

United Way of Bruce Grey's local Emergency Community Support Fund Application

United Way of Bruce Grey is pleased to provide support to local community service organizations that provide rapid, emergency community support to vulnerable community members during the Covid 19 Pandemic. Applications are made available and reviewed locally. Our aim is to make this application process simple. The application should take 15-30 minutes to complete.

* 1. Organizations are eligible to complete this application if the organization (please check):

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> is a registered charity in Canada, or other qualified donee, | <input type="checkbox"/> commits to providing eligible emergency supports to one or more groups of vulnerable people, as defined by ESDC, with funding used in full by March 31, 2021, |
| <input type="checkbox"/> maintains a volunteer Board of Directors that meets regularly, | |
| <input type="checkbox"/> hosts a public Annual General Meeting, | <input type="checkbox"/> has not already received funding for the same activities from the Government of Canada or other source (i.e. the organization is not receiving funding for the same activity from more than one source), |
| <input type="checkbox"/> has financial statements that have been audited by a licensed public accountant (or financial review for charities or not-for-profits with annual revenues less than \$100,000), | <input type="checkbox"/> commits that government funding for the activities proposed in this application will not exceed more than 100% (including any mix of municipal, provincial or territorial, or federal funding), |
| | <input type="checkbox"/> grants permission for this application and contact details to be shared with Community Foundations Canada and Canadian Red Cross for funding consideration and coordination. |

* 2. Has the organization applied to, or intends to apply to, any other funder (i.e. Canadian Red Cross or Community Foundations Canada) for this specific request?

- Yes
- No
- If yes, please state which funder:

* 3. If yes, please indicate if this application covers different expenses within this service or program.

- Yes
- No
- Other (please specify)

* 4. Who is the contact person for this application?

Name

Contact Position Title:

Email Address

Phone Number

* 5. Which organization is the qualified donee?

Organization Name (legal name):

Charitable Number / Incorporation Number:

Address

Address 2

City/Town

Province

Postal Code

Agency Website

Other Social Media:

Organization Mission (maximum 25 words):

* 6. Project Name

Project Name

One-Line Description (maximum 25 words):

* 7. What is the total grant request from United Way

* 8. If the full amount requested, is not granted, can the project proceed in some capacity?

Yes

No

Comments

*** 9. What local planning or networking tables do you belong to and or participate in?**

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Bruce Grey Poverty Task Force | <input type="checkbox"/> Grey Bruce Welcoming Communities Committee |
| <input type="checkbox"/> Grey Bruce Children's Alliance | <input type="checkbox"/> Grey Bruce Integrated Health Coalition |
| <input type="checkbox"/> Grey Bruce Violence Prevention Coordinating Committee | <input type="checkbox"/> Grey Bruce Pride, Kincardine Pride |
| <input type="checkbox"/> Bruce Grey Health Communities Partnership Table | <input type="checkbox"/> Lets Grow or Healthy Babies or Brighter Futures |
| <input type="checkbox"/> Grey Bruce Council on Aging | <input type="checkbox"/> Grey Bruce Community Drug & Alcohol Strategy |
| <input type="checkbox"/> South Bruce or Bruce Peninsula Safe Communities Committee | |
| <input type="checkbox"/> Other (please specify) | |

10. Populations Served: Those Requiring Specific Care or Supports

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="radio"/> People experiencing homelessness | <input type="radio"/> People experiencing domestic or gender-based violence |
| <input type="radio"/> People with low income or living in poverty | <input type="radio"/> People living in group homes or supportive living (under the age of 55) |
| <input type="radio"/> People living with mental illness | <input type="radio"/> Prison populations (detained and incarcerated) |
| <input type="radio"/> People struggling with addiction | <input type="radio"/> Veterans |
| <input type="radio"/> Persons with disabilities | |

11. Populations Served: Other

- Caregivers
- Students (post-secondary)
- Specify:

12. Populations Served: Linguistic Minorities

- Official Language Minority Communities (OLMCs)
- Other linguistic minorities

13. Populations Served: Vulnerable Workers

- Essential Workers
- Temporary Foreign Workers
- Workers in the informal labour market
- Injured Workers

14. Populations Served: Gender, Sexual Identity, and Newcomers

- Members of LGBTQS+ communities
- Newcomers: Temporary Residents
- Newcomers: All
- Women and Girls
- Newcomers: Permanent Residents (immigrants and refugees)

15. Populations Served: Racialized Communities

- All
- Arab
- South Asian
- Southeast Asian
- Chinese
- West Asian
- Black
- Korean
- Filipino
- Japanese
- Latin American
- Groups not otherwise specified

16. Populations Served: Indigenous People

- Indigenous: All
- Indigenous: First Nations
- Indigenous: Inuit
- Indigenous: Metis

* 17. Populations Served: Children, Youth, or Elderly

- Children and youth: all
- Seniors and Elders: not in care
- Children and youth: ageing out of care
- Seniors and Elders: living in care
- Children and youth: ages 19 to 29

Service/Program Types and Outputs Tracking

Select all of the services/programs that apply and a minimum of three outputs for tracking:

18. How will you know your program is successful?

19. Food Security

of meals provided

(please identify source i.e.
groceries, food bank, etc.)

of food baskets/hampers
provided

of essential items
provided (please describe
the essential items)

of deliveries made

of volunteers trained

of staff trained

Other; # and detail:

20. Financial Wellness

of individual or families
connected to income
support programs

of information or financial
counselling sessions
provided

of referrals made

of volunteers trained

of staff trained

Other; # and detail:

21. Home Care or Personal Support

of essential items provided (please describe the essential items)

of homecare visits provided/enabled

of volunteers trained

of staff trained

Other; # and detail:

22. Health & Hygiene

of health information sessions provided

of medical item deliveries made

of hygiene item deliveries made (please describe the hygiene items)

of volunteers trained

of staff trained

Other; # and detail:

23. Information & Navigation

of calls (longer than 1 minute)

of remote contact sessions with unique individuals

of referrals made with unique individuals

volunteers trained

of staff hired

Other; # and detail:

24. Legal Support

of calls (longer than 1 minute)

of remote contact sessions with unique individuals

of referrals made

volunteers trained

of staff hired

Other; # and detail:

25. Mental Health & Wellness

of calls (longer than 1 minute)

of unique calls

of remote counselling sessions with unique individuals

volunteers trained

of staff hired

Other; # and detail:

26. Shelter

of remote contact sessions with unique individuals

of nights of shelter provided

of individuals sheltered

volunteers trained

of staff hired

Other; # and detail:

27. Personal Safety

of remote contact sessions with unique individuals

of safety referrals made

of safety assessments made

volunteers trained

of staff hired

Other; # and detail:

28. Social Inclusion & Learning

of calls (longer than 1 minute)

of remote contact sessions with unique individuals

of virtual social activities provided

of learning aids provided

of learning activities offered

of learners engaged

of volunteers trained

of staff hired

Other; # and detail:

29. Transportation

of persons transported

of errands run

of volunteers trained

Other; # and detail:

30. Other: Please specify

*** 31. Types of Activities: Select all which apply**

- | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Community outreach and engagement | <input type="checkbox"/> Disseminating information and knowledge |
| <input type="checkbox"/> Delivering new models, tools, programming, services or resources | <input type="checkbox"/> Volunteer engagement and recruitment |
| <input type="checkbox"/> Developing new models, tools, programming, services or resources | <input type="checkbox"/> Other, Specify: |

*** 32. Geographic Areas of Service - check the largest areas that applies**

- | | |
|----------------------------------------------------------------|------------------------------------------------------|
| <input type="radio"/> All of Bruce and Grey Counties | <input type="radio"/> Neyaashiinigmiing First Nation |
| <input type="radio"/> Bruce County | <input type="radio"/> Saugeen First Nation |
| <input type="radio"/> Grey County | <input type="radio"/> City of Owen Sound |
| <input type="radio"/> Town of Saugeen Shores | <input type="radio"/> Municipality of Grey Highlands |
| <input type="radio"/> Municipality of Kincardine | <input type="radio"/> Municipality of Meaford |
| <input type="radio"/> Municipality of Brockton | <input type="radio"/> Municipality of West Grey |
| <input type="radio"/> Town of South Bruce Peninsula | <input type="radio"/> Town of Hanover |
| <input type="radio"/> Municipality of Arran-Elderslie | <input type="radio"/> The Blue Mountains |
| <input type="radio"/> Township of Huron-Kinloss | <input type="radio"/> Township of Chatsworth |
| <input type="radio"/> Municipality of South Bruce | <input type="radio"/> Township of Georgian Bluffs |
| <input type="radio"/> Municipality of Northern Bruce Peninsula | <input type="radio"/> Township of Southgate |

Service/Program Dates:

* 33. Start Date

Date / Time

Date

* 34. End Date

Date / Time

Date

* 35. Who the service will help (max 250 words):

* 36. And, how it will help them, or what the activities are (max 250 words):

* 37. And, the difference, benefit, it will make in lives (max 250 words):

* 38. How many unique individuals do you anticipate serving?

* 39. How many service interactions do you anticipate providing?

40. Optional: How do you know this is needed, in relation to COVID-19 (Answer with statistical, story, or anecdotal evidence as you see fit. Max 250 words):

41. Is this an existing service?

Yes

No

If yes, how many additional people does the service anticipate reaching as a result of this application?

42. Is this program/project being delivered by a coalition of agencies or through a partnership table in your community?

Yes

No

If yes, please provide details about the coalition (e.g. lead agency, member agencies, roles. Max 200 words)

43. Will this service engage the support/involvement of volunteers or Businesses?

Yes

No

How many volunteers:

How many Businesses:

How many Donors:

Wage rates for staff

Living Wage Employers are responsible employers who care about their employees and the community. They recognize that paying a living wage constitutes a critical investment in the long-term prosperity of the economy by fostering a dedicated, skilled and healthy workforce.

The Living Wage rate for Bruce Grey is \$18.39

* 44. We are a Living Wage employer

- Yes
- No
- Comment

45. Staff funded through this project will be paid a living wage as per the United Way Living Wage rate?

- Yes
- No
- Other (please specify)

Service Program Budget:

Please complete the following budget table for the service.

Budget Instructions:

Please ensure that your budget accounts for the full income and expenses of your service, including grants you have requested. All budget items must be service related and must be incurred during the grant period.

Eligible expenditures include: wages and benefits, professional fees, travel and accommodations, materials and supplies, printing and communication, equipment rental/lease/maintenance, administration costs, capital costs, and disability support for staff. Ineligible expenditures include purchase of real property.

Please note, other sources of revenue cannot be used for the same activity costs described in this application, without a commensurate increase in services.

Where there are multiple sources of income from the Federal Government, Provincial / Territorial Governments, Municipal Governments, Community Foundations, Canadian Red Cross, and/or United Ways / Centraides, please add lines to the table to detail each.

46. Budget Table

No file chosen

47. AUTHORIZATION AND CONFIRMATION

No file chosen