



2017/2018
United Way
for the
City of Kawartha Lakes
Single Year Funding
Application

Poverty to Possibility

All that kids can be

Healthy people, strong communities



SECTION A: GENERAL INFORMATION

A1. Address and Contact Information

Name of Agency:

Street Address:

Telephone:

Fax:

Email:

Website:

Contact Person:

Title:

Email:

Agencies are now permitted to apply for programs that were previously funded through Ontario Trillium Foundation or other granting bodies as "New Program Funding". Funding will be considered based on available dollars after current program funding levels have been determined.

A2. Funding Request Please remember that United Way does not provide deficit funding, capital funding or operating reserve funding. Our Organization is applying for:

Core Funding

Program Funding

New Program Funding

Current United Way Funding (Total): *	\$
2016/17 Requested Funding (Total):	\$
* Do <u>NOT</u> Include designations in your request as United Way is unable to guarantee this source of funding	
What is your year end:	
What is your Charitable Registration Number:	



United Way for the City of Kawartha Lakes
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A2. Funding Request continued

Current United Way Funded Programs		Funding Amount Requested
Program Name	Current Funding	2017/2018
1.		
2.		
3.		
4.		
5.		
Total Program Funds Requested		

New Program Requests	
Program Name	Funding Amount Requested
	2017/18
1.	
2.	
3.	
4.	
Total New Program Funds Requested	\$



A.3 Agency Information

What is the mission statement of your agency?

Please complete the charts below. Feel free to insert additional rows where necessary. (Note: Statistical information is to reflect the activity of your agency in City of Kawartha Lakes and/or Haliburton County)

Current Staff and Volunteer Information

Total # Agency Volunteers	Program / Service Volunteers	Fundraising Volunteers	Board, Admin & Committee Volunteers	Number of Staff	
				Full Time Equivalent	Part Time Equivalent

*Note: United Way recognizes that one volunteer may be involved in Fundraising, as well as the Board or Committees. As such the total number of volunteers may be less than the total of columns 2, 3 and 4. **Full Time Equivalent** is defined as employees that work at least 30 hours per week. **Part-time equivalent** is defined as employees that work fewer than 30 hours per week.*

A4. United Way Funding Priorities

Which of United Way for the City of Kawartha Lakes four (4) priorities does this funding request primarily address?

- All that Kids can Be
- From Poverty to Possibility
- Healthy People
- Strong Communities



A4. United Way Funding Priorities: continued

Briefly describe how your request for funding supports the funding priorities of the United Way.

Will this funding request benefit people living in: (please check ALL that apply)

- City of Kawartha Lakes
- Haliburton County
- Selected Areas (From the list below, please select the community(s) in which the service is delivered)
 - Bethany Coboconk Kirkfield Omemee Woodville
 - Bobcaygeon Fenelon Falls Lindsay Pontypool Other
 - Burnt River Janetville Little Britain Seabright Other
 - Cambray Kinmount Norland Valentia Other



A4. United Way Funding Priorities: continued

Please see attached copy of definitions for help filling in this section

Client Information Year 2015/2016								
Investment Area	Programs #	City of Kawartha Lakes (#)	Haliburton County (#)	People Served by Age (#)				
				Total People Served (#)	0-6	7-11	12-24	Other
ALL THAT KIDS CAN BE								
Success in School								
Community Engagement and Leadership Development								
Emotional and Physical Wellbeing								
Community Wide Strategies								
Other								
FROM POVERTY TO POSSIBILITY								
Food Security					X	X	X	X
Housing Stability					X	X	X	X



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Employment					X	X	X	X
Financial Literacy and Individual Support					X	X	X	X
Community Wide Strategies					X	X	X	X
Other					X	X	X	X
HEALTHY PEOPLE								
Aboriginal Peoples					X	X	X	X
People with disabilities					X	X	X	X
Seniors					X	X	X	X
Newcomer Settlement and Integration					X	X	X	X
Community Mental Health & Wellbeing					X	X	X	X
Sexual and/or Domestic Violence					X	X	X	X
Community Wide Strategies					X	X	X	X
Other					X	X	X	X



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STRONG COMMUNITIES								
Neighbourhood Development and Engagement					X	X	X	X
Organizational Capacity Building Leadership Development					X	X	X	X
Volunteer Engagement and Mobilization					X	X	X	X
211					X	X	X	X
Community Wide Strategies					X	X	X	X
Other					X	X	X	X



SECTION B: CORE/PROGRAM REQUEST INFORMATION

Is this request for funding in the City of Kawartha Lakes or Haliburton County?
Please explain:

When compiling your request for United Way funds — please do not use acronyms. Please ensure that requests for funds are truly reflective of your organization’s need.

Remember: United Way does not provide deficit funding, capital funding or operating reserve funding.

Core/Program(s) Description

1. Briefly describe the Program/Service(s) for which you are requesting funding support. *For agencies that are requesting **core funding**, please describe the typical program(s) and service(s) that are offered by your agency.* Be sure to address the overall purpose and objectives of the programs described and the length of time that your agency has operated these programs.



Core/Program(s) Need

2. What significant social need in our community does this program/service address? Identify trends and conditions in the community that contribute to the need for this program and who specifically in our community will benefit from this funding. Please describe in detail with supporting statistics to substantiate your request.

3. If you are requesting an increase in United Way funding, please provide the amount of the increase requested and a detailed explanation as to why the increase is needed (e.g. 10% rent increase). If you are requesting new funding, please indicate specifically how United Way Funds will be utilized.

Core/Program(s) Operations

4. Realizing that United Way wants to ensure that duplication of services are kept to a minimum, are any of your United Way funded programs/services provided by any other community agency in the community? If so, please describe the difference/similarity in these programs.



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5. A key concern for the United Way is equitable access to services for all residents within the City of Kawartha Lakes. What steps are taken by your organization to ensure equitable access to the programs/services for which you have requested funding?

6. If your agency receives government funding, please outline which government department or ministry provides the funding including any requirements/restrictions relative to that funding. Please explain what happens if your agency has excess Ministry/Government funds at the end of the fiscal year.

7. If your organization is part of a National or Provincial organization, describe the type and level of funding assistance that is available to your organization from that National/Provincial body.



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For Program(s) that overlap United Way Territories

Remember: each United Way is autonomous and establishes its own funding priorities and criteria.

8. For programs that overlap United Way jurisdictions please explain how you separate costs/revenues to ensure that the programs funded by this United Way are not funding a program outside of our jurisdiction.



SECTION C: OUTCOME MEASUREMENT SUMMARY

For applications for pilot or new United Way funding please skip to section D

1. Please indicate where your agency is in terms of its progress in implementation of Program Outcome Measurement.

- Phase Two Full Implementation

C.1 Indicator/Target Results

Complete one Indicator Table for each United Way funded program or core funded program.

Outcome: (State in the space provided below, the Outcome to which the Indicator Applies)	Indicators (Restate the two indicators which relate to this outcome)	Pilot Results (if applicable) (Describe the initial indicator results from your pilot – if you are in year one, two or full implementation do not complete)	Indicator/Target Results (Describe the ongoing numerical results for the two indicators which measure your outcome.)

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C.2 Analysis of Outcome Measurement Results and Lessons Learned

This section is to be completed by all agencies currently working with Outcome Measurement.

1. Did you achieve your expected Outcome(s) results in this reporting period?

- All Results Achieved
- Some Results Achieved
- No Results Achieved

2. If you were unable to meet **all** of your expected Outcome(s) and results, please provide a detailed explanation why this occurred. Be sure to include relevant information related to influencing factors and any internal or external issues that may have impacted your progress.

3. Over this reporting period, were changes made to any Outcome(s), indicator(s) or target(s).

- Yes (please complete **question 4 and question 5**)
- No (please complete **question 5**)

4. Describe the changes made to your program logic model including an explanation of why the changes were necessary.

5. What are the key findings from your Outcome evaluation activities in this reporting period? Include any unexpected results (positive or negative) where applicable. If applicable, explain how your key findings have or will impact the operation of the program or the organization as a whole.



C.3 Outcome Measurement Data Collection Methods

Please complete one table for all United Way funded programs. Place an “x” under each data source utilized to measure the outcome.

* **Note:** Program participants includes: clients, parents, guardians, teachers, counselors or others who interact with clients

Outcome	Data Source				Data Collection Method(s) Used	# Distributed (i.e. # of Surveys)	# Returned (i.e. # of completed Surveys)
	Program participants	Program Records	Staff/volunteers	Observations/Trained Observers			

1. Briefly describe any changes that are planned for data collection methods and/or tools, explaining why the changes are necessary. Mandatory if your Outcome Measurement is not accurate.



SECTION D: For Pilot or new United Way funding ONLY

D.1 Program Outcome Logic Model(s)- To be completed by Agency with new program funding

Inputs List RESOURCES used or required by the program.	Activities List the SERVICES or ACTIVITIES offered by the program.	Outputs Describe the VOLUME of work accomplished by your activities.		Outcome(s) Describe the change in client behaviour or status as a result of your program.	Indicator(s) Describe the DATA collected that proves how well the program is achieving its outcomes.
		#	Unit of Service		

D.2 Analysis of Outcome Measurement Results and Lessons Learned

This section is to be completed by all agencies currently working with Outcome Measurement.

1. Over this reporting period, were changes made to any Outcome(s), indicator(s) or target(s).

- Yes (please complete question 2 and question 3)
- No (please complete question 3)

2. Describe the changes made to your program logic model including an explanation of why the changes were necessary.

3. What are the key findings from your Outcome evaluation activities in this reporting period? Include any unexpected results (positive or negative) where applicable. If applicable, explain how your key findings have or will impact the operation of the program or the organization as a whole.



D.3 Outcome Measurement Data Collection Methods

Please complete one table for all United Way funded programs. Place an “x” under each data source utilized to measure the outcome. Please complete only the sections within the table that relate to your outcome, data sources and data collection methods.

* **Note:** Program participants includes: clients, parents, guardians, teachers, counselors or others who interact with clients

Outcome	Data Source				Data Collection Method(s) Used	# Distributed (i.e. # of Surveys)	# Returned (i.e. # of completed Surveys)
	Program participants	Program Records	Staff/ volunteers	Observations/ Trained Observers			

1. Briefly describe any changes that are planned for data collection methods and/or tools, explaining why the changes are necessary. Mandatory if your Outcome Measurement is not accurate.



SECTION E: FINANCIAL INFORMATION

E.1 Agency Wide Financial Information

Please provide historical financial information for the past two (2) years plus one (1) year budget in the tables below. Financial information is to be based on your agency's financial statements.

REVENUE											
Year	Total	United Way Funding (including designations)		Government Funding		Fundraising/ Donations		User Fees		Other Sources Funding	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%
Budget or projections for next year											
Current Year Actual											
Previous Year Actual											

EXPENSES									
Year	Total Expenses	Salaries & Benefits		Program Costs *		Occupancy Costs		Other Costs **	
	\$	\$	%	\$	%	\$	%	\$	%
Budget or projections for next year									



Current Year Actual									
Previous Year Actual									
R E S E R V E S									
Year End	Total Reserves *	Operational			Capital/ Equipment			Other**	
Current Year									
Previous Year									

* Total Reserves equal “fund balances” or “net assets” as a fiscal year end. ** If the reserve is a restricted reserve, please clarify the purpose.

E.2 Projected Program Revenue & Expenses

Please complete expense chart(s) for **each program/core service** funded by the United Way, i.e. if United Way funds three (3) programs, this form will need to be completed three (3) times, once for each program. Provide explanatory notes for all projected revenue and expenses. Please itemize all program expenses and explain how you arrived at the amount of each program expense (i.e. Salary \$12480=20 hours/week@ 12/hr x52 weeks).

Name of Program/Core Service:

P R O J E C T E D R E V E N U E											
Year	Total	United Way Funding (including designations)		Government Funding		Fundraising/ Donations		User Fees		Other Sources Funding	
	\$	\$	%	\$	%	\$	%	\$	%	\$	%



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Year One Projections											

PROJECTED E X P E N S E S									
Year	Total Expenses	Salaries & Benefits		Program Costs*		Occupancy Costs		Other Costs **	
	\$	\$	%	\$	%	\$	%	\$	%
Year One Projections									

* Program Costs e.g. printing, workshop materials, refreshments

** Other Costs (Core only) e.g. membership fees.



F2. What a dollar provides for UW Funded Agency clients...

Examples –

- \$1 A WEEK provides four life skills workshops for at-risk youth.
- \$2 A WEEK sends a visitor once a month to assist a senior with tasks in their home.
- \$5 A WEEK allows two children to receive math tutoring for two months.
- \$10 A WEEK... \$12 A WEEK...\$15 A WEEK... \$20 A WEEK... etc.

PLEASE COMPLETE: What does a dollar a week provide to your agency clients?

F3. A short success story or personal testimonial...

EXAMPLE OF A SUCCESS STORY – WRITTEN BY A PARENT

'I can relax knowing that my son can either call every day or be called every day and that he will be respected and engaged in normal conversation. These calls over the years have helped him live independently and allowed his father and I to be content about his physical and mental wellbeing.....'" A grateful mother

Please include your Success Story or Testimonial (please limit story to a maximum of one page): Please do not resubmit previously used success stories or testimonials.

Clients in this story **MUST** allow their image and story to be used in our campaign communication plan. We may also include these stories on Social Media, the UW website, brochures, posters and as part of the communication materials to local media. Please attach at least one photo and an image release form. (Image release form attached).



F4. Wait List Information

Wait List Information			
United Way Funded Program	Total # Individuals on Wait List	Minimum Wait Time for Program	Maximum Wait Time for Program

Have you had to reduce services or increase wait list times? If so, please provide examples and include statistics.

Example: Wait list times have increased from one month to three months as funding for one counselor’s position has been cut.

Your waitlist examples...



SECTION G: Membership/Governance Checklist

The membership/governance checklist is provided to determine the effectiveness of internal operations and governance practices. Answering “no” to a question does not suggest an agency is doing anything wrong, it forms the basis for determining agency needs. To complete the checklist, review each statement and select the appropriate response.

Registered Charitable Status				
Organizational Review Criteria		Yes	No	NA
1.	Our agency is a legally constituted and incorporated as a charitable organization.			
2.	Our agency meets the Canada Revenue Agency (CRA) disbursement quota.			
3.	Our agency issues income tax receipts in accordance with CRA guidelines.			
4.	Our agency submits the T3010 annual information return to CRA within 6 months after the end of its fiscal period/year end.			
5.	Our agency maintains its books and records as required by CRA and the Income Tax Act.			
6.	Has your agency ever had its charitable status revoked by the CRA?			
Comments:				
Legal Requirements				
Organizational Review Criteria		Yes	No	NA
7.	Our agency complies with the operating and reporting requirements of all relevant federal, provincial and municipal legislation.			
8.	Our agency adheres to privacy policies that meet the requirements of the relevant federal and provincial privacy legislation.			
9.	Our agency and its policies comply with provincial legislation related to employment, health and safety, and human rights.			
10.	Does your organization have any current legal or human rights issues?			
Comments:				
Human Resources				
Organizational Review Criteria		Yes	No	NA
11.	Our board annually reviews the performance of its Executive Director.			
12.	Our organization has and follows human resource policies and procedures.			



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13.	Our organization has and follows volunteer policies and procedures			
14.	Employees are made fully aware of established Human Resources policies and procedures.			
15.	All staff and volunteers are recruited using legally compliant methods including interviews, job descriptions, reference checking, etc.			
Comments:				
Governance				
Organizational Review Criteria		Yes	No	NA
16.	Our agency has an active, responsible, voluntary board which ensures effective governance over the organization.			
17.	Our board reviews financial statements on at least a quarterly basis.			
18.	Our board approves the annual budget.			
19.	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 _____			
20.	Our board operates according to conflict of interest policy.			
21.	Our organization currently has the following insurance coverage: Directors and Officers and General Liability Insurance Coverage.			
22.	We work with vulnerable clients and have a prevention of abuse policy and related insurance coverage.			
23.	Our board regularly reviews organizational insurance coverage with our board and broker.			
24.	Our organization accesses professional legal advice when required.			
25.	Our board sets limitations on terms of office for board members and ensures that those limitations are honoured.			
26.	Our board uses committees and establishes terms of reference.			
27.	Our board has formal policies and procedures to govern the decisions of the organization Date of last review:			
Comments:				
Financial and Infrastructure				
Organizational Review Criteria		Yes	No	NA
27.	We separate United Way funding on our financial statements.			
28.	We provide programs on a fee for service basis using a fee for service policy.			
29.	Our organization uses paid fundraisers (staff or third party).			
30.	Our agency has an investment policy. Date of last review: _____			
31.	Our agency has policies for use of both restricted and unrestricted reserves.			
Comments:				



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Mission, Vision and Planning				
	Organizational Review Criteria	Yes	No	NA
32.	Our board establishes and periodically reviews an organizational mission, vision and/or value statements. Date of last review _____			
33.	Our agency has established a strategic plan to achieve our mission in the community. Date of last strategic plan: _____			
34.	Our agency regularly reviews the strategic plan to determine progress in achieving key goals and objectives.			
35.	Our organization uses a formal program evaluation tool.			
36.	Our organization uses outcome measurement to gauge the impact of programs on the lives of clients.			
Comments:				
United Way Support				
	Organizational Review Criteria	Yes	No	NA
37.	Our organization uses the United Way logo on all promotional and print materials.			
38.	Our organization organizes an internal United Way Campaign, with participation from staff and volunteers.			
39.	Our organization encourages staff and volunteers to support the community fund.			
Comments:				



FUNDED AGENCY SUBMISSION: CHECKLIST

- (3) 8 ½ X 11 copies of your completed application for funding
 - Single sided, page numbered. Do not bind copies, do not submit promotional material
 - Faxed/Emailed copies will not be accepted
- Approved upcoming fiscal year budget and two (2) year historical financial statements
 - Audited Financial Statements or review engagement financial statements from an accredited accounting firm.
- Year to Date Financial
- Review engagement financial statements or Audited Financial Statements **AND** Budget
- Minutes of AGM or Board meeting approving yearly financial statements and accounting firm.
- A current job description for **any** position(s) that are currently funded or will be funded with United Way dollars.
- If you are applying for monies from other funding bodies that will co-fund your United Way request, please attach a brief summary detailing: the funder applied to, the total dollars requested, a list of budget items that will be co-funded (i.e. salary, program costs, etc) and an indication of when you anticipate receipt of the funding. Please provide an explanation as to what steps your agency will take if more than one potential funder provides dollars for your funding request.
- For National or Provincial organizations** we also require income/expense statements specifically for City of Kawartha Lakes operations and/or Haliburton County (can be un-audited). Note- Submissions not providing separate financial statements for CKL and/or Haliburton County operations will not be considered.
- Annual report – including program information and statistics
- Board of Directors List: including addresses, occupations, terms of office, and board position
- Supplementary Fundraising Plans (form attached)



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- Speakers Bureau Representative: Forward the name and contact information of a client, staff member or volunteer who have a powerful personal story to share and are willing to participate in our speakers bureau.
- The purpose of the "Funding Review" is to consider the program/core funding requirements of the agency, as it pertains to United Way financial support. Agencies are expected to provide both financial and statistical information pertaining to their operations within the City of Kawartha Lakes and/or Haliburton County*

Please ensure you have satisfied all requirements before signing. Applications with missing information will not be considered.

Declaration and Signature

I confirm that the information contained in this application and accompanying documents is true, accurate and complete. I acknowledge that approval of this application commits our organization to abide by the policies and regulations established by the United Way.

 Please Print Name

 Signature of CEO/ED Signature

 Date

 Please Print Name

 Signature of Board Chair

 Date