



**SECTION 1**

**A. ORGANIZATION INFORMATION**

Organization \_\_\_\_\_

Charitable Registration Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Senior Administrator Name: \_\_\_\_\_

Phone: \_\_\_\_\_

*(if different from above)*

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Board Chair Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Provincial & National Organization Affiliations \_\_\_\_\_

Annual Fees \_\_\_\_\_

**B. FUNDING REQUEST**

2019-2020 Funding Request    Central Okanagan \_\_\_\_\_

South Okanagan \_\_\_\_\_

TOTAL \_\_\_\_\_

2018-2019 Funding awarded from United Way CSO Community Fund (if applicable): \_\_\_\_\_

Funding request as a percentage of total budgeted revenue (see Section 2): \_\_\_\_\_

**Authorized Signatures**

Executive Director/Senior Manager    Print Name \_\_\_\_\_

Date \_\_\_\_\_    Signature \_\_\_\_\_

Board Executive    Print Name \_\_\_\_\_

Date \_\_\_\_\_    Signature \_\_\_\_\_

**C. ORGANIZATION STATISTICS**

Approximately how many individuals does your organization help directly each year? \_\_\_\_\_

How many staff does your organization have in total? \_\_\_\_\_

Full Time (30+ hours) \_\_\_\_\_

Part Time (less than 30 hours) \_\_\_\_\_

Casual \_\_\_\_\_

How many volunteers does your organization have (including board, committees)? \_\_\_\_\_

**D. COMMUNITIES TO BE DIRECTLY SERVED BY THE REQUESTED FUNDING**

Please check those that apply

**Central Okanagan**

Kelowna

West Kelowna

Lake Country

Peachland

Other (please specify)

\_\_\_\_\_

**South Okanagan**

Penticton

Summerland

Princeton

Keremeos

Other (please specify)

\_\_\_\_\_

Oliver

Osoyoos

Hedley

Cawston

**E. BRIEFLY PROVIDE THE MISSION STATEMENT, MANDATE, AND HISTORY OF YOUR ORGANIZATION:**

**Mission Statement:**

**Vision:**

**Mandate:**

**History (maximum 150 words):**

**F. BRIEFLY SUMMARIZE WHAT YOU ARE REQUESTING FUNDING FOR AND WHY  
(maximum 150 words):**

## SECTION 2

### CORE OPERATIONAL FUNDING REQUEST DETAILS

#### A. ALLOCATIONS OF CORE FUNDING REQUEST

Please include a breakdown of your core funding request, including the amount for each selected expense type. Please include specific details or explanation for each expense type.

-for administrative salaries please include tasks performed

-for insurance, marketing, database fields please include cost and time period, specific details on materials, etc

EXPENSE TYPE	AMOUNT	DETAILS AND/OR EXPLANATION
<b>Administrative Support Salaries or Wages</b> (ex: reception, admin assistant, finance)		
<b>Administrative Leadership Salaries</b> (ex: Executive Director, Manager)		
<b>Rent or Utilities</b>		
<b>Bookkeeping or Audit</b>		
<b>Insurance</b>		
<b>Information Management System</b>		
<b>Marketing or Promotional Expenses</b>		
<b>Other (specify):</b>		
<b>TOTAL FUNDING REQUESTED</b>		

#### B. STRATEGIC IMPACT PRIORITIES TO BE ADDRESSED BY THE REQUESTED FUNDING

Please select the **strategic priorities** your funding request will address below. For every priority you check, you **must** specifically explain how your funding request will address it.

**Priority 1: Poverty to Possibility** Meet basic human needs and move people out of poverty

**Priority**

**How your request will address it**

<p><b>Housing Stability</b> Individuals and families have access to emergency shelter, affordable housing, and have the resources to maintain stable housing.</p>	
<p><b>Employment &amp; Financial Security</b> Individuals have family-sustaining employment, and have the capacity to manage personal finances and build savings and assets for their future.</p>	
<p><b>Food Security</b> Individuals and families have access to affordable, nutritious food, and experience decreased stress and life disruptions due to food insecurity.</p>	

**Priority 2: All That Kids Can Be** - Help children and youth reach their full potential.

Priority	How your request will address it
<p><b>Early Learning</b> Early childhood experiences shape the architecture of the brain and lay the foundation for success in school and beyond.</p>	
<p><b>Healthy Kids</b> Successful transitions in the middle years are strengthened by physical, social and emotional well-being.</p>	
<p><b>Resilient Youth</b> Youth graduate high school set on a path for success, and can effectively cope with, or adapt to, difficulties and challenging life situations.</p>	

**Priority 3: Healthy People, Strong Communities** - Support personal well-being and strengthen neighbourhoods

Priority	How your request will address it
<p><b>Mental Wellness</b> People facing challenges with mental health, addiction or family distress have access to timely, coordinated and personalized supports.</p>	
<p><b>Personal Health &amp; Safety</b> Our community improves personal health and safety for all residents.</p>	
<p><b>Connected to Community</b> People enjoy strong community connections and can easily find and access the services they need to live better lives.</p>	

**C. IMPACT OF REQUESTED CORE OPERATIONAL FUNDING**

Please answer the following questions to describe how the requested investment by United Way will create positive changes for clients and/or community.

1. Why does your organization need core funding from the United Way?



## SECTION 3

### ORGANIZATION-WIDE FINANCES

Please fill out your **entire** organization's yearly budget and actuals for your **fiscal year** based on the template. You may also attach a copy of your regular budget *in addition* to this template if it is applicable.

Fiscal Year (MM/YY – MM/YY): -			
	LAST YEAR'S BUDGET	LAST YEAR'S ACTUAL	PROPOSED BUDGET (UPCOMING YEAR)
<b>REVENUE</b>			
United Way Funding			
United Way Donor Designations			
Fee for Service			
Fundraising			
General Donations			
Government			
Corporations			
Foundations			
Other revenue (please specify):			
Other revenue (please specify):			
<b>TOTAL REVENUE</b>			
<b>EXPENSES</b>			
Salaries and Benefits			
Program Costs			
Premises Costs			
Administrative Costs			
Fundraising Costs			
Other Costs (please specify):			
<b>TOTAL EXPENSES</b>			
<b>SURPLUS (DEFICIT)</b>			

**ORGANIZATION BUDGET NOTES:** Explain any variances +/- 10% for all revenue and expense items. You may also add any other budget-related explanations here:

## SECTION 4

### ADDITIONAL INFORMATION

Please use this optional section to include any additional information **relevant to your application** that was not addressed in Sections 1-3 (max 300 words).