

Member Agency Application

Single Year Funding

Part A

2017

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Deadline:

Friday, December 23, 2016

Download this document and the Program Information document to your computer.

# Please Note

This document should be completed only once.

The Program Information section should be completed for each program or group of activities for which your agency is requesting funding. You can add multiple copies of this section within this document.

# Application Checklist

* Cover letter addressing agency application
* Member Agency Agreement (Part A)
* Program Information Document (Part B) – for EACH Program / set of activities for which your agency is requesting United Way funding
* Most recent audited financial statements
* Most recent annual report
* Current fiscal budget
* Most recent strategic/organizational plan (if one exists). If one does not exist, explain why in your cover letter.
* Program/project plan for the funds you are requesting (if applicable)

# Please submit the following:

* 1 signed original complete application (all documents)
* 2 additional photocopies of the complete application
* 1 electronic copy of the complete application & documents to [execdir@unitedwaybg.com](mailto:execdir@unitedwaybg.com)

# Summary of Program Funding Request

Title of Proposed Program (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of Funding Requested

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time Period | In-kind | Cash | Other Funders | UW Request | Total Cost |
| 2017 |  |  |  |  |  |
|  |  |  |  |  |  |

This submission was approved in accordance with our organizations on our meeting held on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Please check the following:

* We have reviewed the *Member Agency Guidebook* and discussed the application with United Way staff
* We certify, to the best of our knowledge, the information provided in this application is accurate, complete, and endorsed by the agency we represent.
* We acknowledge that if this application is approved, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Agency) agrees to comply with the UWBG Member Agency Agreement for funding.
* We acknowledge that we must adhere to UWBG funding campaign roles and responsibilities, including actively participating in campaign, special events, placement of UWBG logo on appropriate materials, and participate in Member Agency meetings.

UWBG representatives are authorized to discuss this funding application with other funders and partners named herein.

Sincerely,

**President/Chair or Treasurer** (circle)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD/Mon/YYYY)

**Executive Director**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (DD/Mon/YYYY)

# Agency Information

|  |  |
| --- | --- |
| Name of Agency : |  |
| Mailing Address : |  |
| Telephone Number : |  |
| Fax Number : |  |
| Name of Contact Person : |  |
| Title : |  |
| Telephone number : |  |
| Email Address : |  |
| Name of Executive Director: |  |
| Telephone Number : |  |
| Email Address : |  |
| Name of Board Chair : |  |
| Telephone Number : |  |
| Email Address : |  |
| Date of Last Annual General Meeting : |  |
| Date of most recent audited financial statement : |  |
| Canada Revenue Agency Charitable No.: |  |

This Charitable Registration Number is for a:

* Local Organization (locally incorporated)
* Provincial Organization (provincial board & governance)
* National Organization (national board & governance)

# Agency Questionnaire

Complete this questionnaire, reviewing each question and selecting the appropriate response. Answering No, or N/A (Not applicable) to a question does not suggest that an agency is doing anything wrong, it forms the basis for determining agency needs.

We realize Yes/No questions can have answers that are more nuanced than a simple Yes/No. Please add additional context in the comments section at the end if you feel the need to qualify any responses with additional information.

*Please answer yes, no, or N/A to the following statements. Provide context in comments section as necessary.*

## Please share your agency’s Mission and Vision Statements

## Where are your agency’s service locations? (List service location addresses)

| Registered Charitable Status | Yes | No | N/A |
| --- | --- | --- | --- |
| Our agency is legally constituted and incorporated as a charitable organization. | 🞎 | 🞎 | 🞎 |
| Our agency issues tax receipts in accordance with CRA guidelines. | 🞎 | 🞎 | 🞎 |
| Our agency submits the T3010 annual information to CRA within 6 months of the end of its fiscal period. | 🞎 | 🞎 | 🞎 |
| Our agency maintains its books and records are required by CRA and the Income Tax Act. | 🞎 | 🞎 | 🞎 |
| Our agency has had its charitable status revoked by the CRA in the past. | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| --- | --- | --- | --- |
| Legal Requirements | Yes | No | N/A |
| Our agency complies with the operating and reporting requirements of all relevant federal, provincial and municipal legislation. | 🞎 | 🞎 | 🞎 |
| Our agency and its policies comply with provincial legislation related to employment, health and safety, and human rights. | 🞎 | 🞎 | 🞎 |
| Our agency complies with the *Ontario Not-for-profit Corporation Act* in our operations and governance procedures. | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| policy and procedure | Yes | No | N/A |
| Our agency has and adheres to privacy policies that meet the requirements of the relevant federal and provincial privacy legislation.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has and adheres to human resources policies and procedures.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has and adheres to Operating Policies.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization had and adheres to appropriate financial policies, procedures and controls.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has and adheres to diversity/inclusivity/accessibility/equity statements.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has and adheres to anti-discrimination/anti-harassment policies/procedures.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has and adheres to volunteer policies and procedures.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our board operates according to a conflict of interest policy.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our agency has and adheres to an investment policy.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our agency has and adheres to policies for use of both restricted and unrestricted reserves.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| --- | --- | --- | --- |
| Governance | Yes | No | N/A |
| Our agency has an active, responsible, voluntary board which meets regularly and ensures effective governance over the organization.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our board governs the agency according to the organization’s bylaws and periodically reviews bylaws against requirements of the Incorporation Act.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization currently has Directors and Officers *and* General Liability Insurance Coverage.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| We work with vulnerable clients and have a prevention of abuse policy and related insurance coverage.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our board regularly reviews its organizational insurance coverage with our broker.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization accesses professional legal advice when required.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our board sets limitations on terms of office for boardmembers and ensures those limitations are honoured.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our board uses committees and establishes terms of reference.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our organization has a formal board manual, which is updated and maintained.  Date of last review/approval by board:\_\_\_\_\_\_\_\_\_\_\_\_\_ (DD/Mon/YYYY) | 🞎 | 🞎 | 🞎 |
| Our agency is accredited by an external body. If yes, provide the name of the accrediting body, the status of your organization, and the date of last accreditation.  Body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD/Mon/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| --- | --- | --- | --- | --- |
| Financial and infrastructure | Yes | | No | N/A |
| We update our ledger monthly. | 🞎 | | 🞎 | 🞎 |
| We update our payroll journal semi-monthly. | 🞎 | | 🞎 | 🞎 |
| Our financial statements, including a balance sheet, are completed monthly, quarterly, and annually. | 🞎 | | 🞎 | 🞎 |
| Our board reviews financial statements on a quarterly basis, at minimum. | 🞎 | | 🞎 | 🞎 |
| Our board approves the annual budget and monitors the implementation throughout the fiscal year. | 🞎 | | 🞎 | 🞎 |
| We complete monthly bank reconciliations. | 🞎 | | 🞎 | 🞎 |
| We complete weekly money/cheque deposits. | 🞎 | | 🞎 | 🞎 |
| We use cash or accrual accounting (please specify) | 🞎 | | 🞎 | 🞎 |
| We have a policy requiring at minimum two signatures for all cheques. | 🞎 | | 🞎 | 🞎 |
| We have an invoice approval system. | 🞎 | | 🞎 | 🞎 |
| We require a receipt for employee expenses. | 🞎 | | 🞎 | 🞎 |
| We identify UWBG funding in our audited financial statements. | 🞎 | | 🞎 | 🞎 |
| When fees are charged for our service, we have a program in place for low-income families to still access the service. | 🞎 | | 🞎 | 🞎 |
| For purchases over $1000 or fee-for-service contracts over $1000 we require at least 3 quotes, where possible. | 🞎 | | 🞎 | 🞎 |
| Board approval is required for non-budgetary approved expenditures over (Executive Director approval limit): $ \_\_\_\_\_\_\_\_\_ | 🞎 | | 🞎 | 🞎 |
| Which positions have signing authority for your organization (please list): |  | |  |  |
| Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Board  🞎  🞎  🞎 | | Staff  🞎  🞎  🞎 |

## Financial and infrastructure

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| Comments: |

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| --- | --- | --- | --- |
| Human resources and administration | Yes | No | N/A |
| Our board annually reviews the performance of its CEO/Executive Director/Senior Manager.  Date of last review (DD/Mon/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 | 🞎 |
| Our organization completes performance reviews of all staff members, and staff sets annual performance objectives. | 🞎 | 🞎 | 🞎 |
| Our agency has an organizational chart. | 🞎 | 🞎 | 🞎 |
| All staff and volunteer positions have job descriptions. | 🞎 | 🞎 | 🞎 |
| Board members and agency volunteers complete an orientation process. | 🞎 | 🞎 | 🞎 |
| We offer training and/or professional development opportunities to all staff and volunteers. | 🞎 | 🞎 | 🞎 |
| Employees are made fully aware of established human resources policies and procedures. | 🞎 | 🞎 | 🞎 |
| Our organization has reviewed Bill 168 and is in full compliance with the requirements of the legislation regarding violence and harassment within the workplace. | 🞎 | 🞎 | 🞎 |
| All staff and volunteers are recruited using legally-compliant methods including interviews, job descriptions, reference checking, etc. | 🞎 | 🞎 | 🞎 |
| Our organization uses paid, third-party fundraisers. If yes, please provide details. | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| --- | --- | --- | --- |
| Mission, Vision and Planning | Yes | No | N/A |
| Our board establishes and periodically reviews the organizational mission, vision and/or values statements. | 🞎 | 🞎 | 🞎 |
| Our agency has established a strategic plan to achieve its mission in the community and engages our stakeholders, staff and board in the process. | 🞎 | 🞎 | 🞎 |
| Our agency regularly reviews its strategic plan to determine progress in achieving key goals and objectives. | 🞎 | 🞎 | 🞎 |
| Our agency has established a fund development and/or marketing plan to achieve its mission in the community. | 🞎 | 🞎 | 🞎 |
| Our organization uses a formal program evaluation process. | 🞎 | 🞎 | 🞎 |
| Our organization uses outcome measurement to gauge the impact of programs on the lives of clients. | 🞎 | 🞎 | 🞎 |
| Comments: | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Support of United Way | | Yes | | | No | | N/A | |
| Our agency prominently displays the United Way of Bruce Grey member agency sign at all of its locations. | | 🞎 | | | 🞎 | | 🞎 | |
| Our agency uses the United Way member agency logo on all of its promotional and printed materials, including our annual report. | | 🞎 | | | 🞎 | | 🞎 | |
| Funds received from the united way are clearly noted in our audited financial statements. | | 🞎 | | | 🞎 | | 🞎 | |
| Our agency conducts an internal United Way Workplace Campaign with participation from staff and volunteers. | | 🞎 | | | 🞎 | | 🞎 | |
| By showcasing your participation and support at United Way special events, you make a difference in donations to the United Way.  How many United Way events did your agency participate in last year? Please list. | |  | | |  | |  | |
| Event  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Board  🞎  🞎  🞎  🞎  🞎  🞎 | | | | Staff  🞎  🞎  🞎  🞎  🞎  🞎 | |

## Agency fundraising and activities for 2017

Did the agency have any fundraising projects, events, or grant applications in 2017?  
🞎Yes 🞎 No

If yes, please list:

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source (Activity) | Project/Activity Being Funded | Date of Activity | Revenue |
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## Agency fundraising and activities planned for 2017

Will the agency have any fundraising projects, events, or grant applications for or in 2017?  
🞎Yes 🞎 No

If yes, please list:

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source (Activity) | Project/Activity Being Funded | Date of Activity | Expected Revenue |
|  |  |  |  |
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| --- | --- | --- | --- |
| Total United Way funding request for 2017 | $ \_\_\_\_\_\_\_\_\_ | If this is an increase over what was granted last year, what % increase is it? | \_\_\_\_\_\_\_\_\_\_\_ % |
| Total United Way funding received in 2016 (last year): | $ \_\_\_\_\_\_\_\_\_ | # of program funding requests included in this application: | \_\_\_\_\_\_\_\_\_\_ (#) |
| Total agency revenue budgeted for 2017: | $ \_\_\_\_\_\_\_\_\_ | United Way funding as a % of total agency revenue: | \_\_\_\_\_\_\_\_\_\_ % |
| List any additional UW grants the agency may have received in the past year: |  | | |

# Board of Directors

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** |  | **Position on Board** |  | **# of Years on Board** |
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# Agency Staff

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| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Position** | **Full-time** | **Part-time** | **Contract** | **Volunteer** |
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|  |  | **Total Counts:** |  |  |  |  |

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| --- | --- |
| We, the undersigned, have provided Board members the opportunity to review this submission and they are aware of this application. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board Chair Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD/Mon/YYYY) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Director/Senior Administrator Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date (DD/Mon/YYYY) |