

### **OLA New Initiatives Application**

:. ontario library association

The Ontario Library Association is a member driven association that welcomes ideas for new initiatives, programs, and projects that support excellence in libraries. To help ensure that our work is focused on our Vision, Mission, and Strategic Priorities and that new initiatives can be properly resourced, please provide us with the following information. This will help OLA determine if the project is feasible, or if we need further information in order to make a decision. Thank you for approaching OLA with your ideas.

Please note, while we welcome ideas all year round, the association begins to plan its activities for the next fiscal year each fall and the draft budget is completed at end of December

#### Instructions

How To Complete Application

Answer each question fully or indicate "not-applicable" if the question is not relevant or does not apply to your application. Provide reasons and supporting data where applicable to support your application. Demonstrate how your Special Project opportunity supports one or more strategic goals of the Ontario Library Association. For a list of our strategic goals, please visit <a href="https://www.accessola.org/strategicgoals">https://www.accessola.org/strategicgoals</a>

Note: OLA receives numerous requests annually, consideration of an application does not guarantee funding. Applications will be assessed on the basis of the information provided by the applicant within the completed application forms and for their ability to achieve the objectives of the program.

The decision to fund all or part on an applicant request will depend on its fit to the program priorities, assessment criteria and the overall demand of funds in the program.

Please note that this application may be forwarded to the appropriate council for consideration or support.

Section A - Organization Information				
Organization/Division/Personal Name:				
2. First Request - Is this the first time you applying? Yes No	are 3. Have you received fund last 2 years? Yes	ling from OLA in the		
Section B - Organization Address Information				
Primary Address:				
1. Street address 1:				
Street address 2:				
3. City:	4. Province:	5. Postal Code		



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Section	C - Or	ganization	Contact	Information
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Contact for the organization.	The person who should re	ceive general information	from Ontario Library As	ssociation
ncluding notification of oppo	rtunities, deadlines, news r	eleases and approved ap	plications.	

	2. * First Name:	3. * Last Name: 4.		4. *	4. * Title:	
5. * Email Address: 6. *		*Phone Number (Work):		7. Phone Number (Mobile):		
Payment Contact Individual who sh please contact St		larifica	ations about financial matters  Daccessola.com	s. If you	require assistance with this sect	
8. * Salutation:	9. * First Name:		10. * Last Name:		11. * Title:	
12. * Phone Nun	Phone Number (Work):		13. Phone Number (Mobile):		14. Fax Number:	
15. * Email Addr	ess:				L	
Section D. Dec	scribe the Special Dr	roject	Event, or Request that y	ou are	applying for	
					e applying for. (Maximum 500	
naraotoro,					11 7 0	
. Please provide a	a brief description of the	e initia	tive and the intended audien	ce. (Ma		
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3. (A) Identify which strategic priorities your application align	is with. Choose all that apply.
Growing Career Paths and Potential	Strengthening the Organization
Collaborating to Extend Libraries' Strategic Voice	Transforming Ideas into Solutions
(B) Describe how your application aligns with the strategic	priorities chosen in (A).
4. Who are the people and partners associated with this precise they provide? (Maximum 1,000 characters)  Volunteers External/Community Partners OLA Staff Other – please specify:  Support to be provided:	oject, event or request? What support or activities will
5. What is the timeline for this initiative including communicat	tion? (Maximum 1,000 characters)
6. What are the anticipated expenses and revenue for this inivolunteers and staff, space, equipment etc. (Maximum 250 c	



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(B) Revenue	
(C) Contributions In Kind	
7. What is the expected outcome of this initiative? 1,000 characters)	Clarify both qualitative and quantitative outcomes.(Maximum
Section E – Program Estimates	
Total Costs:	
Total In Kind Contributions:	
*All work hours required for volunteers, OLA staff,	etc.
Section F- Declaration/Signing	
Name of Applicant/Company Name:	
Date: S	ignature of Applicant:

Thank you for submitting your initiative!