ECSF

COVID-19 is top of mind for everyone and is affecting the way we all support those who are vulnerable in our communities. This pandemic has created an increase in demand for local services, shortages in supplies, and disruption in service.

United Ways and Centraides in Canada are pleased to provide support to local community service organizations that provide rapid, emergency community support to vulnerable community members. Applications are made available and reviewed locally. Our aim is to make this application process simple. The application should take 30-45 minutes to complete once you are familiar with the application.

These funds are being distributed as part of Employment and Social Development Canada's (ESDC) Emergency Community Support Fund (ECSF). Before you begin, we encourage you to read the Frequently Asked Questions to fully understand what activities and expenses are allowable under this emergency funding for qualified donees.

- These funds are to support an increase in your program in response to the Covid-19 pandemic. The costs have to relate to an increase in supports you are providing. This is not to replace lost fundraising.
- We do expect you to access rent rebate programs, wage subsidy programs and other such programs to manage a loss of fundraising.
- Funding for 'storing' resources for later use will need a full explanation. We expect the increase in resources to be offered to the community through increased access to your program.
- Budgets should have greater detail explanations. Be true to your budget costs, simple round number estimates indicate limited planning. We've added a question in the application to explain the budget in better detail.

* 1. To be eligible an organizations must meet all of the following criteria, please check ea eligibility	ch line to confirm your
is a registered charity in Canada, or other qualified donee,	
maintains a volunteer Board of Directors that meets regularly,	
hosts a public Annual General Meeting,	
has financial statements that have been audited by a licensed public accountant (or financial review for with annual revenues less than \$100,000),	charities or not-for-profits
commits to providing eligible emergency supports to one or more groups of vulnerable people, as define used in full by March 31, 2021,	ed by ESDC, with funding
has not already received funding for the same activities from the Government of Canada or other source receiving funding for the same activity from more than one source),	e (i.e. the organization is not
commits that government funding for the activities proposed in this application will not exceed more than of municipal, provincial or territorial, or federal funding),	n 100% (including any mix
grants permission for this application and contact details to be shared with Community Foundations Car Cross for funding consideration and coordination.	nada and Canadian Red
No	
3. If yes, please indicate if this application covers different expenses within this service.	
* 4. My organization received funding through the ECSF previously	
Yes with the United Way of Bruce Grey	
Yes with Community Foundations Grey Bruce	
Yes with another organization outside of Bruce Grey	
Please specify	

5. Contact Information	
Name	
Organization	
Address	
Address 2	
City/Town	
Province	
Postal Code	
Email Address	
Phone Number	
6. What local planning or networking tables do y	ou belong to and * or participate in?
Bruce Grey Poverty Task Force	Grey Bruce Welcoming Communities Committee
Grey Bruce Children's Alliance	Grey Bruce Integrated Health Coalition
Grey Bruce Violence Prevention Coordinating Committee	Grey Bruce Pride, Kincardine Pride or other LGBTQ2S organization
Bruce Grey Health Communities Partnership Table	 Lets Grow or Healthy Babies or Brighter Futures
Grey Bruce Council on Aging	Grey Bruce Community Drug & Alcohol Strategy
South Bruce or Bruce Peninsula Safe Communities Commi	
Other (please specify)	

7. Geographic Areas of Service - check the largest areas that applies		
All of Bruce and Grey Counties	Township of Chatsworth	
Bruce County	Township of Georgian Bluffs	
Grey County	Township of Southgate	
Neyaashiinigmiing First Nation	Town of Saugeen Shores	
Saugeen First Nation	Municipality of Kincardine	
City of Owen Sound	Municipality of Brockton	
Municipality of Grey Highlands	Town of South Bruce Peninsula	
Municipality of Meaford	Municipality of Arran–Elderslie	
Municipality of West Grey	Township of Huron-Kinloss	
Town of Hanover	Municipality of South Bruce	
The Blue Mountains	Municipality of Northern Bruce Peninsula	
* 8. Project Name		
Project Name		
Brief one line description		
of the project		
* 9. What is the total grant request, for this project, from United Way Bruce Grey?		
10. Start and end date		
Start Date		
Date		
End Date (no later than March 31 2021)		
Date		
DD/MM/YYYY		

11.	Can or will the service be provided if awarded a lesser amount?
\bigcirc	Yes
\bigcirc	No
\bigcirc	Comments
	ble Populations Served Primary (up to three) target areas for your relevant target populations - Please check all that apply for questions 12 1 to 19.
12.	Vulnerable Populations Served
\bigcirc	Populations by Children, Youth, or Elderly
\bigcirc	Children and youth: all
\bigcirc	Children and youth: ageing out of care
\bigcirc	Children and youth: ages 0 to 18
\bigcirc	Children and youth: ages 19 to 29
\bigcirc	Seniors and Elders: not in care
\bigcirc	Seniors and Elders: living in care
13.	Populations Requiring Specific Care or Supports
\bigcirc	People experiencing homelessness
\bigcirc	People with low income or living in poverty
\bigcirc	People living with mental illness
\bigcirc	People struggling with addiction
\bigcirc	Persons with disabilities
\bigcirc	People experiencing domestic or gender-based violence
\bigcirc	People living in group homes or supportive living (under the age of 55)
\bigcirc	Prison populations (detained and incarcerated)
\bigcirc	Veterans
14.	Indigenous People
\bigcirc	Indigenous: All
\bigcirc	Indigenous: First Nations
\bigcirc	Indigenous: Inuit
\bigcirc	Indigenous: Metis

15. Racialized Communities All South Asian Chinese Black Filipino Latin American Arab Southeast Asian West Asian Korean Japanese Groups not otherwise specified 16. Specific Populations: Gender, Sexual Orientation, Gender Identity, and Newcomers Members of LGBTQ2S+ communities Newcomers: All Newcomers: Permanent Residents (immigrants and refugees) Newcomers: Temporary Residents Women and Girls 17. Vulnerable Workers **Essential Workers Temporary Foreign Workers** Workers in the informal labour market 18. Linguistic Minorities Official Language Minority Communities (OLMCs) Other linguistic minorities 19. Other Caregivers Students (post-secondary)

Specify:

20.	Service Types
\bigcirc	Urban Area - Owen Sound
\bigcirc	Rural and Remote Area - not Owen Sound
21.	Service Types (check all that apply):
\bigcirc	Food security
\bigcirc	Financial wellness
\bigcirc	Health and Hygiene
\bigcirc	Home care or personal support services
\bigcirc	Information and community navigation
\bigcirc	Legal support
\bigcirc	Mental health and wellness
\bigcirc	Shelter
\bigcirc	Safety
\bigcirc	Social inclusion and learning
\bigcirc	Transportation
22	Activity Types
<u> </u>	Community outreach and engagement
\bigcirc	Delivering new services or resources
\bigcirc	Developing new services or resources
\bigcirc	Disseminating information and knowledge
0	Volunteer engagement and recruitment
once. E	que people are the number of people who will access or interact with your project or program at least Example: One person accessing a meal program for 7 meals is 1 unique person. ated unique people served:
	icipated number of interventions (how many times will you interact with each person? Example - One accessing a meal program for 7 meals is 7 interventions)
Anticip	ated number of interventions:

For your project or program for which you are applying for funding: Service types and outputs tracking. Select all of the services that apply and a minimum of three outputs in your service area, for tracking. For questions 25 through to 36. Please use numbers - not letters.

25. 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:	

26. 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:	

27. Home Care or Personal Support

# of essential items	
provided (please describe	
the essential items)	
// - f	
# of homecare visits	
provided/enabled	
# of volunteers trained	
# of staff trained	
Other; # and detail:	

28. 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:	

29. 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:	

30. 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:	

31. Mental Health & V	Vellness
# of calls (longer than 1 minute)	
# of unique calls	
# of remote counselling sessions with unique individuals	

32. Number of volunteers trained by this project

# of staff hired	
Other; # and detail:	

33. Shelter Provided

# of remote contact sessions with unique individuals	
# of nights of shelter provided	
# of individuals sheltered	
# volunteers trained	
# of staff hired	
Other; # and detail:	

34. 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:	

35. 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:		

36. Transportation

# of persons transported	
# of errands run	
# of volunteers trained	
Other; # and detail:	

37. Other outputs or indicators, please specify:

* 38. Who will this project or program help? (max 250 words):

39. How will this project or program help? What are some of the activities?

* 40. What is the difference or benefit, it will make in lives of people involved in the program or project? (max 250 words):
* 41. 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):
* 42. Is this an existing service?
43. If yes, how many additional people does the service anticipate reaching as a result of this application?
44. Is this program/project being delivered by a coalition of agencies or through a partnership table in your community?
Yes
Νο
45. If yes, please provide details about the coalition (e.g. lead agency, member agencies, roles. Max 200 words)
46. Will this service engage the support/involvement of Canadians/Businesses?
Yes
No
47. If yes (please use numbers not words):
How many Businesses:
How many Donors:
How many volunteers:

Budget & Authorization

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. Expenses incurred prior to November 1st are not eligible.

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.

48. Please upload the budget table for the application

Choose File	Choose File	No file chosen
49. The Living	g Wage rate for B	ruce Grey is \$18.39, will you be paying staff a living wage?
Yes		
🔵 No - no staf	ff are being paid with t	these funds
O No		
If no - pleas	e explain	
50. Please uploa	d the authorizatio	on and confirmation file
Choose File	Choose File	No file chosen