



United Way Chatham-Kent Grant Application Women's Leadership Council

Please complete and submit IN CONFIDENCE to karen@uwock.ca
or mail: Karen Kirkwood-Whyte, CEO, United Way Chatham-Kent, Box 606, Chatham, ON N7M 5K8

Referral Agency Name:		Registered Charitable No. (if applicable)
Client Name: (if applicable)		BN #

Nature of the request: (please list programs supported/items purchased/services provided)

1. _____
2. _____
3. _____

Total Funding requested: _____ \$

Form Completed by: _____ **Email:** _____ **Phone:** _____

Projected Outcomes

1. How many people will you serve with this grant?

2. Have you explored other funding opportunities? If so, what response did you receive?

3. What outcome(s) or impact(s) do you hope to achieve with this funding?

4. When do you require this funding?

5. If funding is for an individual, would she/he be willing to provide a personal testimonial (photo and/or written and/or spoken)?

BUDGET - For the period of:

REVENUE (All Sources)	BUDGET	ACTUAL (to be completed post-grant)
Federal		
Provincial		
Municipal		
User Fees		
Membership Fees		
Special Events		
Donations (Please specify)		
Other: (Please specify)		
Total United Way Grant Request		
TOTAL REVENUE		
EXPENDITURES	BUDGET	ACTUAL (to be completed post-grant)
Salaries		
Employee Benefits		
Building Occupancy		
Office Expenses		
Photocopying/Printing		
Phone/Fax/Internet		
Promotion/Publicity		
Travel/Transportation		
Purchased Services		
Program materials		
Other: (Please be specific)		
•		
•		
•		
TOTAL EXPENDITURES		