

Organization Documentation

- 1. Attach a copy of your strategic and / or long range plan, and / or management plan for the organization.
- 2. Attach a copy of your by-laws (if not already on file with the United Way or if they have been updated since the last submission).
- 3. Attach a copy of your organization chart.
- 4. Attach the previous six months of Board Meeting Minutes and Finance Committee Meeting Minutes.
- 5. Financial Information - Please provide the following:
 - 3 copies of the current and future organization annual budget
 - 3 copies of the most recent annual report
 - 3 copies of the year to-date financial statement
 - 3 copies of the most recent audited financial statements

Organization Programs

Please provide a list of all the programs your organization currently operates which are **not** funded by United Way.

Board members of applying organization must have had the opportunity to review this application prior to submission.

Signature of Board Chair

Signature of Chief Executive Officer (CEO)
or Executive Director

Date

Date

Form 2 - Outcome Worksheet

One worksheet must be completed and attached to the application for each program for which you are applying for funds.

Program Name					
Inputs	Activities	Outputs		Outcome(s)	Indicator(s)
		#	Unit of Service		
List RESOURCES needed to provide this program	List the SERVICES or ACTIVITIES offered to program participants that are needed to achieve Outcomes.	List AMOUNTS of services provided. State in UNITS of service in terms of number and description		Describe the change in condition, status, behavior, knowledge or skill as a result of the program activities. Outcomes should be listed in a logical, sequential order and identified as initial, intermediate or long term Outcomes	Identify the indicator(s) or the information the program tracks to determine client progress towards attaining the selected outcome.

Form 3 – Program Questionnaire

One worksheet must be completed and attached to the application for each program for which you are applying for funds.

Which of UWBD's five (5) priorities does this funding request address?

- Helping Children and Youth Succeed
- Strengthening and Supporting Families
- Promoting Self-Sufficiency
- Supporting Vulnerable and Aging Populations
- Building Vital and Safe Neighbourhoods

What is the amount of funding that you are requesting and over what term?

Total Amount Requested: \$ _____ What Term? _____

Describe the target population this program is designed to reach.

Please indicate how you determine an individual's eligibility or qualifications to participate or how you determined the need to service the targeted population.

What is the community need for this program?

Why is there a need for this program in the community? How have you determined the need?

How does this program address the root cause of the problem?

Are you collaborating with others to deliver your services?

If so, with whom and what is the nature of the collaboration? (Include all United Way funded and other public and private organizations.)

Is there another organization in the community that is providing a similar service?

If so, how is this program different or how does it augment the existing program? (Include all public, private and not-for-profit programs.)

How does the program help to achieve your organization's mission/mandate?

What will happen to the program if funding is either reduced or not provided to the program?

Please indicate the other avenues for funding the program and the future plans for funding beyond the United Way.

Form 4 – Expenditure Worksheet

One worksheet must be completed and attached to the application for each program for which you are applying for funds.

Name of Program: _____

Total program budgeted revenue \$

UWBD Funding request \$

Amount from other sources secured \$

Amount from other sources unsecured \$

Total program budgeted expenses \$

Expenses covered by UWBD funds

Fixed Costs

Personnel (given as example) \$

Administration (given as example) \$

Equipment (given as example) \$

Per Unit Costs

\$ _____ per participant \$
times expected # of participants

Minimum funding you would accept to provide services, achieve outcomes and/or meet United Way reporting or other requirements \$_____.