



Community Response Grants

Innovation Funding Application

The application form must not exceed 5 pages in total and must be typed. Handwritten applications will not be considered.

Attachments, faxes, handwritten, and/or late applications will not be considered!

APPLICANT INFORMATION:

Organization Name: _____

Address: _____ City: _____, **MB** Postal Code: _____

Telephone: _____ Ext: _____ Fax: _____ E-mail: _____

Project Contact Person: _____ Position: _____

Your Organization's Charitable Registration No: _____ Date of Incorporation: _____

Brief history and mandate/purpose of the organization delivering this project:

APPLICATION SUMMARY:

Project Title: _____

Project Description: (maximum 3 lines)

Amount applying for: \$ _____

Total project budget: \$ _____

CONDITIONS OF FUNDING: All recipients of funding must sign a Letter of Agreement with the following conditions:

1. The funds will only be used for the project as approved by United Way of Brandon & District.
2. Recipients will complete a 12-month report, a mid-project report and a final report to the United Way of Brandon & District.
3. Recipients will submit a closing financial statement upon completion of the project to the Brandon & District United Way.
4. Recipients will acknowledge United Way of Brandon & District 's support in all communication and promotional materials pertaining to this project.

APPLICANT'S SIGNING AUTHORITY:

Signature of President/Executive Director/Senior Staff Person:

Signature of Board Chair/President:

Name: _____

Date: _____

Name: _____

Date: _____

PROJECT INFORMATION:

Objectives: (statements of what will be achieved through the project.) Statements should be specific, measurable, and attainable within the timing of the project.

Activity Plan: (Specific action steps to meet each objective.)

Corresponding Timeline

ADDITIONAL KEY FACTORS THAT WILL FORM THE BASIS OF REVIEW AND APPROVAL: PLEASE
COMPLETE THE FOLLOWING SECTIONS THAT APPLY TO YOUR PROJECT.

<p>1. INNOVATIVE: <i>(New and unique ways for your agency or community to meet or identify the needs or issues.)</i></p> <ul style="list-style-type: none">• Describe how this project is innovative and does not duplicate an existing service in your agency or our community.
<p>2. RESPONSIVE: <i>(Responds to changing needs or emerging conditions in the community.)</i></p> <ul style="list-style-type: none">• Describe the changing condition or emerging issue this project is responding to and how you intend to respond.
<p>3. COMMUNITY DRIVEN: <i>(If target populations are involved in the planning, implementation and evaluation.)</i></p> <p>a. Identify the project's target population(s) and how they will benefit from the project:</p> <p>b. Describe how the target population(s) are involved in the planning and implementation of the project:</p>
<p>4. INCLUSIVE: <i>(If the project is accessible to all segments of the target population(s) for services or involvement. Existing barriers to full participation by the target population(s) are identified and strategies are in place to remove them. e. g. services are culturally appropriate; facilities are wheelchair accessible; interpretation and translation services are available; all relevant groups or stakeholders are invited to participate.)</i></p> <ul style="list-style-type: none">• List the strategies you will implement to ensure that the project is inclusive.

5. COLLABORATION/PARTNERSHIPS: *(If the project is developed and delivered in collaboration with other agencies, community groups and/or individuals and demonstrates broad community support.)*

a. Who are your partners? (e.g. agencies, individuals, funders, community groups that were involved in the development of the project). How was the project determined with these community partners? *Please supply a letter of support from one of your community partners.*

b. Describe the extent to which you are collaborating with other agencies, community groups and individuals, and are utilizing current community resources:

c. List names and telephone numbers of your confirmed partners:

6. EFFECTIVE EVALUATION: *The evaluation includes key stakeholders, and the process describes how impact will be determined.*

a. Describe how the objective(s) will be measured or achievement of outcomes will be determined:

b. List some of the key questions that will be asked to determine how this project will make a difference for clients or the community:

1)

2)

3)

4)

PROJECT BUDGET – Itemize all the expenses and all sources of revenue, including your agency's and other "in-kind" contributions.

Expenditures:		Revenue:			
Salaries/benefits	\$	Request from United Way	\$		
Professional/ Consulting Fees	\$	Your Organizations contributions	\$	Cash	
			\$	In-Kind	
Honoraria	\$	List Additional Revenue Sources (specify):	Confirmed? Yes/No	Contact & Ph #	
Rent/ Utilities/ Phone	\$		\$		
Printing/ copying	\$		\$		
Travel	\$		\$		
Others (specify)			\$		
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		
Total Expenditures	\$	Total Revenue (including request from United Way)	\$		

Note: The Budget must balance. Expenditures must be the same amount as Revenue.

HAND-DELIVER OR COURIER YOUR COMPLETED APPLICATION TO:

Attn: Community Response Grants
UNITED WAY OF BRANDON & DISTRICT INC.
 #201-1011 Rosser Ave.,
 Brandon, MB R7A 0L5

Please remember your application should be typed, not to exceed these 5 pages, has no attachments, not to be faxed or e-mailed, and be hand delivered to United Way of Brandon & District.