



United Way
of Greater Simcoe County

136 Bayfield Street, Suite 100, Barrie, ON L4M 3B1

Community Grant

Application Form

2010-2011

Due January 14, 2011



136 Bayfield Street, Suite 100, Barrie, ON L4M 3B1

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Part A

Documentation Checklist

Please check ✓ to ensure you have included all required documentation.

- One electronic copy of application sent to Ligaya Byrch
- Two hard copies with all required attachments
- Most recent audited financial statements
- Current fiscal budget
- List of Board of Directors (including contact information and position)
(include list of local advisory committee if applicable)
- Organization bylaws and/or constitution
- Strategic Plan (within 3 years-**requirement for multiyear funding**)
- Other (please specify)

Attachments by PDF are acceptable.



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Legal Signatures

Summary of Program/Project Funding Request

Title of Proposed Program/Project

Amount of Funding Requested by Fiscal Year:					
Fiscal Year	Cash to be paid or contributed by the Applicant and any other funding partner			Costs to be funded by UWGSC	Total Cost
	In-kind	Cash	Other funders		
2011-2012					
2012-2013					
2013-2014					
Total					
Duration of proposed project/program	From	April 1, 2011	To	March 31,	

This submission was approved by our Board of Directors at a meeting held on:

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Please check (☑) the following:

- We certify that, to the best of our knowledge, the information provided in this application is accurate, complete and endorsed by the organization we represent.
- We acknowledge that if this application is approved, **(Name of Agency)** agrees to comply with the UWGSC Memorandum of Agreement for funding.
- We acknowledge that we must adhere to UWGSC funding campaign roles and responsibilities, including actively participating in campaign, special events and Funded Partners Meeting, and placement of UWGSC logo on appropriate materials.

We recognize that circumstances may arise which may require UWGSC to adjust the funding which is the subject matter of this application even after it has been approved and finalized, and we agree to be bound by its decision in that regard.
 UWGSC representatives are authorized to discuss this multi-year, Community Grant Application with other funders and partners named herein.

Sincerely,

 President/Chair or Treasurer

 Executive Director

 Print Name and Title

 Print Name

 Date

 Date



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Agency Profile and Organizational Assessment

Agency Name	
Mailing Address	
Location if different from mailing address	
Executive Director	
Phone Number	
Fax Number	
Email address	
Website URL	
Contact Person, Title (if different from Executive Director)	
Phone Number	
Email address	
Chair of Board of Directors	
Charitable Number	
Date of Last Annual General Meeting	
Date of Strategic Planning Cycle	
Date of last performance review for Executive Director	
Does your organization complete performance reviews of all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your agency accredited by an external body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name of the accrediting body and the current accreditation status of your organization.	

1. What is your agency's mission statement?

2. What is your agency's geographical boundaries? Which townships in Simcoe County does your agency serve?

3. List the address for each of your agency's service locations.

4. Is your agency part of a regional, provincial or national organization?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is there a local Board of Directors or Local Advisory Committee? <input type="checkbox"/> Yes <input type="checkbox"/> No
4A. What authority does the local Board of Directors or Advisory Committee have in



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governing your agency's services in Simcoe County?

4B. What percentage of your annual budget is allocated to provincial/national organizational dues?

5. Describe the processes and tools used to assess your organization's core competencies (please refer to Organizational Assessment within the Funding Guidebook) in the last fiscal year.

6. As identified in your agency's most recent core competency assessment, describe (maximum 3) the best practice initiatives or most substantive development in areas such as governance, financial management, human resources and administration, service development, or community relationship and involvement developed by your organization.

7. Describe (maximum 3) the current top organizational challenges to your agency. What steps have been and/or will be taken to address the identified challenges? What are the expected outcomes?

7 A. Please describe how you would use the UWGSC's Consulting Services (as described in the Funding Guidebook) and for what purpose? (In 500 words or less outline a plan)

8. Describe your agency's strategic planning process. How does your organization monitor the implementation of your agency's strategic plan? Please attach a copy of your current strategic plan and report(s), if available, on the progress of the implementation.

9. How are your stakeholders involved in your agency's planning and decision-making processes?

10. Tell us what tables/networks/committees your organization participates in at a strategic and higher level?



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11. Describe your agency's support of UWGSC's fundraising campaign and special event activities in 2010.

Check all that apply

- Held office United Way Campaign
- Participated in quarterly Funded Partner (formerly Member Agency Committee) meetings Who attends from your organization? _____
- Participated in training activities related to UWGSC Campaign
- Participated in UWGSC campaign as a member agency speaker
- Provided program information for Public Education Materials
- Participated in UWGSC campaign kick-off
- Participated in UWGSC campaign touch-down
- Attended UWGSC AGM
- Use United Way logo on letterhead, all printed material, website and office
- By checking this box, our organization acknowledges that we must achieve all of the above in order to receive future UWGSC funding.
- Other: _____ specify _____

Diversity and Accessibility

12. Describe how your agency reflects the diversity of your target groups at each of these levels: Board Members, Staff and Volunteers.

13. Explain how your agency promotes inclusivity and equity in each of the following areas of your organization: Governance, Human Resources, Service Delivery and Community Relations

14. Does your organization have the following statements/policies in place?

Diversity/inclusivity/accessibility/equity statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date last reviewed/approved by board? _____
Anti-discrimination/anti-harassment policies/procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date last reviewed/approved by board? _____



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Financial Management Checklist

Charitable Registration Number (Please state) _____		
Last audited statement and management letter Year _____		
	Yes	No
General Ledger-Updated Monthly		
Payroll Journal – semi-monthly - Other (Please state)		
Financial Statement – Monthly - Quarterly		
Balance Sheet – Monthly - Quarterly - Yearly		
Monthly Bank Reconciliations		
Daily Money/Cheque Deposits		
Annual Cash Flow Budget Prepared		
Do you use A. Cash Accounting B. Accrual Accounting		
Are you using a computer for accounting purposes? Name of software program _____		
Do you have a policy requiring two signatures for all cheques?		
Do you have a policy designating compulsory signing authorities?		
Do you have an invoice approval system?		
Does your organization require quotes for major purchases?		
Authorization for non-budgeted expenditure ____ Executive Director approval authority Amount _____		
____ Board approval authority Amount _____		
Receipt requirement for employee expenses		



Part B

Program Information

1. Name of proposed program/project?

2. Describe the proposed program/project (maximum 250 words. Describe the who, what, when, where, why and how of the program/project)

3. Select the priority your program meets and the outcomes your program will measure.

<input type="checkbox"/> Safe, supportive & Inclusive Communities	<input type="checkbox"/> Identification and reporting of abuse, especially for vulnerable populations like children, youth, seniors, and immigrants (what it is and how it is reported by front-line staff) <input type="checkbox"/> Holistic and coordinated responses and supports to abuse <input type="checkbox"/> Appropriate referrals <input type="checkbox"/> Education and/or skills development <input type="checkbox"/> Employability skills <input type="checkbox"/> Volunteerism <input type="checkbox"/> Civic Engagement Other (please specify)
<input type="checkbox"/> Reduced Cycles of Poverty	<input type="checkbox"/> Basic Needs are met <input type="checkbox"/> Access to safe affordable housing <input type="checkbox"/> Access to safe water <input type="checkbox"/> Access to nutritious food <input type="checkbox"/> Increased safety and stability for individuals and families living in vulnerable communities to prevent crisis and to regain and maintain stability Other (please specify)
<input type="checkbox"/> Strong & Nurturing Families	<input type="checkbox"/> Safe home environments, free from violence <input type="checkbox"/> Families have their basic needs met <input type="checkbox"/> Increased number of children have access to basic needs <input type="checkbox"/> Healthy behaviour for youth at risk <input type="checkbox"/> Accessibility to services for families needing to support children in the preschool and elementary school years <input type="checkbox"/> Parenting knowledge, skills, and resources <input type="checkbox"/> Skills to develop better relationships with family members <input type="checkbox"/> Resources to more families to increase the capacity to care for one another <input type="checkbox"/> Positive social skills to succeed, self-esteem



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	<p>and confidence of youth</p> <p><input type="checkbox"/> Youth engagement in community, school and learning</p> <p>Other (please specify)</p>
<p><input type="checkbox"/> Healthy Thriving Children & Youth</p>	<p><input type="checkbox"/> Services are available at a neighbourhood level and responsive to neighbourhood needs, especially vulnerable neighbourhoods</p> <p><input type="checkbox"/> Neighbourhoods have diverse groups that are connected and working together to take action</p> <p><input type="checkbox"/> Volunteerism and civic engagement in the community</p> <p>Other (please specify)</p>



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<input type="checkbox"/> Living with Dignity & Independence	<input type="checkbox"/> Access to services based on individual needs, when and where they are needed, including respite care <input type="checkbox"/> Reduced poverty amongst seniors and disabled <input type="checkbox"/> Reducing poverty for persons with disability <input type="checkbox"/> Reduced stigma of mental health issues <input type="checkbox"/> Getting individuals more active physically and socially <input type="checkbox"/> Reduced addictions and mental health amongst individuals <input type="checkbox"/> Enhance skills of parents, caregivers, and family members to appropriately support children, youth and adults with disabilities <input type="checkbox"/> Social supports and strengthened support networks for persons with disabilities and caregivers <input type="checkbox"/> Education and awareness for front-line workers about disability issues <input type="checkbox"/> Earlier intervention, support and access to services <input type="checkbox"/> Social supports and reduced isolation for seniors and caregivers <input type="checkbox"/> Access to services for persons with disabilities including support and education for caregivers, family members and elderly parents <input type="checkbox"/> Awareness of mental health issues <input type="checkbox"/> Volunteerism <input type="checkbox"/> Community awareness and sensitivity to disability issues <input type="checkbox"/> Participation of persons with disabilities in recreational, social, cultural and daily activities <input type="checkbox"/> Autonomy and improved quality of life for persons with disability and seniors <input type="checkbox"/> Participation in recreational, social, cultural and daily activities for persons with disabilities and seniors <input type="checkbox"/> Emotional and mental health of children, youth, adults and seniors Other (please specify)
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4. Demonstrate Need: Provide any evidence or research-based data and information that demonstrates the need for the proposed program/project.

5. Client Information: Describe the target clients to be served by the program

6. Program/project specifics:	
# of FTE (full-time staff equivalent)	
# of volunteers	
# of volunteer hours (anticipated)	
# of participants	
# of participants by category	
0-6	
Child (7-12)	
Youth (13-18)	
Adult (19-64)	
Senior (>65)	
Families (at least one adult and 1 child)	
Other	

7. Program/Project Work plan/Logic Model						
Goal:						
Objective(s):						
Objective	Activities	Person(s) Responsible & Time Frame	Outputs	Outcomes	Indicators	Method of Measurement

8. Please describe how your proposed program/project contributes to the priority selected in question 3.

9. List the anticipated challenges/risks associated with offering this program/project and how your organization plans to overcome them.



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10. If your proposed program/project is a collaborative or partnered proposal please include the Terms of Reference for the Collaborative/Network/Partnership and a Memorandum of Understanding or Partnership Agreement which outlines the roles and responsibilities of each organization within the partnership/collaborative/network.



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11. Budget

Budget Template - Year 1				
(Please complete one template for each year)				
Budget for Fiscal Period: April 1, 2011 to March 31, 2012				
Item	Costs to be paid or contributed by the applicant and any other funding partner		Costs funded by UWGSC	Total Costs
	In-Kind	Cash		
A. Wages and Benefits				0
FTEs				0
MERC				0
Other (Please specify)				0
Total wages and Benefits	0	0	0	0
B. Program and Activity Costs				0
Professional Fees				0
Travel & Accommodation				0
Other (Please specify)				0
Total Activity Costs	0	0	0	0
C. Capital Costs				0
List capital costs				0
Other (Please specify)				0
Total Capital Costs	0	0	0	0
D. Administrative Costs				0
Printing, Materials & Supplies				0
Rent, Utilities & Phone/Fax				0
Equipment:rental/lease				0
Training and Development				0
Advertising				0
Other (please specify)				0
Total General Costs	0	0	0	0
Total Program/Project Costs	0	0	0	0



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Budget Template - Year 2				
(Please complete one template for each year)				
Budget for Fiscal Period: April 1, 2012 to March 31, 2013				
Item	Costs to be paid or contributed by the applicant and any other funding partner		Costs funded by UWGSC	Total Costs
	In-Kind	Cash		
A. Wages and Benefits				0
FTEs				0
MERC				0
Other (Please specify)				0
Total wages and Benefits	0	0	0	0
B. Program and Activity Costs				0
Professional Fees				0
Travel & Accommodation				0
Other (Please specify)				0
Total Activity Costs	0	0	0	0
C. Capital Costs				0
List capital costs				0
Other (Please specify)				0
Total Capital Costs	0	0	0	0
D. Administrative Costs				0
Printing, Materials & Supplies				0
Rent, Utilities & Phone/Fax				0
Equipment:rental/lease				0
Training and Development				0
Advertising				0
Other (please specify)				0
Total General Costs	0	0	0	0
Total Program/Project Costs	0	0	0	0



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Budget Template - Year 3				
(Please complete one template for each year)				
Budget for Fiscal Period: April 1, 2013 to March 31, 2014				
Item	Costs to be paid or contributed by the applicant and any other funding partner		Costs funded by UWGSC	Total Costs
	In-Kind	Cash		
A. Wages and Benefits				0
FTEs				0
MERC				0
Other (Please specify)				0
Total wages and Benefits	0	0	0	0
B. Program and Activity Costs				0
Professional Fees				0
Travel & Accommodation				0
Other (Please specify)				0
Total Activity Costs	0	0	0	0
C. Capital Costs				0
List capital costs				0
Other (Please specify)				0
Total Capital Costs	0	0	0	0
D. Administrative Costs				0
Printing, Materials & Supplies				0
Rent, Utilities & Phone/Fax				0
Equipment:rental/lease				0
Training and Development				0
Advertising				0
Other (please specify)				0
Total General Costs	0	0	0	0
Total Program/Project Costs	0	0	0	0

11A. Please include budget notes for each section of your budget for each fiscal year (Maximum 500 words, be sure to include calculation of costs such as wages, benefits, activity costs, general project costs, professional fees).

11B. List all fundraising activities to be carried out/planned in each year you are requesting funds