

United Women Helping Others – Application for Funding

Agency/Organization Name: _____

CRA Charity Number (if applicable): _____

Mailing Address: _____

Telephone Number: _____

Primary Contact Person: _____

Email address: _____

Organization's Purpose /Mission Statement:

What is the program? Please provide a detailed description.

Who will benefit from this program? What is the estimated number of people who will benefit?

What community need does this program address? How was it determined that there is a need for this program in the community?

Describe the intended initial outcome(s) for this program and explain how they will be measured.

Are there long-term outcomes for this program? Explain how they will be measured.

How will this funding be used? Please include a budget.

Completed Applications to be submitted to: shantal@ckl.unitedway.ca