



## Emergency Community Support Fund Community Program Final Report

COVID-19 created significant, urgent need affecting vulnerable populations in communities across Canada. United Ways Centraides (UWCs) have been pleased to provide support to local community service organizations to provide **rapid**, emergency community support as part of Employment and Social Development Canada's Emergency Community Support Fund.

### **INSTRUCTIONS: This report has four sections**

- Section 1 – The qualified donee (your organization)
- Section 2 – Service information
- Section 3 – Financial information
- Section 4 – Confirmation
  
- **Reports Due: April 16, 2021**

If you have questions or need support in completing this report, **please contact:**

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## SECTION 1 - THE QUALIFIED DONEE (Your Organization Name)

### 1.1 The contact person for this report

**Contact Name:**

**Contact Position Title:**

**Email:**

**Phone Number:**

### 1.2 Organization

**Organization Name (legal name):**

**Street Address or P.O. Box:**

**Community/Region Name:**

**Province or Territory:**

**Postal Code:**

**Website:**

## SECTION 2 – SERVICE INFORMATION

### 2.1 Service Details

**Service/Program Name:**

**One-Line Description of Service/Program (max 25 words):**

### 2.2 Vulnerable Populations Served

- Use the columns to select “√” the vulnerable populations who were served
- Primary (up to three) and All that received services

PRIMARY (max 3)	ALL SERVICE RECEIPIENTS	
		<b><i>Populations by Children, Youth, or Elderly</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: all
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ageing out of care
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ages 0 to 18
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ages 19 to 29
<input type="checkbox"/>	<input type="checkbox"/>	Seniors and Elders: not in care
<input type="checkbox"/>	<input type="checkbox"/>	Seniors and Elders: living in care
		<b><i>Populations Requiring Specific Care or Supports</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	People experiencing homelessness
<input type="checkbox"/>	<input type="checkbox"/>	People with low income or living in poverty
<input type="checkbox"/>	<input type="checkbox"/>	People living with mental illness
<input type="checkbox"/>	<input type="checkbox"/>	People struggling with addiction
<input type="checkbox"/>	<input type="checkbox"/>	Persons with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	People experiencing domestic or gender-based violence
<input type="checkbox"/>	<input type="checkbox"/>	People living in group homes or supportive living (under the age of 55)

<input type="checkbox"/>	<input type="checkbox"/>	Prison populations (detained and incarcerated)
<input type="checkbox"/>	<input type="checkbox"/>	Veterans
		<b><i>Indigenous People</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: All
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: First Nations
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: Inuit
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: Metis
		<b><i>Racialized Communities</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	All
<input type="checkbox"/>	<input type="checkbox"/>	South Asian
<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Black
<input type="checkbox"/>	<input type="checkbox"/>	Filipino
<input type="checkbox"/>	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	<input type="checkbox"/>	Arab
<input type="checkbox"/>	<input type="checkbox"/>	Southeast Asian
<input type="checkbox"/>	<input type="checkbox"/>	West Asian
<input type="checkbox"/>	<input type="checkbox"/>	Korean
<input type="checkbox"/>	<input type="checkbox"/>	Japanese
<input type="checkbox"/>	<input type="checkbox"/>	Groups not otherwise specified
		<b><i>Gender, Sexual Identity, and Newcomers</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Members of LGBTQS+ communities
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: All
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: Permanent Residents (immigrants and refugees)
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: Temporary Residents
<input type="checkbox"/>	<input type="checkbox"/>	Women and Girls
		<b><i>Vulnerable Workers</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Essential Workers
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Foreign Workers
<input type="checkbox"/>	<input type="checkbox"/>	Workers in the informal labour market
		<b><i>Linguistic Minorities</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Official Language Minority Communities (OLMCs)
<input type="checkbox"/>	<input type="checkbox"/>	Other linguistic minorities
		<b><i>Other</i></b>
<input type="checkbox"/>	<input type="checkbox"/>	Caregivers
<input type="checkbox"/>	<input type="checkbox"/>	Students (post-secondary)
<input type="checkbox"/>	<input type="checkbox"/>	Specify:

### 2.3 Service Types and Outputs (as available)

- Select “√” the service types and output types that were provided
- Enter numbers for *actual* outputs (as applicable and as available)

Type of Service	Output Tracking	<i>Actual Outputs (please provide numbers related to services provided)</i>	
<input type="checkbox"/>		<b>#</b>	<b><i>Food Security</i></b>
	<input type="checkbox"/>		# meals
	<input type="checkbox"/>		# food baskets/hampers
	<input type="checkbox"/>		# essential items
	<input type="checkbox"/>		# deliveries
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff trained
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b><i>Financial Wellness</i></b>
	<input type="checkbox"/>		# individuals/families connected to income support programs
	<input type="checkbox"/>		# information / financial counselling sessions
	<input type="checkbox"/>		# referrals
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff trained
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b><i>Home Care or Personal Support</i></b>
	<input type="checkbox"/>		# essential items provided
	<input type="checkbox"/>		# homecare visits
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff trained
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b><i>Health &amp; Hygiene</i></b>
	<input type="checkbox"/>		# health information sessions
	<input type="checkbox"/>		# medical item deliveries
	<input type="checkbox"/>		# hygiene item deliveries
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff trained
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b><i>Information &amp; Navigation</i></b>
	<input type="checkbox"/>		# calls

	<input type="checkbox"/>		# remote contact sessions
	<input type="checkbox"/>		# referrals
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Legal Support</b>
	<input type="checkbox"/>		# calls
	<input type="checkbox"/>		# remote contact sessions
	<input type="checkbox"/>		# referrals made
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Mental Health &amp; Wellness</b>
	<input type="checkbox"/>		# calls
	<input type="checkbox"/>		# remote counselling sessions
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Shelter</b>
	<input type="checkbox"/>		# remote contact sessions
	<input type="checkbox"/>		# nights of shelter provided
	<input type="checkbox"/>		# individuals sheltered
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Personal Safety</b>
	<input type="checkbox"/>		# remote contact sessions
	<input type="checkbox"/>		# safety referrals
	<input type="checkbox"/>		# safety intakes
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Social Inclusion &amp; Learning</b>
	<input type="checkbox"/>		# calls
	<input type="checkbox"/>		# remote contact sessions
	<input type="checkbox"/>		# virtual social activities
	<input type="checkbox"/>		# learning aids

	<input type="checkbox"/>		# learning activities
	<input type="checkbox"/>		# learners engaged
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		# staff hired
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>			<b>Transportation</b>
	<input type="checkbox"/>		# persons transported
	<input type="checkbox"/>		# errands run
	<input type="checkbox"/>		# volunteers trained
	<input type="checkbox"/>		Other; # and detail:
<input type="checkbox"/>	<input type="checkbox"/>		<b>Other, Specify:</b>

## 2.4 Types of Activities

Select “√” all which apply

<input type="checkbox"/>	Community outreach and engagement
<input type="checkbox"/>	Delivering new models, tools, programming, services or resources
<input type="checkbox"/>	Developing new models, tools, programming, services or resources
<input type="checkbox"/>	Disseminating information and knowledge
<input type="checkbox"/>	Volunteer engagement and recruitment
<input type="checkbox"/>	Other, Specify:

## 2.5 Geographic Areas of Service

Select “√” all which apply

<input type="checkbox"/>	urban areas (population over 1,000 people)
<input type="checkbox"/>	rural and remote areas (population under 1,000 people)

## 2.6 Service Dates:

<b>Start Date</b> (for which funding applied):	DD/MM/YY
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<b>End Date</b> (for which funding applied): (maximum, 31/03/21)	DD/MM/YY
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## 2.7 Service Benefit:

What difference did the service make for the service recipients? (max 250 words):

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How many unique individuals/families were served as a result of this funding?

## 2.8 Was this program/project delivered by a coalition of agencies or through a partnership table in your community?

Yes     No

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If yes,  
What was the name of the partnership?

Which organizations were involved?

How did the partnership help address emerging social issues associated with COVID-19?



Was this a new partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a formal agreement in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was an existing partnership strengthened?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 2.9 Did this service engage the support/involvement of Canadians/Businesses?

Yes     No

How many volunteers:	
How many Businesses:	
How many Donors:	

## SECTION 3 – FINANCIAL INFORMATION

### 3.1 Please complete the following financial information for the service.

- Please ensure that the financial table accounts for the full income and expenses of your service during the grant period.

#### Financial Table

	Amount
<b>Actual Income:</b>	
Federal Government Sources (specify):	
1.	
Provincial / Territorial Government Sources (specify):	
1.	
Municipal Government Sources (specify):	
1.	
Canadian Red Cross:	
Community Foundations Canada (specify which):	
United Way / Centraide (specify which):	
Corporate / Donor Support:	
Other (list top 3 sources)	
1.	
2.	
3.	
All other combined	
<b>Total Income:</b>	

<b>Actual Expenses:</b>	<b>Amount</b>
Wages and Benefits:	
Disability Supports for Staff:	
Professional Fees:	
Travel and Accommodations:	
Materials and Supplies:	
Printing and Communication:	
Equipment Rental/Lease/Maintenance:	
Administration Costs:	
Capital Costs:	
	<b>Total Expense:</b>
	<b>Balance:</b>

## SECTION 4 – CONFIRMATION

I/We declare the information provided in this report to be accurate and complete and compliant with the ECSF criteria found in the original application and guidelines.

Yes     No

### Signatures

I/we declare that I/we have the ability to legally bind the organization:

Yes     No

#### Person One:

Name

Signature

Position

Email

Date

#### Person Two (if required):

Name

Signature

Position

Email

Date