# **CITY OF KITCHENER - Eligibility Application**

### Am I Eligible to hold a lottery?

Before proceeding to eligibility application you must be able to answer **yes** to the following questions:

- 1. Does the organization's purpose fall within one of the four classifications of charitable objects?
  - a) Relief of poverty

### Examples:

- Street patrols who work directly with homeless people
- Food banks or meal programs
- Shelters for homeless or economically disadvantaged
- b) Advancement of education

### Examples:

- Schools using funds for non-profit student publications such as newsletters and yearbooks.
- Schools using funds for extracurricular activities not required by the Board of Education and not part of the core curriculum.
- c) Advancement of religion

## Examples:

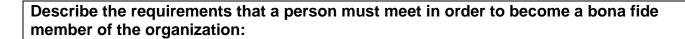
- Churches using proceeds for enhancements of religious programs
- Churches using proceeds to maintain public places of worship
- d) Other charitable purposes beneficial to the community not listed above

### Examples:

- Cultural and Arts such as ballet companies, symphonies, theatre groups (Cultural
  or artistic groups that only provide services to its members are ineligible as this is
  considered a restricted benefit.
- Health and Welfare such as substance abuse programs, hospital foundations etc)
- Enhancement of Youth such as Scout Troops & Big Brothers & Sisters
- Public Safety Programs such as search and rescue & crime stoppers
- Community Service Organizations such as Lions club, Rotary club, and Kinsmen
- 2. Does the organization have a place of business in Ontario?
- 3. Has the organization been in operation for at least one year and does it have a proven charitable mandate that it has carried out throughout the year?
- 4. Is the organization established to provide charitable services in Ontario and use proceeds for purposes or objectives that benefit only Ontario Residents?
- 5. Is the applicant properly organized so that it is separate organizationally, legally and financially from any other organization?

If you answer no to any of the questions above, do not continue with the package and contact Licensing.

Name of Organization:		Ex: Food Shop		
Street/P.O. Box:		#xx Street name or P.O. Box #xx		
City/Tov	wn/Village:			
Postal (	Code:			
Busines	ss Telephone:			
Genera	I E-mail Addres			
Is the a	pplicant incorpo	prated as a non-profit organization in the Province of Ontario?		
No	Yes	If yes include corporation number:		
Is the o organiz	•	stered with Canada Customs and Revenue Agency as a charitable		
No	Yes	If yes include registration number:		
How lor	ng has the orga	nization been in existence? <u>Must be a minimum of 1 year</u>		
Date of	fiscal year-end			
Name c	f Financial Inst	itution:		
Address	s of Financial In	stitution:		
Lottery	Account#:			
How ma	any persons co	mprise the organization's bona fide membership?		



Examples:

Membership criteria – application

Criteria should be set out in the constituting documents for the organization.

# Describe the organization's aims and objectives:

### Examples:

The "Organiation Name" objectives are:

- 1) To provide street patrols who work directly with homeless people;
- 2) To provide shelter for homeless or economically disadvantaged;
- 3) To advance health and welfare and provides programs and services that confer a significant public benefit

Note: As part of the aims and objectives, you must demonstrate:

- a) one of its primary purposes is to assist those who are in financial need;
- b) Operates on a not-for-profit basis with charitable objectives

## How do you intend to use the proceeds from the

**lottery?** Details including vendors if possible.

- Meal programs;
- 2) Supplies, clothing
- 3) temporary shelters
- 4) Family counseling and health education

records of all financial tra	ansactions perta	aining to the licen	sed lottery ac	tivities:	
(Name)					
(Business Address)					
Telephone # Business					
Names of bona fide men application:	nbers <u>who will c</u>	onduct one or mo	ore of the lotte	ery events re	ferred to in this
1		2			
3		4			
5		6			
7		8			
9		10			
11		12			
Is the Applicant currently lottery event?			, in any other	municipality	to conduct a
[	⊐Yes	□No			
If yes, list other m	unicipalities:				
Has the Applicant ever h	ad a licensed re ⊐Yes	evoked or refused □No	?t		
If ves. where?					

The designated member of the organization who will be responsible for keeping and maintaining

### APPLICATION FOR LICENSING ELIGIBILITY

We the undersigned, declare that all information provided in and with this statement is factual and correct.

\*\*\* Please refer to the Municipal Freedom of information and Protection of Privacy Act section 8.8.(1) for disclosure information.

Print name of Principal Officer

Print name of Principal Officer

Signature of Principal Officer

Title

Date

Date

E-mail

E-mail

### ADDITIONAL DOCUMENTATION REQUIRED

When an organization applies for a lottery licence, the following documents and/or information are required in order for eligibility to be reviewed:

- Incorporation Papers (Letters Patent)/Constitution and By-Laws (see example)
- Notification of Charitable Registration (Canada Customs and Revenue Agency) (if applicable)
- The most recent Registered Charity Information Return & Public Information Return, as submitted to Canada Customs and Revenue Agency (if applicable)
- Financial Statement for Previous Fiscal Year (audited, where applicable)
- Detailed outline of all programs/services provided in the previous year and specific costs incurred in delivery
- Detailed outline of all programs/service currently provided and specific costs incurred in delivery
- The current operating budget
- Current Listing of the Board of Directors
- Any other information that will assist in determining the charitable nature of the objects and purposes. This could include an annual report, correspondence relating to its charitable number for income-tax purposes, and confirmation that it meets the reporting requirements of the Charities Accounting Act
- The proposed use of proceeds, which must be consistent with the primary objects and purposes of the organization and of a charitable nature consistent with at least one of the four classifications of charitable purposes.

# **EXAMPLES OF REQUIRED DOCUMENTATION**

Letters patent layout the structure of your organization and contain information such as:

- your nonprofit's name
- its purpose
- the location of its head office
- the names of its founding directors.

Changes to the name, purpose, or location of head office are contained in supplementary **letters patent**.

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**By-Laws** contain similar information as Letters Patent but also establishes the rules to protect the rights, and specify the duties and responsibilities of the members, Board of Directors, Executive committee, and others.

By-laws include information such as:

- Organization's name
- Purpose of the organization
- The location
- Lists the Board of Directors and officers
- How the Board of Directors and/or officers are elected
- How meetings are conducted (where, how often, # of directors required to vote)
- The types and duties of officers
- Members voting rights
- Use of proceeds

# **Organization Name Constitution (By-laws)**

ARTICLE I / GENERAL

ARTICLE II / MEMBERSHIP

**ARTICLE III / MEETINGS OF MEMBERS** 

**ARTICLE IV / GOVERNANCE** 

**ARTICLE V / OFFICERS** 

**ARTICLE VI / COMMITTEES** 

**ARTICLE VII / FINANCE AND MANAGEMENT** 

ARTICLE VIII / AMENDMENT OF BY-LAWS

**ARTICLE IX / NOTICE** 

**ARTICLE XI / INDEMNIFICATION** 

**ARTICLE XII / ADOPTION OF THESE BY-LAWS** 

ARTICLE I / GENERAL

**Registered Charities:** Information and forms related to charities can be found on the Canadian Revenue Agency's website at: <a href="https://www.canada.ca/en/revenue-agency.html">https://www.canada.ca/en/revenue-agency.html</a>

<u>Financial Statement for Previous fiscal year:</u> Whether your organization uses an accountant, bookkeeper or staff to complete their year-end reports, the report basically summarizes all the expenses and revenues generated for your fiscal year.

- If your organization generates more than \$250,000 in gross annual revenues, the annual financial statement must be prepared and audited by a public accountant.
- Organizations that generate less than \$250,000 in gross annual revenues must prepare annual statements verified by the two signing officers of the lottery trust account(s) and the organization's Board of Directors.
- A basic example of an annual financial report is shown below, along with forms for annual lottery reports for Bingo, Raffle, Bazaar and Nevada. These forms are available on the AGCO website or you can call our Licensing office and we would be happy to provide them to you.

# **EXAMPLE - Basic Annual Report format:**

# Non Profit Organization Sample

# Income, expenses and balance of cumulative funds

for the year ended December 31,

	2010	2009
Income		
Members contributions	858,325	838,728
Special contributions	170,977	167,597
Financial aid	187,621	392,367
Joint committee	5,900	6,100
AGA partnership	25,757	20,942
Others	11,065	35,210
	1,259,645	1,460,944
Expenses		
PAU contribution	127,131	119,019
General administration	261,028	359,907
Union administration	82,000	80,981
Technical services	589,155	571,518
Others expenses	46,950	76,701
Promotion	4,838	8,472
Projects	229,071	383,674
	1,340,173	1,600,272
Net loss	(80,528)	(139,328)
Net assets - beginning	190,347	329,675
Net assets - ending	109,819	190,347

# **EXAMPLE - Bingo Year-End Report form:**



Licensing Office City of Kitchener 200 King Street West P.O. Box 1118 Kitchener ON N2G 4G7 Tel: (519) 741-2275

## YEAR END REPORT BINGO FUNDS

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses \*\*

LICENCEE INFORMATION				
Charity Name:	Year End Period			
	to			
FINA	ANCIAL INFORMATION	ION		
Bank Balance at Beginning of Fiscal Year		\$		
Income Receipts from Bingo Events Interest Earned from Lottery Trust Account Other (please explain) Total Income	\$ \$ \$	\$		
Expenses / Donations Prizes awarded that were purchased Licence Fees for Events Held Printing of Tickets Advertising Sales Commission (max 5% of price of each ticket Donations made (attach an itemized listing) Other (attach an itemized listing) Bank Service Charges Total Expenses / Donations  Bank Balance at End of Fiscal Year	\$ \$ \$ \$ \$ \$ \$ \$	\$ \$		
DECLARATION.				
We, the undersigned, declare that:  > We are bona fide members of the Licensee;  > We have been authorized to file this report on behalf of the Licensee; and  > All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.				
Principal Officer		Principal Officer		
	Signature			
	Print Name			
	Title			
	Date			
	Telephone Number			
	Facsimile Number			
	E-mail Address			

# **EXAMPLE - Raffle Year-End Report form:**



Licensing Office City of Kitchener 200 King Street West P.O. Box 1118 Kitchener ON N2G 4G7 Tel: (519) 741-2275

## YEAR END REPORT

This form must be completed within 180 days of your Fiscal Year.

Charity / Non-Profit Name:  Year End Period to  FINANCIAL INFORMATION  Bank Balance at Beginning of Fiscal Year  \$				
Bank Balance at Beginning of Fiscal Year \$				
· · · · · · · · · · · · · · · · · · ·				
Income				
Receipts from Bingo/Bazaar/Raffles/Nevada \$				
Interest Earned from Lottery Trust Account \$				
Other (please explain) \$				
Total Income \$				
Total moonie				
Expenses / Donations				
Prizes awarded that were purchased (if applicable) \$				
Licence Fees \$				
Printing of Tickets (if applicable)				
Advertising \$				
Sales Commission if Nevada (max 5% of price of each ticket sold)				
Donations made (attach an itemized listing) \$				
Other (attach an itemized listing) \$				
Bank Service Charges \$				
Total Expenses / Donations \$				
Bank Balance at End of Fiscal Year \$				
DECLARATION				
We, the undersigned, declare that:				
We are bona fide members of the Licensee;				
> We have been authorized to file this report on behalf of the Licensee; and				
All answers provided in this report, as well as all information contained in the documents and materials submitted with it, are true and complete.				
Principal Officer Principal Officer				
Signature				
Print Name				
Title				
Date				
Telephone Number				
Facsimile Number				
E-mail Address				

# **EXAMPLE - Bazaar Year-End Report form:**



Licensing Office City of Kitchener 200 King Street West P.O. Box 1118 Kitchener ON N2G 4G7 Tel: (519) 741-2275

# YEAR END REPORT BAZAAR FUNDS

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses \*\*

LICENCEE INFORMATION

Charity Name:		Year End Period to		
FINANCIAL INFORMATION				
Bank Balance at Beginning of Fiscal Y	'ear		\$	
Income				
Receipts from Bazaar	\$			
Interest Earned from Lottery Trust Accou	nt \$			
Other (please explain)	\$			
Total Income			\$	
Expenses / Donations				
Prizes awarded that were purchased	\$			
Licence Fees for Events Held	\$			
Printing of Tickets	\$			
Advertising	\$			
Sales Commission (max 5% of price of e	*			
Donations made (attach an itemized listing				
Other (attach an itemized listing)	\$			
Bank Service Charges	\$			
Total Expenses / Donations			\$	
Bank Balance at End of Fiscal Year		\$		
DECLARATION				
We, the undersigned, declare that:				
We are bona fide members of the Licensee;				
We have been authorized to file this report on behalf of the Licensee; and				
All answers provided in this report, as well as all information contained in the documents and				
materials submitted with it, are true and complete.				
Principal Officer	Signature		Principal Officer	
	Print Name			
	Title			
	Date			
	Telephone			
	Number			
	Facsimile Number			
	E-mail Address			

# **EXAMPLE - Nevada (Break-Open Ticket) Year-End Report form:**



Licensing Office City of Kitchener 200 King Street West P.O. Box 1118 Kitchener ON N2G 4G7 Tel: (519) 741-2275

### YEAR END REPORT NEVADA FUNDS

This form must be completed within 180 days of your Fiscal Year. When submitting this report, you must include photocopies of Bank Statements, Cancelled Cheques and Receipts for Charitable Donations/Expenses \*\*

LICENCEE INFORMATION				
Charity Name:	Year End Period			
to				
	ANCIAL INFORMATION			
Bank Balance at Beginning of Fiscal Year		\$		
Income				
Receipts from Third Party / Own Location	\$	<del></del>		
Interest Earned from Lottery Trust Account	\$	<del>                                     </del>		
Other (please explain)	\$	<del>                                     </del>		
Total Income	Φ	\$		
Total income		3		
Expenses / Donations				
Prizes Awarded	\$			
Licence Fees	\$			
Provincial Administration Fee (AGCO)	\$			
Ticket Expenses	\$			
Commission - Site / 3rd Party	\$			
Commission – Ticket Consultant	\$			
Donations Made (attach an itemized listing)	\$			
Other (attach an itemized listing)	\$			
Bank Service Charges	\$			
Total Expenses / Donations		\$		
Bank Balance at End of Fiscal Year		\$		
DECLARATION				
We, the undersigned, declare that: We are bona fide members of the Licensee; have been authorized to file this				
report on behalf of the Licensee and all answers provided in this report, as well as all information contained in the				
documents and materials submitted with it, are true and complete.				
Principal Officer		Principal Officer		
	Signature			
	Print Name			
	Title			
	Date			
	Telephone Number			
	Facsimile Number			
	E-mail Address			