A picture containing drawing

Description automatically generatedUnited Way of Chatham-Kent   
Emergency Community Support Fund (ECSF)  
– Community Program Application

COVID-19 is top of mind for everyone and is affecting the way we all support those who are vulnerable in our communities. This pandemic has created an increase in demand for local services, shortages in supplies, and disruption in service.

United Ways and Centraides in Canada are pleased to provide support to local community service organizations that provide rapid**,** emergency community support to vulnerable community members. Applications are made available and reviewed locally. Our aim is to make this application process simple. The application should take 15-30 minutes to complete.

These funds are being distributed as part of Employment and Social Development Canada’s (ESDC) Emergency Community Support Fund (ECSF). Before you begin, we encourage you to read the [Frequently Asked Questions](https://www.unitedway.ca/ecsf-faqs/) to fully understand what activities and expenses are allowable under this emergency funding for qualified donees.

**INSTRUCTIONS: This application has five sections**

* Section 1 – Eligibility
* Section 2 – The qualified donee (your organization)
* Section 3 – Service information
* Section 4 – Grant request, budget and financial information
* Section 5 – Authorization and confirmation
* Application Open Date: October 5, 2020
* Applications Due: October 30, 2020
* Applications Decisions: November 27, 2020

If you have questions or need support in completing this application, **please contact**:

Patricia Peters

Director, Resource Development

**United Way of Chatham-Kent**

uwock.ca | 519-354-0430 x253 | [patty@uwock.ca](mailto:patty@uwock.ca)

uwock.ca/contact-us/grant-application

# SECTION 1 - ELIGIBILITY

##### 1.1 Organizations are eligible to complete this application if the organization (please check):

is a registered charity in Canada or other qualified donee,

maintains a volunteer Board of Directors that meets regularly,

hosts a public Annual General Meeting,

has financial statements that have been audited by a licensed public accountant (or financial review for charities or not-for-profits with annual revenues less than $100,000),

commits to providing eligible emergency supports to one or more groups of vulnerable people, as defined by ESDC, with funding used in full by March 31, 2021,

has not already received funding for the same activities from the Government of Canada or other source (i.e. the organization is not receiving funding for the same activity from more than one source),

commits that government funding for the activities proposed in this application will not exceed more than 100% (including any mix of municipal, provincial or territorial, or federal funding),

grants permission for this application and contact details to be shared with Community Foundations Canada and Canadian Red Cross for funding consideration and coordination.

##### 1.2 Has the organization applied to any other funder (i.e. Canadian Red Cross or Community Foundations Canada) for this specific request?

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please state which funder: |  | and the amount: | $ |

If yes, please indicate if this application covers different expenses within this service.

Yes  No

# SECTION 2 – THE QUALIFIED DONEE (Your Organization)

##### 2.1 Who is the contact person for this application?

|  |  |
| --- | --- |
| Contact Name: |  |
| Contact Position Title: |  |
| Email: |  |
| Phone Number: |  |

##### 2.2 Which organization is the qualified donee?

|  |  |
| --- | --- |
| Organization Name (legal name): |  |
| Street Address or P.O. Box: |  |
| Community/Region Name: |  |
| Province or Territory: |  |
| Postal Code: |  |
| Agency Website: |  |
| Other Social Media: |  |
| Charitable Number / Incorporation Number: |  |
| Organization Mission (maximum 25 words): |  |

# SECTION 3 – SERVICE INFORMATION

|  |  |
| --- | --- |
| Service Name: |  |
| One-Line Description (max 25 words): |  |

##### 3.1 Vulnerable Populations Served

**Use the columns to select Primary (up to three) and All who apply:**

| **PRIMARY (max 3)** | **ALL WHO APPLY** |  |
| --- | --- | --- |
|  |  | ***Populations by Children, Youth, or Elderly*** |
|  |  | Children and youth: all |
|  |  | Children and youth: ageing out of care |
|  |  | Children and youth: ages 0 to 18 |
|  |  | Children and youth: ages 19 to 29 |
|  |  | Seniors and Elders: not in care |
|  |  | Seniors and Elders: living in care |
|  |  | ***Populations Requiring Specific Care or Supports*** |
|  |  | People experiencing homelessness |
|  |  | People with low income or living in poverty |
|  |  | People living with mental illness |
|  |  | People struggling with addiction |
|  |  | Persons with disabilities |
|  |  | People experiencing domestic or gender-based violence |
|  |  | People living in group homes or supportive living (under the age of 55) |
|  |  | Prison populations (detained and incarcerated) |
|  |  | Veterans |
|  |  | ***Indigenous People*** |
|  |  | Indigenous: All |
|  |  | Indigenous: First Nations |
|  |  | Indigenous: Inuit |
|  |  | Indigenous: Metis |
|  |  | ***Racialized Communities*** |
|  |  | All |
|  |  | South Asian |
|  |  | Chinese |
|  |  | Black |
|  |  | Filipino |
|  |  | Latin American |
|  |  | Arab |
|  |  | Southeast Asian |
|  |  | West Asian |
|  |  | Korean |
|  |  | Japanese |
|  |  | Groups not otherwise specified |
|  |  | ***Gender, Sexual Identity, and Newcomers*** |
|  |  | Members of LGBTQS+ communities |
|  |  | Newcomers: All |
|  |  | Newcomers: Permanent Residents (immigrants and refugees) |
|  |  | Newcomers: Temporary Residents |
|  |  | Women and Girls |
|  |  | ***Vulnerable Workers*** |
|  |  | Essential Workers |
|  |  | Temporary Foreign Workers |
|  |  | Workers in the informal labour market |
|  |  | ***Linguistic Minorities*** |
|  |  | Official Language Minority Communities (OLMCs) |
|  |  | Other linguistic minorities |
|  |  | ***Other*** |
|  |  | Caregivers |
|  |  | Students (post-secondary) |
|  |  | Specify: |

##### 3.2 Service Types and Outputs Tracking

**Select all of the services that apply and a minimum of three outputs for tracking:**

| **Type of Service** | **Output Tracking** |  |
| --- | --- | --- |
|  |  | ***Food Security*** |
|  |  | # of meals provided (please identify source i.e. groceries, food bank, etc.) |
|  |  | # of food baskets/hampers provided |
|  |  | # of essential items provided (please describe the essential items) |
|  |  | # of deliveries made |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Financial Wellness*** |
|  |  | # of individual or families connected to income support programs |
|  |  | # of information or financial counselling sessions provided |
|  |  | # of referrals made |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Home Care or Personal Support*** |
|  |  | # of essential items provided (please describe the essential items) |
|  |  | # of homecare visits provided/enabled |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Health & Hygiene*** |
|  |  | # of health information sessions provided |
|  |  | # of medical item deliveries made |
|  |  | # of hygiene item deliveries made (please describe the hygiene items) |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Information & Navigation*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of referrals made with unique individuals |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Legal Support*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of referrals made |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Mental Health & Wellness*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of unique calls |
|  |  | # of remote counselling sessions with unique individuals*​* |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Shelter*** |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of nights of shelter provided |
|  |  | # of individuals sheltered |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Personal Safety*** |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of safety referrals made |
|  |  | # of safety assessments made |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Social Inclusion & Learning*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of virtual social activities provided |
|  |  | # of learning aids provided |
|  |  | # of learning activities offered |
|  |  | # of learners engaged |
|  |  | # of volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Transportation*** |
|  |  | # of persons transported |
|  |  | # of errands run |
|  |  | # of volunteers trained |
|  |  | Other; # and detail: |
|  |  | ***Other, Specify:*** |

##### 3.3 Types of Activities

**Select all which apply**

|  |  |
| --- | --- |
|  | Community outreach and engagement |
|  | Delivering new models, tools, programming, services or resources |
|  | Developing new models, tools, programming, services or resources |
|  | Disseminating information and knowledge |
|  | Volunteer engagement and recruitment |
|  | Other, Specify: |

##### 3.4 Geographic Areas of Service

**Select all which apply**

|  |  |
| --- | --- |
|  | urban areas (population over 1,000 people) |
|  | rural and remote areas (population under 1,000 people) |

##### 3.5 Service Dates:

|  |  |
| --- | --- |
| **Start Date**  (for which funding applies)**:** | DD/MM/YY |
| **End Date**  (for which funding applies)**:**  (final end date, 31/03/21) | DD/MM/YY |

##### 3.6 Service Description:

|  |  |
| --- | --- |
| Who the service will help (max 250 words): |  |
| And, how it will help them, or what the activities are  (max 250 words): |  |
| And, the difference, benefit, it will make in lives (max 250 words): |  |
| How many unique individuals do you anticipate serving? |  |
| How many service interactions do you anticipate providing? |  |
| Optional: How do you know this is needed, in relation to COVID-19 (Answer with statistical, story, or anecdotal evidence as you see fit. Max 250 words): |  |

##### 3.7 Is this an existing service?

Yes  No

|  |  |
| --- | --- |
| If yes, how many additional people does the service anticipate reaching as a result of this application? |  |

##### 3.8 Is this program/project being delivered by a coalition of agencies or through a partnership table in your community?

Yes  No

|  |  |
| --- | --- |
| If yes, please provide details about the coalition (e.g. lead agency, member agencies, roles. Max 200 words) |  |

##### 3.9 Will this service engage the support/involvement of Canadians/Businesses?

Yes  No

|  |  |
| --- | --- |
| How many volunteers: |  |
| How many Businesses: |  |
| How many Donors: |  |

# SECTION 4 – GRANT REQUEST, BUDGET, AND FINANCIAL INFORMATION

##### Grant Requested:

|  |  |
| --- | --- |
| What is the total grant request from United Way Centraide? |  |
| Will the service be provided if awarded a lesser amount? | Yes  No |

##### Service Budget:

Please complete the following budget table for the service.

Budget Instructions:

* Please ensure that your budget accounts for the full income and expenses of your service, including grants you have requested. All budget items must be service related and must be incurred during the grant period.
* Eligible expenditures include: wages and benefits, professional fees, travel and accommodations, materials and supplies, printing and communication, equipment rental/lease/maintenance, administration costs, capital costs, and disability support for staff. Ineligible expenditures include purchase of real property.
* Please note, other sources of revenue cannot be used for the same activity costs described in this application, without a commensurate increase in services.
* Where there are multiple sources of income from the Federal Government, Provincial / Territorial Governments, Municipal Governments, Community Foundations, Canadian Red Cross, and/or United Ways / Centraides, please add lines to the table to detail each.

##### Budget Table

|  | **Proposed** | **Confirmed** | **Amount** |
| --- | --- | --- | --- |
| **Income:** |  |  |  |
| Federal Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Provincial / Territorial Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Municipal Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Canadian Red Cross: |  |  | $ |
| Community Foundations Canada (specify which): |  |  | $ |
| United Way / Centraide (specify which): |  |  | $ |
| Corporate / Donor Support: |  |  | $ |
| Other (list top 3 sources) |  |  |  |
| 1. |  |  | $ |
| 2. |  |  | $ |
| 3. |  |  |  |
| All other combined |  |  | $ |
|  |  | ***Total Income:*** | $ |
| **Proposed Expense:** |  |  |  |
| Wages and Benefits: |  |  | $ |
| Disability Supports for Staff: |  |  | $ |
| Professional Fees: |  |  | $ |
| Travel and Accommodations: |  |  | $ |
| Materials and Supplies: |  |  | $ |
| Printing and Communication: |  |  | $ |
| Equipment Rental/Lease/Maintenance: |  |  | $ |
| Administration Costs: |  |  | $ |
| Capital Costs: |  |  | $ |
|  |  | ***Total Expense:*** | $ |
|  |  |  |  |
|  |  | **Balance:** |  |

# SECTION 5 – AUTHORIZATION AND CONFIRMATION

I/We declare the information provided in this application to be accurate and complete and complies with the eligibility criteria found in the guidelines. (If information is found to be inaccurate, in part or in whole, funding could be withdrawn.)

Yes  No

I /We declare that the organization is not insolvent

Yes  No

##### Signatures

I/we declare that I/we have the ability to legally bind the organization:

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Person One:** |  | **Person Two:** |  |
| Name |  | Name |  |
| Signature |  | Signature |  |
| Position |  | Position |  |
| Email |  | Email |  |