UNITED WAY COLCHESTER AND CUMBERLAND COUNTIES | 2025 - 2026

COMMUNITY PROGRAM FUNDING APPLICATION FORM

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

***United Way is committed to ensuring equitable and unbiased access to our funding programs. If you require special accommodations or support to complete this application, please indicate how we can best support your funding efforts.***

The information you provide in this application is reviewed and assessed by the United Way Community Investment Committee, who will present its funding recommendations to the United Way Maritimes Board of Directors. **Please ensure the document is completed in full.** Due to the number of applications received, 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 clear outcomes for the program.

Community Investment Committee members may change from year to year, so they may not be familiar with your program or your agency. Therefore, 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. **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 4:30 pm on Monday, October 21, 2024**.

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

Sarah Flemming, Executive Director & Rural Affordable Housing Facilitation

United Way Colchester and Cumberland Counties  
*Working with Communities in Colchester & Cumberland Counties*

902.895.9313 or ed@colchester.unitedway.ca

**The United Way Colchester and Cumberland Counties continues to lead the  
Community Campaigns for both Colchester and Cumberland Counties.**

***\*Please note:*** All funds raised from donations and workplace campaigns in Cumberland County will continue to be invested in organizations within the Cumberland region and all donations and workplace campaigns in Colchester County will continue to be invested in organizations within the Colchester region.

**Please Indicate Which County Your Organization Serves:**

Colchester County Cumberland County

**SUPPORT DOCUMENTATION REQUIRED**

**A COMPLETE APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTS:**

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

Budget for the program related to this application, including all sources of revenue and a list of expenses. Please be concise and only submit applicable revenue / expenses for the associated program.

The most recent year end audited or reviewed financial statements – **if your 2024 statements are not available** – please explain why and when they will be ready; include 2023 for now.

Click here to enter text.

* + For allocations greater than $3,000 and less than $25,000, a Review Engagement by a Chartered Professional Accountant is required; include entire report.
  + For allocations $25,000 and greater, an Audited Financial Statement by a Chartered Professional Accountant is required; include entire report.

A copy of the most recent T3010 filing

A current list of the Board of Directors identifying their board positions

2024/2025 reporting on Program Outcomes and quarterly financials up to date **if** program is currently United Way funded

Year to Date Balance Sheet and Income Statement (October or November 2024)

An electronic copy of your Annual Report if available

**SUBMISSION REQUIREMENTS**

**Before sending or copying documents please note:** This application form uses standard 8.5 x 11” paper. Be sure all application copies (both electronic and paper) are prepared and sent in the same format. Supporting documents may be submitted in their original sizes (letter or legal).

**NOTE:** Applications will not be reviewed unless all documents, both electronic and paper copies, have been received as follows:

*Electronic:* One (1) electronic copy of the full application including all mandatory supporting documentation must be received by **4:30pm Monday, October 21, 2024**

Full applications must be emailed to [**coordinator@colchester.unitedway.ca**](mailto:coordinator@colchester.unitedway.ca)

*Paper Copy:* One (1) paper copy of the full application including all mandatory supporting documentation and the original signature page, must mailed or delivered to The United Way Colchester County by **4:00pm Tuesday, October 22, 2024.**

Full applications must be delivered to **605 Prince Street, Truro NS B2N 1G2**

**General and Contact Information**

**Organization Name:**

Click here to enter text.

**Legal Name (if different from above):**

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: 

Revenue Canada Charitable #/ NS Registry of Joint Stocks: 

Agency’s fiscal year end: 

Mailing Address: 

Street Address (if different): 

Phone: 

Website: 

Executive Director: 

Phone: 

Email: 

Agency’s Finance contact: 

Phone: 

Email: 

Agency Board Chairperson 

(with signing authority)

Phone: 

Email: 

Geographic locations serviced by the agency:

Click here to enter text.

**INTRODUCTION OF THE 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 (i.e. food, shelter, employment)

**Healthy People, Strong Communities**

* 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 children and youth 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, 2025 and March 31, 2026?**

 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).*

Click here to enter text.

**What is the overall goal of the program?**

Click here to enter text.

**How does the program address the Focus Area(s) identified above?**

Click here to enter text.

**If this program or project is already operating**, please provide at least one story about how the program or project has impacted an individual, family or group. These stories help to show the social change or impact that has occurred as a result of participation in the program. What difference did it make for them and/or the community? 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 always ensure that you have the necessary consents. If additional space is required, attach extra pages.

Click here to enter text.

**Please indicate your program’s top three (3) priority demographic groups:**

Children (0 -12) and families/caregivers

Youth (12-24) and families/caregivers

Adults with health issues

Persons with diverse abilities

Adults who have experienced abuse, trauma or assault

Men

Women

Seniors (65+)

Adults facing poverty and/or homelessness

African Nova Scotian children, youth, and adults

First Nations children, youth, and adults on and off reserve

Visible minority children, youth, or adults

Newcomers or new residents of Canada

Members of the LGBTQIA2S+ community

Adults or Youth at risk of incarceration/ previously incarcerated

**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 identifies an actual need in Colchester or Cumberland for the specific program or service.*

1. How will the program benefit the community? 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.

1. In what way(s) will the program address barriers that may limit access to the project/program for under-represented groups *(see above list of priority demographic groups)*

Click here to enter text.

1. How has your program adapted to the unprecedented increases in the cost of living? If this is a new program, has it been created in response to these challenges?

Click here to enter text.

4. How has your agency identified the community needs that your program or project will address? 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 will the program help individuals in need of the program/project?

Click here to enter text.

5. 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.

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

Click here to enter text.

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

Click here to enter text.

1. How does the program address underlying systemic needs that affect the community?

Click here to enter text.

**CRITERION 3 – OUTCOMES: MEASURING IMPACT & SUCCESS**

*Applicants must have methods in place to measure outcomes, and report same to the United Way if required. 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, behaviours, and/or conditions.

Outcome examples:

* what participants will know, think or are able to accomplish
* 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 a specific 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 and apply them after the program is complete. 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 and apply them after the program is complete.

**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 and apply them after the program is complete.

1. Give the anticipated initial, intermediate and long term quantitative and qualitative outcomes for the program, showing how they will indicate your outcome objectives have been met:

Initial 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.

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 how and 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.

Click here to enter text.

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

Click here to enter text.

1. Indicate any significant issues impacting your organization *(i.e. public policy, economy, legal, financial issues)*

Click here to enter text.

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

Board of Directors Yes No

Executive Committee Yes No

Codes of Conduct Yes No

Finance and Administration Yes No

Human Resources Yes No

Risk Management Yes No

Privacy Yes No

Volunteer Yes No

Strategic Plan Yes No

| **Financial Controls** | **Review Frequency and Methodology** |
| --- | --- |
| Bookkeeping |  |
| Budget variances 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 as presented to members of the organization at the Annual General Meeting |  |

**Contingency Plan:**

If the 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?**

Click here to enter text.

**CRITERION 5 - AUTHORIZATION**

**As per the Submission Requirements of this application, this page must be printed and submitted as the 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 Colchester and Cumerland Counties, 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 Colchester and Cumberland Counties.

Information specifically related to agency 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. Always receive appropriate consents before sharing client’s /participant’s photos or words.