



UNITED WAY OF COLCHESTER COUNTY
2021 - 2022 COMMUNITY PROGRAM FUNDING APPLICATION FORM

If this is the first time your agency is applying for United Way Program funds or you haven't received funding in the past 3 years, please contact us to discuss your proposed program before completing an application.

The information you provide in this application is reviewed and assessed by the Community Investment Committee to make its funding recommendations to the United Way of Colchester County Board of Directors. **Please ensure the document is completed in full.** Due to the number of applications there may not be time to follow up for outstanding documents. If you are not sure you have the proper documents please contact us no less than one week before the deadline to discuss. Typically there aren't enough funds to support all application requests so it is important to fully complete the application including outcomes for the program.

Committee members change from year-to-year and may not be familiar with your program or your agency. It is important that Committee and Board members be able to read and understand your application. For this reason we ask that you don't use acronyms or wording that would not be easily understood by someone outside of your organization. It is preferred that the document is typed as handwritten applications are often difficult to read and don't copy as well as a typed document. **If the document is not legible it will not be reviewed.**

It is important that your application be succinct and that it be submitted **on or before 4:00 pm on December 18, 2020.**

If you have any questions or need additional information, please contact:

Sarah Flemming, Executive Director
United Way of Colchester County
902.895.9313 or ed@colchester.unitedway.ca

SUPPORT DOCUMENTATION REQUIRED

PROVIDE: (Please check off all documents enclosed with this application – see the next section for submission requirements)

- Budget for the program for which you are applying for funding including all sources of revenue and a list of expenses. Please be concise and only submit applicable revenue / expenses for the program for which you are applying for funding.
- The most recent year end audited or reviewed financial statements – **if your 2020 statements are not available** – please explain why and when they will be ready. Include 2019 for now.
 - For allocations greater than \$3,000 and less than \$25,000, a Review Engagement by a Chartered Professional Accountant is required. Include the entire report.
 - For allocations \$25,000 and greater, an Audited Financial Statement by a Chartered Professional Accountant is required. Include the entire report.
- A copy of the most recent T3010 filing

- A current list of the Board of Directors identifying their position held on the board
- 2020/2021 Mid-Term Report on Program Outcomes if program is currently United Way funded
- Year to date as of October or November 2020 financial statement for the organization (balance sheet and income statements)
- An electronic copy of your Annual Report if available

SUBMISSION REQUIREMENTS

Before sending or copying documents please note: This application form uses standard sized paper. Be sure all application copies – electronic and paper are sent using standard sized paper. Otherwise parts of the application form may be missing. Supporting documents may be sent in the size they were originally created in (letter or legal). No special binding is required and paper or binder clips are preferred over staples.

NOTE: We require the complete application package – electronic and hard paper copies by **4:00pm on December 18, 2020**. Applications will not be reviewed unless all documents – electronic and paper copies - have been received in the following manner:

- Email - One (1) copy of the application and one (1) copy of all mandatory supporting documentation to the following email address: ed@colchester.unitedway.ca
- Deliver One (1) signed original paper copy of the application
- Deliver - Seven (7) paper copies of the application and
- Deliver - Seven (7) paper copies of the List of Board Members, mid-term report and year-to-date statements.
- Deliver 3 copies of the review or audited Year End Statements
- Deliver 1 copy of the T3010
- All hard copies are to be delivered to:

United Way of Colchester County
PO Box 32
90 Esplanade, Suite 2 in the Truro Centre
Truro, NS B2N 5B6

General and Contact Information

Name of Agency / Organization:

[Click here to enter text.](#)

Your Mission Statement:

[Click here to enter text.](#)

Amount of funding requested:

Primary contact for this application

Name:

Phone:

Email:

Geographic locations serviced by the agency:

[Click here to enter text.](#)

Revenue Canada Charitable Registration Number:

Agency's fiscal year end:

Mailing Address:

Street Address (if different):

Telephone:

Fax:

Website Address:

Name of Executive Director:

Phone number:

Email address:

Name of Finance contact (within agency):

Phone number:

Email address:

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Name of Board Chairperson (with signing authority):

Phone number:

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Email address:

INTRODUCTION OF PROGRAM

Name of Program: [Click here to enter text.](#)

Location(s) where this program will be delivered:

[Click here to enter text.](#)

Which United Way Focus Area best describes the issue or community that this program will address? If more than one focus area applies, number them in order of program priority.

- From Poverty to Possibility**
 - Moving people out of poverty
 - Meeting basic human needs (ex. food, shelter, jobs)
- Healthy people, strong community**
 - Improving access to social and health-related support services
 - Supporting resident and community engagement
 - Supporting community integration and settlement
- All that Kids can be**
 - Improving access to early childhood learning and development programs
 - Helping kids do well at school and complete high school
 - Making the healthy transition into adulthood and post-secondary education

Amount of Funding Requested

Estimated length of program (in years)

Will funding be used for program delivery between April 1, 2021 and March 31, 2022?

If no – please provide program dates: [Click here to enter text.](#)

Please provide a description of the Program and how funding dollars will be used.

If funded, this information will be used to describe your program in campaign and communications material. (If additional space is required, please attach a separate description).

What is the overall goal of the program?

How does the program address the Focus Areas identified above?

Click here to enter text.

If this program or project is already operating, please provide at least one story about how this program or project has impacted an individual, family or group. What difference did it make for them and/or the community? These stories help to show the social change or impact that has occurred as a result of the program. If possible please include a program picture that we can share. Please note that excerpts of stories may be included in publications or on our website, so please ensure that you have the necessary consents. (If additional space is required, please attach copies of these stories). Also, if possible please include a program picture that has the necessary consents, which we can share publicly.

Click here to enter text.

For existing programs provide demographic information for your most recent ending fiscal period. Please indicate the number of people served for all that apply:

Click here to enter text. Children (0 -12) and families/caregivers

Click here to enter text. Youth (12-19) and families/caregivers

Click here to enter text. Young adults (20-25)

Click here to enter text. Adults with health issues

Click here to enter text. Persons with diverse abilities

Click here to enter text. Adults who have experienced abuse, trauma or assault

Click here to enter text. Men

Click here to enter text. Women

Click here to enter text. Seniors (65+)

Click here to enter text. Adults facing poverty and/or homelessness

Click here to enter text. African Nova Scotian children, youth, and adults

Click here to enter text. First Nations children, youth, and adults on and off reserve

Click here to enter text. Visible minority children, youth, or adults

Click here to enter text. Newcomers or new residents of Canada

Indicate the number of unique individuals you expect to serve in a 12 month period.

Click here to enter text.

Describe how you will recognize United Way of Colchester as a funder of the program:

Click here to enter text.

CRITERION 1 – THE NEED IN THE COMMUNITY

This criterion supports that there is an identified need in Colchester for the program or service.

1. What community benefits from your program?

Identify how the initiative will build upon the capacities of local residents and the local community. (“Community” may be defined as a geographic area, a population, or a group)

[Click here to enter text.](#)

2. What is the estimated size of the community in need of your program / service?

Provide information on the size of the population that would benefit from the program that your organization is currently seeking funding for and how you determined the size of this population.

What geographic communities benefit from the services of this program?

How many individuals from each geographic community will be impacted by the program?

3. Explain why you think that the community needs your program/project. How does the program/project address the identified needs?

What information or research supported its design? Are there any similar programs in your community or agency? If there is, identify them and describe how you work together. How is the program helping individuals in need of the program/project?

4. What are the consequences if the target population is not served?

If this program was not offered in the community, outline what consequences the targeted population might experience.

[Click here to enter text.](#)

CRITERION 2 – SHARED VISION – IMPROVING LIVES & BUILDING COMMUNITY

The applicant and the United Way share the vision of improving lives and building community.

1) What collaborations and/or partnerships are involved in this program? If there are none, please explain why.

[Click here to enter text.](#)

2) How does the program build community and /or participants’ capacity so that it/they can respond to ongoing challenges and new opportunities in order to become self-sufficient?

[Click here to enter text.](#)

3) How does your agency ensure that it is accessible to all interested members of the community?

4) Does the program address underlying causes to the need in the community? If yes, how?

[Click here to enter text.](#)

CRITERION 3 – OUTCOMES – MEASURING IMPACT & SUCCESS

Applicants must have in place, and report the results of, outcome measures for the funded program. Programs without an identifiable benefit will not be funded.

Outcomes are the measurable benefits or changes which individuals or communities experience as a result of a program. Outcomes may relate to changes in skill, knowledge, attitudes, behavior, and/or conditions. They are things like:

- what participants will know, think or can do
- how participants will behave
- what is different for the participants and/or our community because of the program.

Indicators are the specific items of information that are tracked to measure how well a program is achieving an outcome. They describe observable, measurable characteristics or changes that represent an achievement of an outcome. They answer the question: *How do you know when the outcome is achieved?*

Initial outcomes are the ones most closely related to and influenced by the program. Often, initial outcomes are changes in participants' knowledge, attitudes or skills. Describe what they are, and how and when you will measure them and how you will apply them. Include the number of individuals expected to be impacted/supported.

Intermediate outcomes link a program's initial outcomes to the longer-term outcomes. They often describe the changes in participants' behavior that result from participants' new knowledge, attitudes or skills. Describe what they are, and how and when you will measure them and how you will apply them.

Long-term outcomes are the most removed benefits that a program can reasonably expect to influence. They represent meaningful changes for participants or the community, often in their condition or status. Describe what they are, and how and when you will measure them and how you will apply them.

1. For each program give the anticipated initial, intermediate and long term quantitative and qualitative outcomes for the indicators, showing how they will signify your outcome objectives have been met:

Initial Outcomes:

Indicators:

- How will these indicators be measured?

- How frequently will the information be collected?
Click here to enter text.

- How will the collected information be applied or used?

Click here to enter text.

Intermediate Outcomes:

Click here to enter text.

Indicators:

Click here to enter text.

- How will these indicators be measured?
Click here to enter text.

- How frequently will the information be collected?
Click here to enter text.

- How will the collected information be applied or used?

Click here to enter text.

Long Term Outcomes:

Click here to enter text.

Indicators:

Click here to enter text.

- How will these indicators be measured?
Click here to enter text.

- How frequently will the information be collected?

Click here to enter text.

- How will the collected information be applied or used?

Click here to enter text.

2. Overall, how will you know when your program is a success?

Click here to enter text.

CRITERION 4 - MANAGEMENT

The applicant demonstrates sound resource management.

1. Explain the composition, structure and responsibilities of your agency's governing body.

2. Explain how your agency utilizes volunteer resources in direct service, policy and advisory roles.

Click here to enter text.

3. Indicate any significant issues impacting your organization:(For example: public policy, economy, legal, financial)

4. Does your organization have policies, procedures or guidelines in any of the following areas?

Board of Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Executive Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Codes of Conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Finance and Administration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Human Resources	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Privacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Volunteer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strategic Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Methods of financial controls	Frequency
Bookkeeping	
Review of budget variance between actual expenditures and budgeted expenditures	
Board of Directors meetings	
Financial results presented to the Board of Directors	
Production of financial statements	
Production of verified financial statements	
Financial statements presented to members of the organization at an Annual General Meeting	

CONTINGENCY PLAN:

If requested funding is unavailable or only partially available, will your organization be able to proceed with the project/program as outlined? Yes No

If yes, what impact will reduced funding have on this or other projects/programs in the organization? Explain.

[Click here to enter text.](#)

Is there anything else that you would like us to know about your program/project?

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Authorization

As per the Submission Requirements above, this page must be printed and submitted with an original paper copy with original signatures.

Authorization for Application of Funds:

United Way requires two (2) signatures for all applications.

In making this application, we, the undersigned, hereby represent to the United Way of Colchester County, and declare to the best of our knowledge and belief; the information contained in this application is truthful and accurate and made with the full knowledge and consent of the Board of Directors.

Signature of Executive Director:

Name:

Date:

Signature of Board Chairperson:

(or other Executive Committee member with signing authority)

Name:

Date:

Note:

The information collected on this form is protected under the Personal Information Protection and Electronic Documents Act. It will be used to determine your eligibility to receive funding from United Way of Colchester.

Information specifically related to programs, including client stories and pictures, may be used in communications with the community to highlight how donated funds make a difference in the community.