



United Way of Greater Simcoe County  
136 Bayfield Street, Suite 100, Barrie, Ontario L4M 3B1  
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E-mail: [info@unitedwaysimcoecounty.on.ca](mailto: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 Multi-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](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 : December 1, 2006

**UWGSC MULTI-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) Multi-Year 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 (within 3 years - requirement for Multi-Year Funding)
- ( ) Others (please specify):

For the three-year period 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 than \$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 than \$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 comply with the UWGSC Multi-Year 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 Multi-Year 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 and 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 on staff members? YES NO

If NO, then explain why not, and indicate how often 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		
	Year 1	Year 2	Year 3
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 Year 1	Budget Year 2	Budget Year 3
<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 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 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	Projection Year 1	Projection Year 2	Projection Year 3	Current Year	Projection Year 1	Projection Year 2	Projection Year 3
Adjala-Tosorontio								
Base Borden								
Bradford/West Gwillimbury								

Township/Location	Total Agency				Specific to UWGSC Allocation			
	Current Year	Projection Year 1	Projection Year 2	Projection Year 3	Current Year	Projection Year 1	Projection Year 2	Projection Year 3
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 each of the major proposed program(s)/service(s):

<b>Brief description of the program/service</b>	
<b>Long-term goals</b>	
<b>A. Community Need</b>	
Any data, quantitative and/or qualitative, that demonstrates the needs 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	

Agency Name:

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?						
Activities/Events/Services Description	When Offered			# Clients Served		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3

2.4 Indicate if the programs/services address any of the following UWGSC current funding priorities:

	<i>e.g. Homelessness</i>
	<i>e.g. Orillia</i>
	<i>e.g. Midland</i>

**SECTION 3 – COMMUNITY COLLABORATION**

**SUPPORT OF UWGSC**

3.1 Check the following ways you actively supported the UWGSC. 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 Multi-Year Funding Application Package**