



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 | |
|--------------------------|----------------------------|---|
| | | <i>Populations by Children, Youth, or Elderly</i> |
| <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 |
| | | <i>Populations Requiring Specific Care or Supports</i> |
| <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 |
| | | <i>Indigenous People</i> |
| <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 |
| | | <i>Racialized Communities</i> |
| <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 |
| | | <i>Gender, Sexual Identity, and Newcomers</i> |
| <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 |
| | | <i>Vulnerable Workers</i> |
| <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 |
| | | <i>Linguistic Minorities</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Official Language Minority Communities (OLMCs) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other linguistic minorities |
| | | <i>Other</i> |
| <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"/> | | # | <i>Food Security</i> |
| | <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"/> | | | <i>Financial Wellness</i> |
| | <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"/> | | | <i>Home Care or Personal Support</i> |
| | <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"/> | | | <i>Health & Hygiene</i> |
| | <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"/> | | | <i>Information & Navigation</i> |
| | <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"/> | | | Legal Support |
| | <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"/> | | | Mental Health & Wellness |
| | <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"/> | | | Shelter |
| | <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"/> | | | Personal Safety |
| | <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"/> | | | Social Inclusion & Learning |
| | <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"/> | | | Transportation |
| | <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"/> | | Other, Specify: |

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:

| | |
|---|----------|
| Start Date (for which funding applied): | DD/MM/YY |
|---|----------|

| | |
|--|----------|
| End Date (for which funding applied): (maximum, 31/03/21) | DD/MM/YY |
|--|----------|

2.7 Service Benefit:

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

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

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 |
|--|---------------|
| Actual Income: | |
| 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 | |
| Total Income: | |
| | |
| | |

| Actual Expenses: | Amount |
|-------------------------------------|---------------|
| 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: | |
| Total Expense: | |
| Balance: | |

SECTION 4 - Impact Story

Please provide an impact story that relates directly to the program or service the organization provided with the Emergency Community Support Fund grant. *(An impact story can be a testimonial or quote from a client, volunteer or participant, sharing their "story" or experience relating to their involvement in the program or service. If you have any pictures, submit those as well)*

SECTION 5 - 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:

Name

Signature

Position

Email

Date: