

United Way of Lethbridge & South Western Alberta

Community Fund Application - 2023-2024



Agency Endorsement

Agency Name	
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I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this funding request is endorsed by the organization I represent.

I recognize that the Partner Agency Agreement and Supplemental Fundraising Agreement forms are part of the *Application Guidelines*. It is the responsibility of the senior staff person and the Board of Directors of my organization to read them, understand them and, if selected to receive United Way funding, abide by them.

I also certify that if funding is approved, the organization I represent will provide the required reports of finances or activities if requested throughout the funding year.

The Board of Directors is aware of its responsibilities, as dictated by the Alberta Corporations Act, the Income Tax Act, the Alberta Human Rights Act, the Charitable Fund-Raising Act, Charitable Fund-Raising Regulation, the Societies Act and/or other applicable legislation. Further, the Board of Directors agrees to operate in accordance with United Way of Lethbridge & South Western Alberta guidelines and policies.

Signature of Executive Director (or equivalent)	Print Name	Date
Second Signature (Title:)	Print Name	Date

Instructions for Applicants

1. Please review the application guidelines before submitting.
 2. Please be aware, you may receive a request for an in-person interview or a site visit.
 3. You may apply for funding for multiple programs at the same time but you must complete a copy of "Section 3" for each separate request.
 4. Email the completed application and attachments to together@lethbridgeunitedway.ca
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Required Supporting Documents

Please be sure to include all required attachments. Incomplete applications may be removed from the applicant pool.

1. A signed, dated copy of the Agency Endorsement (previous page).
 2. The current year's audited financial statements. If the current year is unavailable, please submit the most recent year available. In the event that this year's financials are not available, we may request additional financial information during the review process.
 - a. In the case of local chapters of national or provincial organizations where local statements are not available, national or provincial audited statements are requested with detail of local chapter and program expenses.
 3. Additional 'Section 3' if applying for funding for more than one program.
 4. A program budget relevant to each program you are requesting funding for, including related administrative costs, if applicable. A template follows this application if needed.
 5. ***New*** A copy of any Formal Agreement, or Charity/Non-Charity Agreement if the program is being delivered in collaboration or partnership between multiple organizations or co-applicants (see page 9 in the Funding Application Guidelines for more information).
 6. A board director listing that contains basic contact information for each of your directors.
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Timeline

Applications Open: January 31, 2023
Applications Due: March 31, 2023
Application Reviews: April/May 2023
Applicants Notified of Results: June 2023
Funding Agreements in Effect: July 1 – June 30, 2023

Please be advised that the United Way of Lethbridge & South Western Alberta is not in the position to meet all recognized needs within the community. It is therefore possible that an agency might meet or exceed expectations on all criteria and still not be awarded funding. Funding will be allocated to areas of the greatest perceived community needs first.

SECTION 1

Information About Your Organization

Organization name:							
Registered Canadian Charity Number (required):							
Organization address (local):							
City/Town:					Postal Code:		
Phone:				Local office email:			
Website address:							
Contact person for this application:							
Contact phone:							
Contact email:							
Is your charitable status in good standing?	YES				NO		
How many staff does your organization employ?	Full Time:				Part Time:		
How many volunteers does your organization have?							
Is your program delivery area inside our support area shown on the map below?	YES				NO		
Is your organization registered with AGLC (Alberta Gaming Liquor & Cannabis)?	YES				NO		
If your organization IS registered with AGLC, are you willing/able to accept gaming funds to support the program(s) described in this application?	YES				NO		



If possible, please list the communities (including Lethbridge) your organization serves at the local level and provide an approximate number of clients from each community. If this information is not available, please consider tracking it in the future.

Name of Community	Number of Clients Served

SECTION 2

Your Organization's Mission and Governance

Please keep your responses as clear and concise as possible and limited to 250 words or fewer.

1. What is your organization's mission statement?

2. Please briefly describe how the funding you are applying for would help you accomplish your mission.

3. What steps are taken to ensure your board of directors understands the needs of your organization's users/clients?

SECTION 3

Information About Your Program(s)

If you are applying for funds to support more than one program, please attach an Additional Section 3 for each additional program.

Please keep your responses as clear and concise as possible and limited to 250 words or fewer

Name of Program				
Amount of Funding Requested (Up to \$15,000)	\$			
If United Way is only able to provide a portion of the funding requested will the program still proceed?	YES		NO	
If yes, what is the minimum amount of funding required?	\$			
Is this a new program (first year running)?	YES		NO	
Has this program been funded by United Way previously?	YES		NO	
Anticipated start date for this program/project:				

1. One-line description of your program (30 words):

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2. Our focus is on programs that meet needs within our key Investment Areas. Please indicate where your program best aligns. For a more detailed description of each area, please see the application guidelines.

Investment Area	Programs to address and/or support:
Poverty to Possibility	Food security, housing stability, employment, financial literacy and individual support
Healthy People & Strong Communities	Indigenous people, people with disabilities, seniors, newcomer settlement and integration, mental health and wellbeing, sexual and/or domestic violence Neighbourhood resident engagement, organizational capacity-building and leadership development, volunteer engagement and mobilization
All That Kids Can Be	Success in school, community engagement and leadership development, emotional and physical wellbeing

- Is this program being delivered by a coalition of agencies, or through a partnership with one or more community agencies? If yes, please list the partners in the table below, and briefly describe their **direct roles** in delivering the program.

Please attach a copy of a formal partnership agreement or formal documentation outlining each partner's roles and responsibilities. Note: We are not looking for letters of support in response to this section. See page 9 in the Funding Application Guidelines for information.

Partner (Organization)	Role and/or contribution to this program/project

- How does your program align with the one key area you selected? What social issue(s) does this program address? (It is possible that your program will align with multiple areas. Please choose one that you feel fits best.)

- How did you identify this as a need in the community? Describe any relevant research that has been done, and include statistics or findings that show this issue is important locally. Attach a separate document if needed.

6. How will your program address the social issue(s) you identified above? Include any evidence that demonstrates why your approach is effective in addressing this social issue.

7. How many individual people use this program? If this program was in operation last year, please use historical numbers. If it is a new program please provide an estimate of the number of users you expect and explain how you arrived at your number.

8. Please select all user groups that will be impacted directly or indirectly by this program/project, and who will experience improved outcomes.

Primary (Max3)	All Who Apply	User Group
		Low-Income Individuals/Families
		Indigenous People
		Rural Albertans
		Women & Girls
		LGBTQ2S+
		Racialized Communities
		People With Disabilities
		Immigrants/Refugees
		Seniors
		Children and Youth
		Other/None (Describe):

9. Describe the ideal duration a user will remain involved with your program. Describe the process and how this program supports outcomes for the individual user, addressing your identified social issue(s).

10. Tell us about the skills and qualifications of the person(s) who will supervise this program.

11. United Way is interested in outcome-based service delivery. Using the logic model table below (or by attaching your own existing logic model), please describe your organization’s input and activities, and list the outputs and outcomes you expect to achieve. **Please list at least three outputs you track, and three outcomes which demonstrate the success of your program.**

The example below describes an after-school program for youth, where teens have access to adult mentors, healthy food and school supplies. A structured activity schedule and help with homework are available weekly. The outcomes include better grades, opportunities for scholarships and graduation. The overall impacts of the program include improved health and self-esteem, and a student prepared for post-secondary and/or employment.

Your Planned Work		Your Intended Results			
Resources/Input	Activities	Outputs (actions your agency is taking and measuring) Identify 3 or more	Outcomes (shorter-term changes that have taken place because of your work) Identify 3 or more	Impact (changes that are lasting and longer-term)	
EXAMPLE	-Healthy food -Safe, clean environment -Proper school supplies	-Create daily schedule -Regular homework -Tutoring twice a week	-# youth attending weekly -# homework assignments completed	-Better grades achieved -Opportunity for scholarships -Graduation/school completion	-Well-rounded individual -Strong work ethic -Improved health and self-esteem
•	•	•	•	•	

12. Considering the logic model above, and the planned activities and expected outputs you've identified, please provide a timeline of this program/project in the table below relating to this funding.

Date	Key Activity/Milestone	Outputs
Example: Sept. 15, 2023	<ul style="list-style-type: none"> Twice-weekly tutoring sessions begin 	<ul style="list-style-type: none"> 4 volunteer tutors committed 12 volunteer tutoring hours/week 9 students attend in first week

13. Please describe any fund development initiatives you have taken or are planning to implement to further support the specific program included in this grant request (ex: sponsorships, partnerships, fundraising events, and other grants).

14. Are you aware of other programs or services in the community that aim to meet the same, or a similar need your program addresses? If so, please identify these programs and give a brief description of how your program differs, or how you collaborate, with similar programming.

15. What impact would reduced or partial funding from United Way have on the delivery of this program?

16. Does your organization have the plan to capture outcomes and share the results of this program/project with your community and others organizations in the charitable sector? If so, how?

Impact Stories

Please share a brief impact story from **this program** in the past year. We are looking for a short, but detailed story that shows how a user's involvement with your program has changed their life in a positive way.

If this is a new program, please share an impact story relating to your organization in general.

Short sentences and bullet points are welcome. **Do not include any client names or identifying information** as this story may be shared during United Way workplace campaign presentations. **(MAX 500 words)**

Additional Information

Please feel free to include any other information we should take into account when reviewing your application for this program **(MAX. 300 words)**.

Checklist

My application package contains:

- Agency Endorsement, signed by the appropriate individuals
- A completed application package
- A completed copy of Section 3 for each additional funding request (only necessary if applying for funding to support more than one program).
- Audited Financial Statements
- A program-specific budget for each program you are requesting funding for. (A Budget Template follows, or attach your own)
- Copy of Formal Partnership Agreement(s) (Required if the program is delivered through a coalition of community agencies, or through a charity/non-charity partnership)

BUDGET TEMPLATE

If using this template:

- Please ensure that all budget items related to the program in question, and will be incurred during the grant period (July 1 - June 30)

	Proposed	Confirmed	Amount
Income:			
Federal Government Sources (specify):			
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
Provincial / Territorial Government Sources (specify):			
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
Municipal Government Sources (specify):			
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
United Way / Centraide (specify which):			
1.			\$
2.			\$
Corporate / Donor Support:			
1.			\$
2.			\$
Other (list top 3 sources)			
1.			\$
2.			\$
3.			\$
All other combined			\$
		Total Income:	\$

Expense:			Amount
Wages and Benefits:			\$
Disability Supports for Staff:			\$
Travel and Accommodations:			\$
Materials and Supplies:			\$
Printing and Communication:			\$
Equipment Rental/Lease/Maintenance:			\$
Administration Costs:			\$
Other (list top 3):			
1.			\$
2.			\$
3.			\$
4. All Other combined			\$
		Total Expense:	\$
Balance (Total Income-Total Expense):			\$