

## 2025/2026 COMMUNITY CAPACITY Grant Application Form

### Agency Information

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

### Project Information

Project Name	Start Date	End Date
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Project Description (250 words or less)

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Total Project Cost	Amount Requested from United Way for the City of Kawartha Lakes (\$5,000 max)
\$	\$

**Briefly explain your organization's typical activities/programs/services (in 200 words or less):**

**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
<b>Totals</b>					

Does your organization have reserves? Yes ☐ No ☐

Value of Restricted reserves: \$

Value of Unrestricted reserves: \$

**Organization's Mission Statement:**

**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:

### 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 ☐

**Collaboration**

Is this program/service part of a collaboration with other partners? If yes, please list all confirmed partners and include a brief description of their role. (How is the partner contributing to the initiative?)

What is your plan if this United Way funding is not available? We expect competition to be vigorous and not all agency requests will be filled.

**Additional documents to attach:**

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

**Authorization**

By signing this application, I agree to the terms outline in the Grant Application Guidelines. I authorize United Way for the City of Kawartha Lakes to publish the applicant organization's name, the project description, location, and grant amount.

Name	Signature of CEO/ED	Date
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Name	Signature of Board Chair or other Signing Authority	Date
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Date of Submission:

This document should be submitted by email to Shantal Ingram at [shantal@ckl.unitedway.ca](mailto:shantal@ckl.unitedway.ca)  
Please ensure that your application is complete before emailing.

Thank you for submitting a grant application.  
United Way will confirm receipt within 5 business days.  
Please follow-up with United Way if you do not receive a confirmation notice.