



United Way
City of Kawartha Lakes

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**Telecare Mona Hall
Legacy Fund
Application Form 2018/19**

APPLICATION DEADLINE: November 30, 2018 at 12:00 p.m.

United Way for the City of Kawartha Lakes
50 Mary St. W, Lindsay, ON K9V 2N6
705-878-5081

www.ckl-unityedway.ca • facebook.com/UWCKL • pbartondyke@ckl.unityedway.ca



Telecare Mona Hall Legacy Application

GENERAL INFORMATION

- Use the fillable form or print clearly • Incomplete applications will not be processed •
- Applications received past the deadline will not be considered •

Project Name:	
Organization/School/Association:	
Charitable Registration Number or other (Business Registration Number):	
Address:	
Phone:	
Fax:	
Website:	
Contact Person and Title:	
E-mail:	
Secondary Contact Person and Title:	
E-mail:	

Additional documents to attach:

1. Mission, vision, or goal statement
2. Previous year's Financial Statements
3. Project Budget if available - Will still need to complete Section D: Financial Requirements
4. List of the organization's Board of Directors or description of governance



A. PROJECT INFORMATION

1. Describe the project for which you are requesting funding and include what need/problem this project would address. Include whether this is a new project or enhancement to an ongoing project.

2. What geographical area, within the City of Kawartha Lakes, will this program serve?

3. What demographic sectors in the City of Kawartha Lakes will this serve?

4. Please indicate expected beginning and end dates of project activities.

5. Will this project require sustainable funding? If so, how will your organization sustain this project once the United Way Telecare Mona Hall Legacy has ended?



B. COMMUNITY NEED

1. Explain how this project fulfills a community need? Identify the community need and provide research or statistical information to support this identified need?

2. Currently are there any other programs/services comparable to this within the community? If yes please describe.

3. What differentiates your project from other similar programs or services?

4. How many people do you anticipate this project will assist and/or impact- based on what evidence?



C. ACTION/WORK PLAN

Planning Stage

Action	Lead Person	Due Date

Marketing

Action	Lead Person	Due Date

Implementation

Action	Lead Person	Due Date

Follow-up

Action	Lead Person	Due Date



D. FINANCIAL REQUIREMENTS

1. Are there any other organizations or partners involved in this project? If so, describe their involvement (i.e. Financial, In Kind service, etc.)

2. Have you approached other funders for this project? If so, provide details of the request(s) and the status.

Projected budget for project. (Please attach separate page with budget if necessary).

Itemized Expense Description	Total Expense	Organization Share	Other Funding Source /In Kind	Funding Confirmed	Amount Requested
Example for eligible expense	\$500	\$200	\$50	Yes	\$250
Example for ineligible expense (see page 2 of Letter of Intent for list of expenses that are not eligible)	\$2000	\$1000	\$1000	No	0
Totals			Confirmed Unconfirmed		\$5,000 Total Grant Amount

Include in your budget both eligible (staff, materials, supplies, etc.) and ineligible (capital, travel, etc.) expenses.

E. METHOD OF OUTCOME MEASUREMENT / EVALUATION

Please complete the chart below projecting your results.

Inputs	Activities	Outputs	Outcomes
List resources used.	Action item - what the program does with the inputs to fulfill its mission.	Volume of work accomplished - numbers and statistics.	What are the benefits or changes; both short term and long term?
Community garden Seeds, soil, fertilizer, gardening tools	Work plans, lessons, harvesting, cooking	30 people assumed 30 garden plots	Short term - 30 people had access to safe nutritious food (Plus 30 additional family members impacted) Long-term - 30 people obtained knowledge of nutrition, gardening, and cooking leading to overall improved health



1. What do you see as possible challenges/barriers for this project?

2. What procedures will you have in place to monitor the process?

3. What criteria will you use and how will you evaluate the effectiveness of the process?

4. If required how will you modify the process?

Certification

I certify, to the best of my knowledge, the information provided in this application is accurate and complete, and this funding request is endorsed by the group I represent.

I also certify that if this request is approved, I will provide a mid-year progress report (verbal report to the Telecare Mona Hall Committee members) and a year-end financial report (written report), the due dates for which will be outlined and agreed to in the final contract for the funding application.

I understand that should this request be approved and then for any reason the project activities cannot be continued or completed, I am responsible for returning all unused funds to the United Way for the City of Kawartha Lakes, to be used to fund future projects approved under the Telecare Mona Hall Legacy Fund.

Team Leader Name:	
Team Leader Signature:	
Date:	

FOR OFFICE USE ONLY:

APPLICATION RECEIVED:	
APPLICATION REVIEWED:	
RECOMMENDATION:	
LETTER SENT:	