



United Way of Greater Simcoe County
136 Bayfield Street, Suite 100, Barrie, Ontario L4M 3B1
Telephone: (705) 726-2301 Fax: (705) 726-4897
E-mail: info@unitedwaysimcoecounty.on.ca

United Way of Greater Simcoe County is a volunteer-based organization. Its mission is to build caring communities by raising and allocating funds and by mobilizing financial and human resources to provide needed human care in its communities.

United Way of Greater Simcoe County Single-Year Funding Application Package

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.
- Please refer to the Application Information Manual for clarification of Terms and answers to FAQs.
- If you require assistance in completing the package, please contact the Executive Assistant at 705-726-2301 or 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 : December 1, 2008

UWGSC SINGLE-YEAR FUNDING APPLICATION COVER LETTER

Date:

(Name of UWGSC Allocations Chair)

Chair, Allocations Committee
United Way of Greater Simcoe County
136 Bayfield Street, Suite 100,
Barrie, ON L4M 3B1

Dear (Name of UWGSC Allocations Chair):

Enclosed please find our completed United Way Greater Simcoe County (UWGSC) Funding Application and the following attachments.

Notes:

Check the bracket with "x" for each attachment submitted

*Only required to be submitted if the document has been revised in the past 24 months

- () Most recent Audited Financial Statements
- () List of Board of Directors including contact information and position (or local Advisory Committee if applicable)
- () Organization by-laws and/or constitution*
- () Organizational chart*
- () Strategic plan (submit if available but it is not a requirement for Single-Year Funding)
- () Others (please specify):

For the year beginning April 1, _____ to March 31, _____, we are requesting UWGSC funding in the amount of:

\$ _____

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

We are an agency with a local budget less that \$750,000 and we are applying for flexible program funding. It will be assumed that if "no" is selected, the agency's budget is greater that \$750,000 and program only funding applies.

Yes No (please circle)

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 sign and comply with the UWGSC Memorandum of Agreement. 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 Funding Application with other funders and partners named herein.

Sincerely,

Signature of President/Chair or Treasurer

Signature Executive Director

Name and Title (Please Print):

Name (Please Print):

Date Signed:

Date Signed:

SECTION 1 - AGENCY OPERATIONS

Agency Name			
Address			
Phone Number		Fax Number	
Email		Website URL	
List the address(es) of all satellite office(s)			
Contact Person		Position	
Phone Number		Email	
Charitable No.		UWGSC Permanent Member Agency since	

1.1 What is your agency's mission statement?

1.2 What was the date of your agency's last Annual General Meeting?

1.3 Is your agency part of a regional, provincial or national organization? YES NO

If yes, what authority does the local Board of Directors or Advisory Committee have in governing your agency's services in Simcoe County?

1.4 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.

1.5 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).

1.6 Do you complete annual performance reviews of staff members? YES NO

If NO, then explain why not, and indicate how often staff performance reviews are completed.

1.7 When was the last performance review completed of the Executive Director/Senior Staff Member?

SECTION 2 – UWGSC FUNDING REQUEST

Provide the following financial information for the programs/services to be funded by UWGSC.

Total Current Annual UWGSC Funding allocation to your agency	Amount Requested
Programs and Services to be supported by UWGSC	
Total*	

2.1 For agencies with annual local budgets less than \$750,000, financial information can be provided globally on the agency as a whole OR on each non-government funded program/service to be provided. For agencies with budgets greater than \$750,000, please report on program specific services. Please cut and paste additional tables as required.

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

2.2 What are your agency’s geographical boundaries? Which townships in Simcoe County does your agency serve?

Indicate how many people in each community listed below are/will be serviced by your agency’s programs/services?

Township/Location	Total Agency		Specific to UWGSC Allocation	
	Current Year	Projected for Coming Year	Current Year	Projected for Coming Year
Adjala-Tosorontio				
Base Borden				
Bradford/West Gwillimbury				
Essa Township				
First Nations				
Innisfil				
Midland/Penetanguishene				

New Tecumseth				
	Total Agency		Specific to UWGSC Allocation	
Township/Location	Current Year	Projected for Coming Year	Current Year	Projected for Coming Year
Oro-Medonte				
Ramara				
Severn				
Springwater				
Tay				
Tiny				
Barrie				
Orillia				
Other (please specify)				
Total				

2.3 Complete the following chart for each of the major proposed program(s)/service(s):

Brief description of the program/service	
Long-term goals	
A. Community Need	
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. Program Effectiveness	
Accessibility (Circle Yes or No)	
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.	
Capacity Building	
Impact on clients resulting from changes of knowledge, skills, behaviour and/or circumstances	

Measurement/Program Evaluation What processes are used to evaluate the program/service? How is this information and feedback from participants incorporated into future planning?		
Activities and Outputs	Activities/Events/Services	# Clients Served

SECTION 3 – COMMUNITY COLLABORATION

SUPPORT OF UWGSC

3.1 Check the following ways you actively supported the UWGSC over the past year. If you did not participate or comply, please explain.

YES	NO	
		Held office United Way campaign
		Participated in quarterly Member Agency Committee meetings
		Participated in training activities related to UWGSC campaign
		Participated in UWGSC campaign as 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 other printed material, website and office
		Other: Specify
		Other: Specify

3.2 Describe the ways in which your agency collaborates or partners with other agencies in the community.

Section 4 – SUPPLEMENTARY INFORMATION

4.1 Describe any other information or provide comments relevant to the consideration of this application.

Thank you for completing the UWGSC Funding Application Package