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Agencies should fill this applications.	s out once and only once. Use Part B multiple times for subsequent
* means an answer is re	quired for this question
* 1. Contact Information	
Name of primary contact for this application	
Agency Name	
Address	
Address 2	
City/Town	
Province	
Postal Code	
Charitable Number	
Contact Person's Email Address	
Contact Person's Phone Number	
* 2. Agency Mission State	ement
3. Agency Vision Statem	nent

* 4. Policy and Procedure - check all that apply	
Our agency has and adheres to privacy policies that meet the requirements of the relevant federal and provincial privacy legislation. Our organization has and adheres to anti-discrimination/anti-harassment policies/procedures. Our organization has and adheres to anti-discrimination/anti-harassment policies/procedures.	nd
Our organization has and adheres to human resources policies and procedures. Our organization has and adheres to human resources procedures.	iu
Our organization has and adheres to diversity/inclusivity/accessibility/ equity statements.	
* 5. Governance - check all that apply	
Our agency has an active, responsible, voluntary board which meets regularly and ensures effective governance over the organization.	
We work with vulnerable clients and have a prevention of abuse policy and related insurance coverage.	
Our board sets limitations on terms of office for board members and ensures those limitations are honoured.	
* 6. Mission Vision and Planning- check all that apply	
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.	
If not, please explain	
* 7. Support of United Way - check all that apply	
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Pandemic Related Information		
* 8. Did you receive any of the following funding in the	past 12 months? Check all that apply.	
United Way of Bruce Grey Pandemic Relief Fund	Other Federal Pandemic Relief Funding	
ECSF - Emergency Community Support Fund (UWBG or GBCF)	Other Provincial Pandemic Relief Funding	
SSRF - Social Services Relief Fund (Grey or Bruce County)	Other Municipal (Bruce or Grey County) Pandemic ReFunding	
Bruce Power or Bruce Power supplier (outside of traditional supports)	Have not received additional funding through any of these sources	

Document Uploads

Required:

Most recent audited financial statements

Current fiscal budget

List of Board of Directors

Optional

Most recent strategic/organizational plan (if one exists). Most recent annual report

* 9. Most recent audited financial statements

Choose File

Choose File

No file chosen

* 10. Current fiscal budget

Choose File

Choose File

No file chosen

* 11. List of Board of Directors

Choose File

Choose File

No file chosen

12. Most recent strategic/organizational plan (if one exists)

Choose File

Choose File

No file chosen

13. Most recent annual report

Choose File

Choose File

No file chosen