



Community Investment Fund Application Form

OVERVIEW OF THE ORGANIZATION

CONTACT INFORMATION

Organization Name:	
Mailing address:	
Local office address: <i>(if different than above)</i>	
Website:	
Facebook:	
Twitter/Instagram:	

Is the organization a Non-Profit in the Province of Ontario? Choose an item.

Is it a Registered Charity with Canada Revenue Agency? Choose an item.

If you are unsure of the difference between these two, please consult [this website](#).

CRA Charitable Registration #: (if applicable)	
---	--

Name of Executive Director:	
------------------------------------	--

Contact Person: <i>(if different than above)</i>	
Position:	
Telephone:	
Email:	

United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

INFORMATION REGARDING BOARD OF DIRECTORS

Please fill in the table below

Full Name	Position on Board	# Years on the Board	Occupation

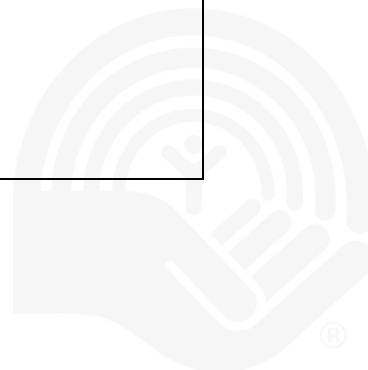
(Insert additional information on a separate document if required)

AGM INFORMATION

Date of last Annual General Meeting:	
Did you invite UWC SDG to attend your last AGM:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of upcoming Annual General Meeting: <i>(at least indicate the month in which you intend for it to take place)</i>	

ORGANIZATIONAL INFORMATION

Mission Statement:



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

Brief overview of services/activities that you offer to meet organization's mission statement:
--

INSURANCE

Does the organization hold Insurance?	Choose an item.
We have general liability insurance of at least \$2 million.	Choose an item.
We do not but we will obtain it if approved for funding	Choose an item.
We have Employee Accident Insurance or WSIB.	Choose an item.

LANGUAGE

Does the organization offer services in both official languages?	Choose an item.
--	-----------------

LOCATION

(only for organizations with no physical location housed within SDGC&A)

If your organization is located outside of SDGC&A do you have a dedicated individual dedicated to the services in our region?	Choose an item.
Number of hours dedicated to our region:	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Name of that individual:	

**Submission Deadline
Monday, March 28, 2022
1PM EST**



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

PROJECT SPECIFIC INFORMATION FOR WHICH YOU ARE SEEKING FUNDING

PROGRAM / PROJECT NAME:	
EXPECTED START and END DATE: <small>(Note: Dates cannot begin prior to April 1, 2022 and must end by March 31, 2023)</small>	

MUST BE ATTACHED:

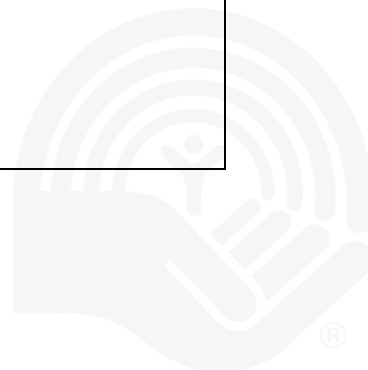
- Most Recent Audited Financial Statement *(operating budget greater than \$250,000)*
- Most Recent Annual Report

<input type="checkbox"/> We have provided our Board of Directors the opportunity to review this submission and they are aware of this application.	
_____ <i>Signature of Board Chair</i>	_____ <i>Executive Director / Senior Administrator</i>
_____ (Date: day/month/year)	_____ (Date: day/month/year)

Please submit either:

- To our office: 1 signed original application **and** 1 additional complete photo copy of application
- OR**
- Via email: 1 electronic copy of complete application to: admin@unitedwaysdg.com

Provide a brief description of the specific program/project for which you are seeking funding.



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

PROGRAM / PROJECT DESCRIPTION FOR WHICH YOU ARE APPLYING

Please keep your descriptions simple and brief.

Under which pillar will you be applying? Choose only ONE.

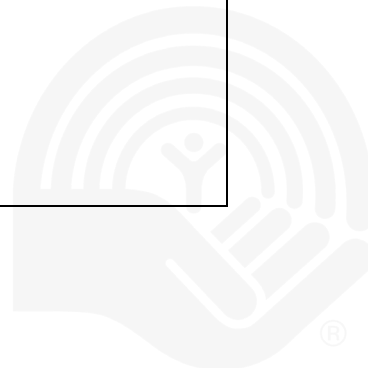
Please refer to our website (<https://unitedwaysdg.com/what-we-do/our-pillars/>) for more information regarding the pillars.

- All That Kids Can Be
- Healthy People Strong Communities
- Poverty to Possibilities

Please clearly describe how this program/project is related to the UW pillar in which you have applied.

Provide a summary of any research that supports the potential need or success of your proposal.

Please attach to this application any reference research documents that support this summary if available.



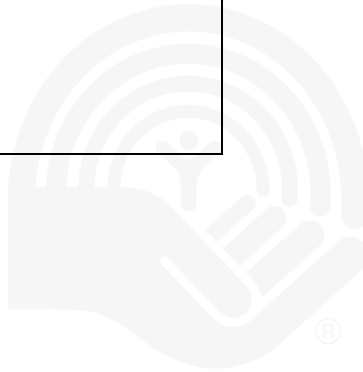
United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

<p>Are there individuals waiting to be served by this program/project? If yes, what factors prevent service to these individuals?</p>	<p>Choose an item.</p>

<p>Do you refer these individuals to any other community program or organization? If yes, please specify. If no, please explain why.</p>	<p>Choose an item.</p>

PARTNERSHIPS

<p>Does/Will this program/project work in partnership with any other organization(s)? If yes, please explain the role and benefit related to program delivery.</p>	<p>Choose an item.</p>



THEORY OF CHANGE & PROGRAM OUTCOMES

A Theory of Change links program outcomes and activities to explain HOW and WHY a desired change is expected to come about. It identifies what you are trying to achieve, what changes in people you expect to see, and how these changes will occur.

NEED

Briefly describe the local need/problem that you want to address with this program?
What do you see as the underlying causes of the issue or problem?

How will the program address this issue/problem?

IMPACT

Provide one sentence that clearly states the outcome the program is expected to achieve.
Our program aims to do the following:



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

EVALUATION

How will you know that you have succeeded? (Milestones, Benchmarks)

CLIENT INFORMATION

How many unique individuals in total are expected to be served by this program/project?	
How many unique individuals were NEW to your program/project last year?	

Please identify the group(s) that the selected priority/outcome will address.

Note: we want to know your primary target group(s), not a comprehensive list of everyone you might serve with this priority. Only check those most relevant to your project. We are moving towards emphasizing measurable outcomes and your project will be evaluated in terms of service to each population you identify below.

General Population (no specific target)

OR THE FOLLOWING SPECIFIC TARGETS

- Men Women Families & Children Youth Indigenous
- Chronically and episodically homeless individuals
- Immigrants & Refugees People with a Mental Health Issue
- People with Disabilities (other than Mental Health) Seniors Veterans
- People with Addictions Official Languages Minority communities

Please identify the regions in which this program/project takes place.

- Cornwall Stormont Dundas Glengarry Akwesasne

How are you expecting to deliver service in the coming year? :

- In-Person
- Virtual



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

REPORTING

A final report will also be required, analyzing, and interpreting this data, including any unusual findings and future plans as a result of the findings.
Briefly describe how this program/project will be evaluated, including the tools that will be used.

--

PROGRAM/PROJECT INPUTS AND RESOURCES

How many Full Time Equivalent employees (FTEs) will be used to deliver this program/project?	
--	--

Please identify any other key resources (inputs) necessary to run this program/project including the number of volunteers:

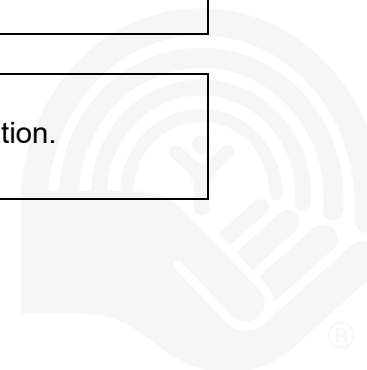
--

Does your agency actively recruit volunteers for this program?	Choose an item.
--	-----------------

BUDGET

Total Cost for the specific project for which you are applying. This number MUST match the detailed budget sheet below.	\$
Total UW Funding Requested	\$
Total Contribution from Other Sources	\$

Have you applied to any other funding for this project?	Choose an item.
If Yes, please identify contribution from other sources and attach supporting documentation.	
<input type="checkbox"/> Attached	



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

DETAILED BUDGET SHEET

A) Program/Project Management Costs and Financial Details regarding THIS project

	TOTAL COST	UW REQUEST	OTHER CONTRIBUTION
Administrative Wages			
Benefits			
Totals - A			

B) Other Administrative Costs regarding THIS project

	TOTAL COST	UW REQUEST	OTHER CONTRIBUTION
Professional Fees			
Rent			
Utilities			
Totals - B			

C) Capital/Assets regarding THIS project

Description	TOTAL COST	UW REQUEST	OTHER CONTRIBUTION
Totals - C			

D) Direct Program Delivery regarding THIS project

	TOTAL COST	UW REQUEST	OTHER CONTRIBUTION
Staff Wages			
Benefits			
Materials/supplies <i>(Briefly list on an additional page)</i>			
Travel			
Other <i>(Briefly list on an additional page)</i>			
Totals - D			

TOTAL BUDGET
(please calculate)

TOTAL COST (A + B + C + D)	UW REQUEST (A + B + C + D)	TOTAL OTHER CONTRIBUTION (A + B + C + D)



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

Has this program/project previously received funding from the United Way of SD&G?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

If yes,

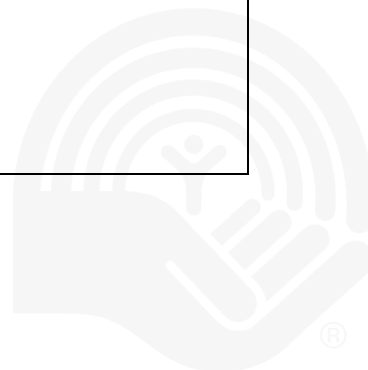
Please specify the amount of funding and time period in which the funds were received.
Please indicate and explain if there was a surplus or deficit for this program/project in 2021-2022.
If you are requesting an increase in 2022-2023 what are the main factors that influence this increase? <i>This will not apply to first applicants</i>

Please indicate planned project fundraising activities below, timing and the revenue expected to be generated through the fundraising project.

Activity and brief description	Timelines	Expected Revenue
Total Expected Revenue		\$

(Insert additional information on a separate document if required)

Are there Reserve Dollars or Large Assets indicated in your Audited Financial Statements? Choose an item. If yes, please detail.



United Way/Centraide Stormont, Dundas & Glengarry
Community Investment Fund Application Form

Does the organization have the ability to maintain services if we find ourselves in another lockdown situation? Choose an item.

Would your services be offered exactly as presented in this application, or would there be modifications? Choose an item.

If your program/project would be modified in a lockdown, could you please describe the modifications you expect to make to the program?

SIGNATURES AND AUTHORIZATIONS

I have read the detailed *Application Information* document and this Application, and to the best of my knowledge, the information provided on the organization and project is correct and complete.

Signature of Applicant	
Title	
Date	

The information collected in this application will only be used to assess awarding of funds through the United Way/Centraide Stormont, Dundas and Glengarry.

For information regarding our Mission, Vision, pillars of work, please refer to:

<https://unitedwaysdg.com/>

If you have questions or would like clarification about the information contained in this package, please contact the United Way office: 613-932-2051
email: juliette@unitedwaysdg.com

Submission Deadline
Monday, March 28, 2022
1PM EST

