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Apply Online only

United Way Newfoundland and Labrador (UWNL)

Community Fund Application 2024

I have read the ELIGIBILITY and EXPECTATIONS *

Yes

Application Opens: January 10, 2024

Application Closes: January 31, 2024

Community Investment Review: Late February 2024

Notification to Applicants: March 2024

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.](#)

Our ELIGIBILITY AND EXPECTATIONS FOR FUNDING [has changed](#) PLEASE CLICK HERE to read.

ORGANIZATION DETAILS

Provide details about the organization applying for funding

Legal name of organization *

Enter the full legal name of the organization

Organization mailing address *

Address

Address

City

Province *

2 Letter code

Postal Code *

No space, 6 digit postal code

Organization's mission or mandate *

A mission is a formal statement of the aims and values of the organization.0/100

Are you a Registered Charity? *

Yes

No

Organization's Canada Revenue Agency charitable registration number *

Charitable Registration numbers are nine digits long followed by RR#### - Ex. 853328672RR0001 (No Spaces)

Organization's social media accounts

Social Media

Facebook

Instagram

Twitter

Website

How many years has the organization been in operation? *

How many full time staff members does the organization employ?

How many part time staff members does the organization employ?

How many volunteers does the organization have?

This number can be approximate if volunteers fluctuate.

Executive director or organizational lead name *

First Name

Last Name

Title *

ie Executive Director

Executive director or organizational lead phone number *

Enter the phone number to connect during the work week.

Executive director or organizational lead email address

Email

Person responsible for completing this form (if different from above)

First Name

Last Name

Role in the organization

ie Administrator

Contact phone number

Enter the phone number to connect during the work week.

Is your organization cooperating with other agencies or non-profits on this project? *

Yes

No

Email address

Email

If "YES" please identify the agency/agencies and explain why

If you are a TOWN/MUNICIPALITY (qualified donee) applying on behalf of a non-profit, please identify the non-profit

When/If you choose Save, if you are prompted to "Create an Account" you can skip this step choosing "skip create account" at the bottom of the window

Community Fund Project Application

Grant

Project Details

UNITED WAY FOCUS AREAS

United Way NL 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.

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.

From Poverty to Possibility

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

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.

Select one category *

Who is the target audience that will be impacted by the project/program. Check all that apply *

- Children aged 0 to 5 yrs
- Children/Youth aged 6 to 18 yrs
- Youth aged 19 to 29 yrs
- Adults aged 30 to 59 yrs
- Adults aged 60+

Choose the geographic area DIRECTLY impacted by the project/program

Impacted

Avalon

Eastern

Central

West Coast

Labrador

Please list the cities/towns/communities, etc in the chosen area(s) *

Will any of the following populations be impacted by the project/program? Check all that apply *

BIPOC

Incarcerated Individuals

LGBTQ2S+

Newcomers

Seniors

Veterans or Uniformed Personnel

Women

Indigenous

Other

Name of the project *

Please describe the project *

Is this a new or existing project *

Project start date *

Month Day Year

Project end date (by Dec 31, 2025) *

Month Day Year

Your project was funded last year, please explain why you are requesting funding in 2024

Was this project funded by UWNL in 2023? *

Yes

No

If UWNL is unable to grant your full request, can your program continue with partial funding? *

Yes

No

Costs/Expenses and Funding Request (please do not expense taxes for which an organization is eligible for a tax rebate)

	Total Project Cost	Amount of UWNL Funding Requested	Amounts from Govt/Others	Your Contribution
Salaries & Benefits				
Professional fees/honoraria				
Equipment Costs				
Materials & Supplies (Specify in notes)				
Travel, Conferences				
Administrative Support *Related - up to max 10% of project				
Other Program Expenses (Specify in notes below)				
TOTAL				

Project funding details pulled from above table. Please add notes if necessary.

	Amount	Notes
Amount of UWNL funding request		
Government Grants/Others (specify in notes)		
Your Contribution		

Total Project Cost

Notes for Cost/Expenses and Funding Request

Who will benefit from this project (and how will it impact the target audience and community as a whole)? *

Describe your plan of action Including the methods you will use to evaluate this project. *

Outcomes (The changes you expect to result from your program/project) *

Will this be an on-going project? *

Yes

No

What are your plans for future funding? *

If your organization holds a surplus of funds, please explain why these dollars cannot be used for your project

How do you propose to recognize a grant from the 2024 Community Fund? *

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Grant Application Submission

Name *

Title *

Date *

The information provided by applicants in this form shall not be shared with anyone else other than the applicants organization, contacts, directors, and committee members of United Way NL. Public information will only be released if the grant application has been accepted and agreed to be funded by United Way NL .

By submitting this application, the above person confirms that they are authorized to act on behalf of the organization.

Once you choose "Review Answers" you will have the opportunity to print/view your completed application.

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