

**Grant Application**

Single Year Funding - Part A

2020

**Deadline:** Friday Dec. 20, 2019

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)

# Agency Information

Name of Agency: Click here to enter text.

Mailing Address: Click here to enter text.

Telephone Number: Click here to enter text.

Fax Number: Click here to enter text.

Name of Contact Person: Click here to enter text.

Title: Click here to enter text.

Telephone Number: Click here to enter text.

Email Address: Click here to enter text.

Name of Executive Director: Click here to enter text.

Telephone Number: Click here to enter text.

Email Address: Click here to enter text.

Name of Board Chair: Click here to enter text.

Telephone Number: Click here to enter text.

Email address: Click here to enter text.

Date of last Annual General Meeting: Click here to enter a date.

Date of most recent audited financial statement: Click here to enter a date.

Canada Revenue Agency Charitable No.: Click here to enter text.

This charitable registration number is for a: Choose an item.

# 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 Statement:

Click here to enter text.

## Please share your agency’s vision Statement:

Click here to enter text.

## **Registered Charitable Status**

|  |  |
| --- | --- |
| Our agency is legally constituted and incorporated as a charitable organization. | Choose an item. |
| Our agency has had its charitable status revoked by the CRA in the past. | Choose an item. |
| Comments regarding Registered Charitable Status:  Click here to enter text. |  |

## **Policy and Procedure**

|  |  |
| --- | --- |
| 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: Click here to enter a date. | Choose an item. |
| Our organization has and adheres to human resources policies and procedures.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Our organization has and adheres to diversity/inclusivity/accessibility/ equity statements.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Our organization has and adheres to anti-discrimination/anti-harassment policies/procedures.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Our organization has and adheres to volunteer policies and procedures.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Comments regarding Policy and Procedure:  Click here to enter text. |  |

## **Governance**

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| 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: Click here to enter a date. | Choose an item. |
| We work with vulnerable clients and have a prevention of abuse policy and related insurance coverage.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Our board sets limitations on terms of office for board members and ensures those limitations are honoured.  Date of last review/approval by board: Click here to enter a date. | Choose an item. |
| Comments regarding Governance:  Click here to enter text. |  |

## **Mission, Vision and Planning**

|  |  |
| --- | --- |
| Our board establishes and periodically reviews the organizational mission, vision and/or values statements. | Choose an item. |
| Our agency has established a strategic plan to achieve its mission in the community and engages our stakeholders, staff and board in the process. | Choose an item. |
| Our agency regularly reviews its strategic plan to determine progress in achieving key goals and objectives. | Choose an item. |
| Comments regarding Mission, Vision and Planning:  Click here to enter text. |  |

## **Support of United Way**

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| --- | --- |
| Our agency prominently displays the United Way of Bruce Grey member agency sign at all of its locations. | Choose an item. |
| Our agency uses the United Way member agency logo on all of its promotional and printed materials, including our annual report. | Choose an item. |
| Funds received from the United Way are clearly noted in our audited financial statements. | Choose an item. |
| Our agency conducts an internal United Way Workplace Campaign with participation from staff and volunteers. | Choose an item. |

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 them below.

|  |  |  |
| --- | --- | --- |
| Event | Board Participation | Staff Participation |
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# Board of Directors

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| **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:** | # | # | # | # |

# Summary of Program Funding Request

This submission was approved in accordance with our organizations on our meeting held on: Click here to enter a date.

Please check the following:

We have reviewed the *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**

Enter Name

Choose role

Date completed

**Executive Director**

Enter Name

Date completed

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