



## United Way of Greater Simcoe County

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*United Way of Greater Simcoe County is a volunteer-based organization. Its mission is to inspire the people of Simcoe County to improve lives and build community through financial generosity and volunteer commitment.*

### United Way of Greater Simcoe County Community Impact Grant Application (NOT TO EXCEED \$8,000)

ONLY ONE (1) COMMUNITY IMPACT GRANT PER ORGANIZATION WILL BE CONSIDERED FOR FUNDING

#### **Guidelines for completing the attached forms:**

- Please put the name of the agency in the “footer” of the file so that it will appear on each page.
- Please answer all questions in the correct order. If any question is not applicable, please insert “n/a”. Incomplete applications will not be considered.
- Attach most recent financial statements if available. If not available, explain why.
- If you require assistance in completing the package, please contact the Executive Assistant at 705-726-2301 or [ea@unitedwaysimcoecounty.ca](mailto:ea@unitedwaysimcoecounty.ca).

#### Submission of the Application

Send three (3) hard copies of both the application form and required attachments to:

Executive Assistant  
United Way of Greater Simcoe County  
136 Bayfield Street, Suite 100  
Barrie, Ontario L4M 3B1

Application deadline is : August 21, 2009

**SECTION 1 - AGENCY OPERATIONS**

Agency Name			
Address			
Phone Number		Fax Number	
Email		Website URL	
Contact Person		Position	
Phone Number		Email	

**1.1 AGENCY LEGAL STATUS**

- Registered Charitable Organization Registration No. \_\_\_\_\_
- Not-for-Profit Corporation
- Other: (Specify)
- Insurance coverage (type and max coverage)

**1.2** Has the agency been associated with the United Way of Greater Simcoe County? **YES NO**  
 When? \_\_\_\_\_ For how long? \_\_\_\_\_

**1.3** Have you previously applied for United Way funding? **YES NO**  
 If so, when? \_\_\_\_\_

**1.4** What is your agency's mission statement?

**1.5** Is your agency currently accredited by an external body? **YES NO**  
 If yes, provide the name of the accrediting body and the current accreditation status of your agency.

**1.6** Identify any potential risks related to the planning and/or operation of your agency's programs/services, and describe steps taken to minimize them (e.g. screening staff and volunteers, health and safety issues).

**1.7** What is your Agency's mandated community (eg. Residents of Simcoe County with a mental illness, teen moms, etc.)

**1.8** Indicate if staff or volunteers match your mandated community (eg, 1 staff is from native community, 1 is a consumer of mental health services, etc.)

**1.9** Attach a list of the following and provide length of time in position and whether any match your mandated community.

**a) Board of Directors**

**b) Senior Management**

**SECTION 2 – UWGSC FUNDING REQUEST**

Program/Service to be supported by UWGSC	Amount Requested
Total*	

2.1 Complete the following financial information chart for the proposed program/service.

Line Items	Budget
<b>A. Anticipated Revenue Sources</b>	
United Way	
<b>Total Revenue (A)</b>	
<b>B. Direct Expenses</b>	
Salaries & Benefits Direct Service	
Other Program Expenditures	
<b>Total Direct Expenses (B)</b>	
<b>C. Related Administrative Expenses</b>	
• Not to exceed 20% of Total Direct Expenses (B)	
Salaries & Benefits Administrative	
<b>Total Administrative Expenses (C)</b>	
<b>Total Surplus/Deficit A – (B+C)</b>	

2.2 Indicate how many people in each community are/will be serviced by your proposed program/service?

Township/Location	Current Year	Projected for Coming Year
Adjala-Tosorontio		
Base Borden		
Bradford/West Gwillimbury		
Essa Township		
First Nations		
Innisfil		
Midland/Penetanguishene		
New Tecumseth		
Oro-Medonte		
Ramara		
Severn		
Springwater		
Tay		
Tiny		
Barrie		

Orillia		
Other (please specify)		
Total		

2.3 Complete the following chart for the proposed program/service:

<b>Long-term goals</b>	
<b>A. Community Need</b>	
Any data, quantitative and/or qualitative, that demonstrates the need for the program including consultation with target client group	
What other programs, if any, exist in the community to serve this program's target group? How does your program differ?	
Describe the impact on the program/service in the absence of UWGSC funding.	
<b>B. Program Effectiveness</b>	
<b>Accessibility (Circle Yes or No)</b>	
Facilities are wheelchair accessible	YES NO
Agency has an anti-racism and/or anti-discrimination policy	YES NO
Services are offered in other languages in addition to English	YES NO
Services/supports can be provided to individuals with low literacy levels	YES NO
Services/supports can be provided to individuals living in poverty	YES NO
Services/supports can be provided to individuals with visual or hearing losses	YES NO
Services /supports can be provided to individuals with intellectual challenges	YES NO
Other: specify	
Describe any barriers to participation you identified for program participants, and indicate the steps you have taken to address these barriers.	
<b>Capacity Building</b> Impact on clients resulting from changes of knowledge, skills, behaviour and/or circumstances	
<b>Measurement/Program Evaluation</b> What processes are used to evaluate the program/service? How is this information and feedback from participants incorporated into future planning?	

2.4 Provide a detailed description of the program. What are the specific activities of the program?

