supplies?: Yes No _____

SECTION C: STAFFING RESOURCES

How will you staff the program? Identify what each person will do and identify qualifications for each position.

Staff Member & Position	Experience & Education	Full or Part Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Staff to Participant Ratio Proposed: _____

Do your staff have the following training;

- *Standard First Aid & CPR – Level C... Yes No
- *A.O.D.A..... Yes No
- *Vulnerable Sector Screening..... Yes No
- High Five Certification (PHCD)..... Yes No

NOTE: Training marked with an * is required by all program instructors. High Five Certification is recommended for instructors of childrens programs (ages 6-12).

SECTION D: BUDGET AND INSURANCE

Can you provide the following;

- Proof of \$2,000,000 General Liability Insurance naming the Town as co-insured (using Town's standard insurance form)
- WSIB Insurance Coverage

Each organization is required to attach a copy of their most recent audited financial statements or financial statements completed by a third party. Information attached.

Budget: Affiliated community groups are required to pay to the Town 30% of registration revenue received. All other groups and businesses are to contact the Community Development Coordinator listed below.

Please identify the financial control methods used by the organization: _____

Thank you for your interest in partnering with the Town of Richmond Hill. Please submit your application to;

Community Development Coordinator

160 Avenue Road
Richmond Hill, Ontario, L4C 5L8

T: 905-884-0855, ext. 224
E: community@richmondhill.ca