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### **ELIGIBILITY AND EXPECTATIONS**

#### Eligibility:

Organizations applying for funding must have a registered charitable # or a be a registered qualified donee as per Canada Revenue Agency. To verify the organization is registered, in good standing or a qualified donee, please visit the <a href="CRA">CRA</a> website or phone: 1-877-442-2899. Not for Profits are <a href="Only">only</a> eligible if the organization has a registered charitable #. (Registered Charitable #'s are nine digits long and end with RR+3 digits - example UWNL# 853328672 RR0001)

#### Reporting:

It is a requirement of United Way Newfoundland and Labrador that all funded organizations complete a funding report. Pictures of the funded project/program, as well as, impacts (outcomes/indicators) are required as part of the report. United Way will provide funded organizations with a report template in early 2022. Funded organizations from previous years are only eligible to apply in the current year if the report from previous funding has been submitted by the required deadline. Failure to submit a complete and approved report by the required deadline will result in the organization being ineligible to apply for funding from UWNL for two years.

**Funding Amount:** Funding requests amounts start at a minimum of \$2,500. There is no maximum. *Note: Historically grants have been awarded for up to \$45,000.* 

#### Multiple Applications:

Organizations are permitted to apply for more than one program/project; however, are required to apply separately for each one. Applications stand independently when reviewed by our Community Investment Committee.

#### **Exclusions:**

United Way Newfoundland and Labrador does not provide allocation of funds to: programs or projects that do not align with the UWNL funding categories; directly to individuals; to support the direct cost of fundraising efforts of the applicants; deficit funding; program operating reserves; funding for schools who do not have a registered charitable status #; or conferences.

#### Required Documentation:

- 1. Audited Financial Statements (in some cases, unaudited statements may be accepted or professional documentation indicating the organization's current financial standing)
- 2. Quotes where specific large dollar purchases are requested (ie; commercial equipment or outbuildings).

#### Funding Agreement:

Successful applicants will receive a funding agreement that outlines the expectations for the partnership, including recognition, fund disbursement (based on start date provided) and reporting. *Note: based on the start date, United Way releases the first 80% of funding to the organization. Once the required final report is received and approved, the remaining 20% is then released.* 

#### Missing Information:

Please understand, as awareness and demand for this funding opportunity continues to rise, administratively it becomes increasingly difficult to coordinate the missing pieces of incomplete applications. To be included in the review process, please ensure that all questions are completed; and any additional materials requested are provided at the time of submission. *Failure to include all required components may result in your application being excluded from the review process.* 

#### Deadline:

All applications are due March 12, 2021. Applications received after the deadline are unable to be considered.

Applications will <u>only</u> be accepted via email in PDF format - using 'fill and sign' tool - hand written applications will not be considered.

Email application(s) with applicable required separate attachments to: info@nl.unitedway.ca



### **2021 COMMUNITY FUND TIMELINE**

Application Opens: February 8
Application Deadline: March 12
Internal Application Prep: March 2021
Community Investment Review: April 2021
Board Approval: May 2021

Notifications to Applications Late May 2021

### \* What happens once the application is submitted?

Within 5 business days of submitting, applicants will receive an email confirmation including an application number from United Way Newfoundland and Labrador. If the organization does not receive confirmation within 5 business days, the applicant is responsible to follow up by emailing <a href="mailto:info@nl.unitedway.ca">info@nl.unitedway.ca</a> or calling the UWNL office 709-753-8288 to ensure the application has been received.

Please keep a copy of the application for your records as approved projects/programs will be asked to refer to the original application for reporting back to United Way upon completion of the project/program.

In order to receive, organize and prepare all applications for the Community Investment Committee to review, all notifications (approvals/declines) will be sent via email to the organization's contact. These notifications are expected to be sent by May 31, 2021.

### \* This application provides assistance for each question

Hover your mouse over the beginning text box of where answers are submitted - a text box will pop up with a tool tip for that question.



### **ORGANIZATION DETAILS**

Official name of organization:			
Organization's mission or mandate:			
Organization's Canada Revenue Agency Charitable Registration Number. Charitable Registration #'s are usually 9 digits long followed by RR 000# - Ex. 853328672 RR0001)			
Organization mailing address:			
Organization website:			
Social Media accounts (ie:@unitedwaynl)			
Facebook	Instagram		
Twitter	Other		



How many years has the organization been in operation?			
How many staff members does the organization employ? # of Full time # of Part time			
How many volunteers does the organization have?			
CONTACT INFORMATION			
Primary Applicant's Contact Information			
Full Name:			
Title:			
Phone:			
Email:			
Organization Leadership Contact Information			
Full Name:			
Title:			
Phone:			
Email:			



#### UNITED WAY FOCUS AREAS

United Way of Newfoundland and Labrador partners with organizations province-wide to provide services that strengthen individuals, families and communities within the three categories below: Select the category that best applies to the program/project as outlined in this application. Selection only one category.

#### From Poverty to Possibility

Moving people out of poverty by meeting basic human needs through the provision of food, shelter, jobs, etc.

#### Healthy People, Strong Communities

Improving access and availability of social and health-related support services needed to revitalize and strengthen neighborhoods and overall community engagement.

#### All That Kids Can Be

Providing youth with access to early literacy and development programs, recreational activities, mentors, volunteering, educational programs and other opportunities to discover and develop their talents and interests as they progress through school and into adulthood.



### PROPOSED PROJECT/PROGRAM DETAILS

1.	Project/Program name (this name will be	e used in all documents and UWNL promotion):
2.	Total amount of funds requested?	
3.	What is the anticipated start date an	d end date of the project/program?
	Start Date	End Date
4.	Will the project/program continue or	nce United Way funding has ended?
	Yes	No
5.	If yes to question 4, please describe	plans to continue the project/program.
6.	How would the organization recogni	ize United Way if awarded funding?



### 7. Project/Program description:

List Overall	
Objective(s)	
List Main	
Activities	
Explain any	
partnerships	
related to the	
specific	
project/presurem	
project/program	



### PROJECT/PROGRAM IMPACT

8. Choose the geographic area <u>directly</u> impacted by the project/program.

Region	Avalon	Eastern	Central	West Coast	Labrador
Х					

9. List the specific cities and towns impacted by this project/program.



### 10. List the target audience that will be impacted by the project/program?

	Describe impact(s) to this audience	How many impacted (#)
Children Ages 0 to 6 years		
Youth Ages 7 to 12 years		
Youth Ages 13 to 19 years		
Young adults Ages 20 to 25 years		
Adults Ages 26 to 59		
Adults 60+		
	Total	



11	. How does this project/program build capacity of the primary target audience
	and/or the community as a whole? (capacity building refers to process of developing and
	strengthening the skills, instincts, abilities, processes and resources that organizations and communities
	need to survive, adapt, and thrive):

12. How will the organization gather feedback from key target groups? (Examples: surveys, questionnaires, internal reporting etc....)

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\* Please pay particular attention to this question as it will help form the basis of the application and if approved, will be referenced when reporting.

# 14. What are two expected outcomes and indicators of the project/program?

Outcomes	Indicators
*The changes you expect to result from your program/project (example: Seniors have increased awareness about things they can do to avoid slips and falls)	*Signs or pieces of evidence that measure one aspect of a program and show how close a program is to its desired path and outcomes (example: 80% of participating seniors were able to list 3 actions to avoid slips and falls on follow-up surveys)
1.	1.
2.	2.
Describe how you will collect this evid end of the workshop as well as two-week to	ence? (Example: We will do follow-up surveys with seniors at the elephone check-ins)



### PROJECT/PROGRAM EXPENSES AND COSTS

### 15. Overall project/program budget:

16. Where applicable, complete the two following charts showing any other funds you have received toward the specific project/program you are proposing to United Way.

#### Revenue:

	\$\$ Amount	Notes
Grants – Federal		
Grants - Provincial		
Grants – Other		
Donations		
Request from United Way		
Other Revenue (specify)		
1.		
2.		
3.		
4.		
Prior Year Surplus		
Revenue		

Prior Year (deficit)

#### **Total Revenue**



# Cost/Expenses:

	Total Cost	Proposed Expenditure of UWNL Funds	Amount from Others	Notes If approved, what will the funds be used for specifically?
Salaries & Benefits				
Facility Rental				
Equipment Costs				
Materials & Supplies (please specify)				
1.				
2.				
3.				
4.				
5				
Travel, Conferences				
Administration Support  * Related – up to a max of 10% of project				
Other Program Expenses (please specify)				
1.				
2.				
3.				
4.				
Total Expenditure				



### ORGANIZATIONAL EXPENSE BREAKDOWN

If funding request includes specific	c items or equipment,	please describe if attempts
have been made to get donated or	purchased at a reduc	ed cost.

# Registered Charities - Provide a breakdown of the organizational overall expenses as described on CRA organization's profile.

This information can be found under the registered charity's profile on the CRA website.(Note: UWNL does not fund organizations who combined fundraising, management and administrative costs exceed 40%)

organizations who combined fundraising, management and administrative costs exceed 40%)		
	\$ Dollar Amount	Percentage
Charitable Programs		
Management and administration		
Fundraising		
Gifts to other registered charities and qualified donees		
Other		
Would like to add any further information	on regarding organizational expenses?	,



#### **Board Member Information**

Name Role Occupation Years of Service



### **REQUIRED DOCUMENTS**

The following documents are required when submitting the application. Please use the check boxes to indicate submission with this application.

Quote(s) - if applicable \*required for proposed purchases such as commercial equipment or outbuildings

Latest audited Financial Statements \*If your organization is not required to have audited Financial Statements, please provide the most up to date financial information

#### APPLICATION SUBMISSION FINAL CHECKLIST

The Adobe fill and sign feature has been used to complete the application.

Application has been reviewed for accuracy and saved to your computer before submission.

Application has two signatures (Page 17).

If applicable, quotes submitted with application submission.

Registered Charity number with CRA is entered correctly.

Financial Statements are submitted with application.

<sup>\*</sup>To ensure the application is eligible for review, please ensure the following information has been checked and check boxes have been checked.



# \* This application must be authorized with two signatures.

Applicant's Name (Print)	Organization Leader's Name (Print)
Title	Title
Signature	Signature
Date	Date