

Matching Grant Application Form

This new matching collaborative grant will award up to \$10,000 per project, contingent on the collaborating agencies providing a matching amount of funds to what has been requested in this application. For the purposes of this grant, matching must be completed in capital, not in-kind.

The focus of this grant is to encourage organizations to work together to increase their capacity and deepen their relationships to each other and their communities, together. Funds awarded through this grant may also be used to leverage further funds in other, larger, matching grants.

Each application requires a minimum of three collaborating agencies, at least one of which must be registered as a charitable organization with the CRA, to receive funds. All partner agencies will be required to sign a Declaration of Contribution that will assure of their willingness and ability to contribute financially to the collaboration.

Lead Agency Information*

| | | |
|-------------------|------------------|---------------------------|
| Organization Name | | Charitable Registration # |
| Contact Name | Contact Position | Organization's Website |
| Mailing Address | City | Postal Code |
| Phone | Email | |

*this is the agency that will receive the funds from the grant and therefore must be CRA registered as a charitable organization.

Agency Information

| | | |
|-------------------|------------------|---|
| Organization Name | | Charitable Registration # (if applicable) |
| Contact Name | Contact Position | Organization's Website |
| Mailing Address | City | Postal Code |
| Phone | Email | |

Agency Information

| | | |
|-------------------|------------------|---|
| Organization Name | | Charitable Registration # (if applicable) |
| Contact Name | Contact Position | Organization's Website |
| Mailing Address | City | Postal Code |
| Phone | Email | |

If this collaboration includes more than three partner agencies, please append this same information to your application in an extra document by copying and pasting the above table into a blank page.

Project Information

| | | |
|--------------|-------------|-----------|
| Project Name | Start Date* | End Date* |
|--------------|-------------|-----------|

*successful applications will include projects that can be completed within an 18 month timeframe.

Project Description (250 words or less)

| | |
|--------------------------|---|
| Total Project Cost \$ | Amount Requested from United Way for the City of Kawartha Lakes \$ |
|--------------------------|---|

Projected budget for project. (Please attach a separate page with your 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 |
| | | | | | |
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| | | | | | |
| | | | | | |
| Totals | | | | | |

Does your organization have reserves? Yes No

Value of Restricted reserves: \$

Value of Unrestricted reserves: \$

Collaboration

Please list all confirmed partners and include a brief description of their role. (How is the partner contributing to the initiative?)

Will this project represent a new collaboration or the continuity of an existing collaboration between agencies? If continuing, briefly describe the agencies history of collaboration.

Organization's Mission Statement (include for each collaborative partner):

Strategic Focus Area

Please select one pillar you feel best fits the funding request.

| | |
|---|--------------------------|
| <i>Helping Kids Be All That They Can Be:</i> Guiding children and youth down a healthy path as they grow and transition successfully to adulthood. | <input type="checkbox"/> |
| <i>Moving People From Poverty to Possibility:</i> Increasing stability through housing support, food security, and training for employment. | <input type="checkbox"/> |
| <i>Building Strong Communities:</i> Improving opportunities for people to access local resources, programs, and services that empower them to be part of a caring, inclusive community. | <input type="checkbox"/> |

Please select which sections of poverty reduction that your program addresses.

| | |
|-------------------------|--------------------------|
| Food Security | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> |
| Housing | <input type="checkbox"/> |
| Children and Youth | <input type="checkbox"/> |
| Employment and Training | <input type="checkbox"/> |

Briefly explain how this request addresses the previously identified areas:

Successful applications must incorporate an aspect of community consultation and/or the involvement of individuals or groups with lived experience. How will your collaborative project incorporate the community into its decision-making process?

Intended Goals and Outcomes

Building on the project description on page 1, please explain the goals and projected outcomes in more detail. Goals lead to outcomes. Please list below.

| Goal(s) ex: financial literacy | Projected Outcome(s) ex: increased awareness of basic financial management practices |
|--------------------------------|--|
| | |
| | |
| | |
| | |

Impact

Please tell us who will be served by this program/service? Who is your target population? (Include projected number of lives impacted).

Do you have a waiting list for services? Yes No

Additional documents to attach:

1. Previous year Financial Statements
2. List of the organization's Board of Directors and/or description of governance
3. Annex 1 Declaration of Contribution

