



Community Impact Grants 2016-2017

Instructions for Completion of the Application:

Page 1:

Complete all relevant sections:

- The contact person listed should be the individual who is most knowledgeable about the submission.
- Ensure the amount requested is the same total which is shown on the Budget page
- Ensure the total cost of the program is the same as the total budget amount on the financial page (page 7).

Page 2:

- In order to receive funding from United Way Chatham-Kent the applicant/organization **must be a registered charitable organization** or be sponsored by a registered charitable organization.
- Please indicate the date that your organization was incorporated and the registered charitable number (Business Number – BN), or those of the sponsoring organization.
- Complete the listing of your Board or Advisory Committee members (governance). *Both* the Program Executive Director/CEO and the charitable organization's Board President/Chair must sign this application.

Pages 3, 4 & 5:

- Description of this initiative: Briefly explain what the service is, in general terms (e.g. this is a day care program for children aged 0-4 operating Monday through Friday, 8:00 am. - 6:00 pm.) This section should **not** include specific activities.
- Is this a new program? If no, please explain. The applicant should explain how the program has been operating to date and why a time limited grant is required. Keep in mind that funding is not available to support an already existing program or to replace existing funding (see Guidelines for Applicants).
- Is this the first time you have applied for a Community Impact for this program? If this is a second year funding proposal **answer "no" and tell us the date when you last applied for a Community Impact Grant for this program/initiative.**
- How long will it take to accomplish this initiative? Note whether this will be one-time event (e.g. November 15, 2015); or will start up and finish during part of the year (e.g.

August – December, 2015); or will start up and finish within the year (September 1, 2015 – August 31, 2016).

- If funding is required beyond the period of this initiative, which other resources have you investigated? Note here if any further funding for the initiative is likely to be required. Complete this question by indicating the sources you have contacted or considered as appropriate funders of this service, if it is deemed successful.
- Please describe the people who will benefit from this initiative. What segment of the population is the primary recipient of the service? This should be expressed in categories such as age groups, geographic limits, other restrictions or limitations or special interests (e.g. children 0-4 of low-income single mothers in the geographic area bounded by Queen to Lacroix and Park Ave. to Tweedsmuir Ave.)
- Estimate the number of people who will benefit from this initiative. Estimate the number of people within the target population who will be recipients of the program/service.
- Please explain how you know there is a need for this initiative. It should be noted here whether there was a formal needs assessment conducted which has identified this as a service gap, or by what other means the need for the service was made apparent.
- How has the community shown support for this initiative? This is self-explanatory. Have other service providers recognized the need for service and been in contact with you to discuss, refer clients, or write unsolicited letters to support your funding request? Have community members volunteered to help operate the service?
- The next three questions all deal with how and where this initiative fits into the existing service network. Answers should demonstrate that this request will not unnecessarily duplicate already available services and, where appropriate, will identify other participating organizations which will be involved in the delivery of this initiative.
- Who will be involved in delivering this initiative and what are their responsibilities? This is where a list of key volunteers and/or paid staff should be provided, with a brief description of their responsibilities.
- What other resources are required? How will these be obtained? Please indicate what building and/or equipment or other needs are required.
- The anticipated outcome of the service should be stated here in terms of what this initiative will accomplish (**OUTCOMES**), and what specific activities will be provided in order to achieve the desired outcomes (**ACTIVITIES**). In addition, note how you will know when you have achieved your desired outcome(s) (**MEASUREMENTS**) (e.g. case audits, evaluation of client/group goals and objectives, starting and finishing surveys, etc.).

- In detail, but no more than two pages, describe how this program, service or initiative will address **United Way's Focus Area and Goal** that has been chosen (see Appendix A for descriptions). Although your initiative may possibly fit into more than one goal, please choose the one that *most appropriately* aligns to your initiative.

Page 7:

- Program, service or initiative budget. Please note the amount of income expected from the listed levels of government, in addition to *all other* sources of revenue. Please ensure *all* potential expenditures for the program are listed. While *additional* staffing may not be required (perhaps the implementation will be managed by volunteers), staff will still have oversight and therefore there are operational costs associated.
- **Note:** This budget information refers to the proposed initiative *only*. If you are applying for second year funding, please duplicate this page, label it "Year One", and provide actual revenue and expenditures for year one of the initiative.
- Be sure to include Audited Financial Statements for the most recent fiscal year-end for your organization or the sponsoring organization. If the total annual agency budget is below \$150,000, please include, in lieu of complete audited financial statements, a balance sheet, income statement and appropriate prepared notes, signed by the organization's treasurer.

Appendix A:

- Please complete Appendix A and return with your application. As per instructions for page 6, please choose the goal and focus area that most closely aligns to your initiative.