

CityHousing Hamilton

Resident Engagement and Support Services

“Community Growers Small Grant”

At CityHousing Hamilton, we know that our residents are deeply engaged in supporting and improving the communities in which they reside. Sometimes their time and energy need support in the form of funding for program equipment and supplies. The vision of the Community Growers Equipment and Supplies Fund is to support the ongoing operation of Community Gardens and Beautification on CityHousing Hamilton properties. Each grant has a maximum of \$250. A group can only apply to the fund once per calendar year and each group is encouraged to only apply for the amount of funding needed.

Procedure for Applicants:

1. If you're applying for Beautification funding, you must have the Property Managers permission. The resident group will complete the application form and submit it to Community Development Coordinator Theresa Phair (see info at the end of the application).
2. The resident group must come from a CityHousing Hamilton (CHH) property. Please attach an updated list of current garden members and a map of current garden allotment (see the attached example).
3. All equipment and supplies funded through the Community Growers Small Grant Fund must remain in the community garden / space, even if the resident group folds. They are for all residents who participate in the Community Grower program and **do not** belong to the applicant group or a single individual.
4. The funds up to \$250 per application – are for garden equipment and supplies. This can include: soils, composts, mulch, tools, seeds, plants, items for arts and signage. The idea is to fund things that support the ongoing activities of Beautification or Community Gardens.
5. All applications will be reviewed by the Resident Engagement & Community Development Team. **Priority will be given based on financial need.** In some cases, groups will be asked to provide information about their financials.
6. Once an application has been approved, the funds will be released by the Community Development Coordinator to the resident group by cheque.
7. The resident group will be asked to complete a report and submit all original itemized receipts within 90 days as demonstrated proof that the funds were used for that which they were granted. Any funds not used are to be returned to CityHousing Hamilton.

Part 1: Community Growers Small Grant Application

Please be sure to ask for an itemized receipt, receipts submitted must be itemized. Be sure to keep all receipts, all original receipts must be submitted.

(Property) Name and Garden Name:	
# of Resident Members of Garden:	
Known Languages spoken by members, list all that apply:	
# of Residents Impacted by the program, i.e. family, friends and neighbours:	
Estimated total hours of membership contribution to Growers Program:	

Group Contact Information:

Key Garden Contact: Grantee:	
Address: Include Unit & Postal Code	
Telephone Number: Email:	

Equipment/Supplies Request:

Name of Program: Beautification or Community Gardens	
Amount of Funds (Max \$250):	

What equipment and supplies do you plan to purchase?

How will the supplies/equipment be used in your program?

How will the supplies/equipment benefit the program participants?

Where will the items purchased with this funding be stored?

Signatures:

Date: _____

Group Contact Signature

Print Name

Date: _____

CDC Signature

Print Name

Please attach an updated list of current garden members and a map of current garden allotment to your application:

Send your completed application to:

ATTN: Community Development Coordinator Theresa Phair

**Address: c/o CityHousing Hamilton
55 Hess St S, PO Box 2500, Hamilton, ON L8N 4E5**

Fax: 905-546-4291

Scan & Email: theresa.phair@hamilton.ca

**Any Questions: Call Theresa Phair
Telephone: 905-523-8496 ext 6679**

Part 2: Report on Money Spent Keep this report and submit with your receipts.

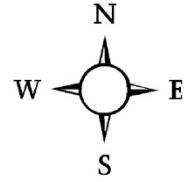
Name: _____ Garden or Property Name: _____

Within 90 days of spending the funds, please fill in the chart below and attach ORIGINAL, ITEMIZED copies of your receipts (keep copies of receipts for your own records).

Items Bought With the Community Growers Small Grant	Cost of Item
Total Costs:.	

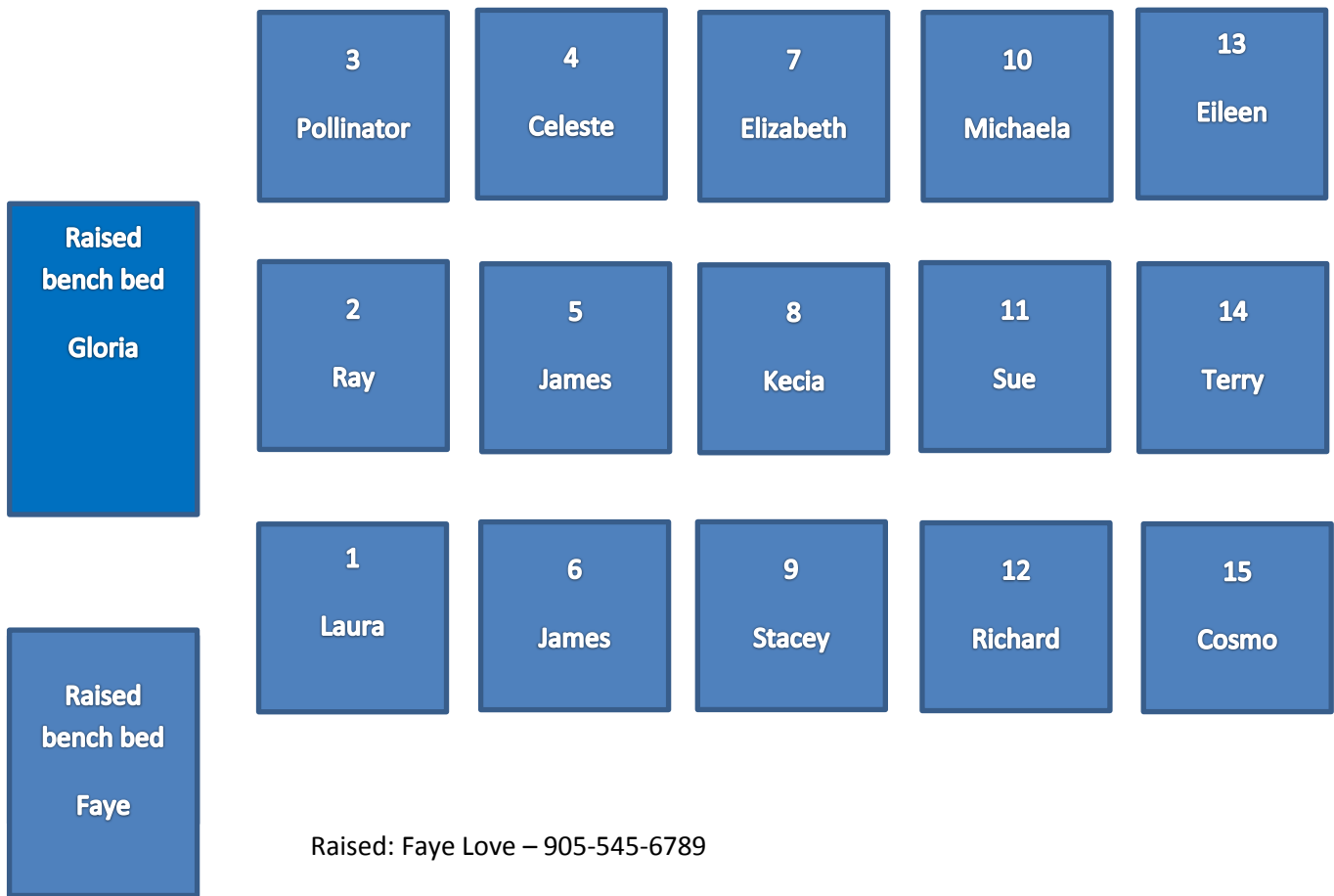
Send questions and your completed report to:
ATTN: Community Development Coordinator Theresa Phair
Address: c/o CityHousing Hamilton
55 Hess St S, PO Box 2500, Hamilton, ON L8N 4E5
Fax: 905-546-4291 Email: theresa.phair@hamilton.ca Telephone: 905-523-8496 ext 6679

1. Please ensure you've supplied an updated list of current garden members and a map of your garden with current allotment. (see below)
2. Please include 3 photos of your gardens or of members using the supplies/equipment purchased, please be sure to include a photo release form. (see below)



URBAN ESCARPMENT COMMUNITY GARDENS / 430 CUMBERLAND AVE

These are assigned resident gardens, please do not pick from them. However, if you're interested with having a garden space or if you have questions or concerns, please contact Theresa Phair at 905-523-8496 EXT 6679.



Raised: Faye Love – 905-545-6789

Raised: Gloria Love – 905-897-7856

- | | |
|---------------------------|-----------------------------|
| 1. Laura Sky – 222-3423 | 7. Elizabeth – 234-567-3456 |
| 2. Ray Love – 543-2345 | 8. Kecia – 233-222-3333 |
| 3. Pollinator | 9. Stacey – 345-567-4567 |
| 4. Celeste - 905-456-7890 | 10. Michaela – 233-455-2345 |
| 5. James – 905-622-5678 | 11. Sue - NA |
| 6. James – 289-567-5678 | 12. Richard – 222-678-5678 |



CONSENT TO PHOTOGRAPH – RELEASE AUTHORIZATION

I, the undersigned, give permission to CityHousing Hamilton (CHH) Corporation, and/or parties designated by CHH to photograph me and use such photograph(s) in all forms of media, for any and all promotional purposes including advertising, display, exhibit or editorial use.

I further consent to the use of my name in connection with the photograph(s) if needed by CHH and/or parties designated by CHH.

I understand and agree that I will not receive any payment for my time, expenses, or any royalty for the publication of the photograph(s) or the use of my name, and I hereby release CHH and/or any parties designated by CHH from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

Signature of Subject

Signature of Witness

Print Name

Print Name

Date

Date

CHH ensures that all personal information collected is done so in accordance with the *Freedom of Information and Protection of Privacy Act, 1990*.