



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

PROGRAM/PROJECT FUNDING REQUEST DETAILS

Note: If applying for multiple programs, please include Section 2 Appendix A for each

A. PROGRAM/PROJECT INFORMATION

Number of Programs Applying For

Program/Project Name:

Number of Years it has been running:

Demographics: *Please check all that apply and provide number of people served*

- Children (0 -12) and families/caregivers _____
- Youth (12-19) and families/caregivers _____
- Young adults (20-25) _____
- Adults with health issues _____
- Persons with diverse abilities _____
- Adults who have experienced abuse, trauma or assault _____
- Men _____
- Seniors (65+) _____
- Women _____
- Adults facing poverty and/or homelessness _____
- Aboriginal children, youth, or adults _____
- Newcomers or new residents of Canada _____

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 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>Housing Stability Individuals and families have access to emergency shelter, affordable housing, and have the resources to maintain stable housing.</p>	
<p>Employment & Financial Security Individuals have family-sustaining employment, and have the capacity to manage personal finances and build savings and assets for their future.</p>	
<p>Food Security 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>Early Learning Early childhood experiences shape the architecture of the brain and lay the foundation for success in school and beyond.</p>	
<p>Healthy Kids Successful transitions in the middle years are strengthened by physical, social and emotional well-being.</p>	
<p>Resilient Youth 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>Mental Wellness People facing challenges with mental health, addiction or family distress have access to timely, coordinated and personalized supports.</p>	
<p>Personal Health & Safety Our community improves personal health and safety for all residents.</p>	
<p>Connected to Community People enjoy strong community connections and can easily find and access the services they need to live better lives.</p>	

C. IMPACT OF REQUESTED PROGRAM/PROJECT 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. Which social issues and/or needs(s) in the community does the program/project seek to address? Please describe how you know these are priority issues for the community and/or region?

2. Please describe why your organization or agency is best suited to deliver this program/project.

3. Are you working in collaboration or partnership with others to ensure the greatest possible impact? Please list relevant partnerships, initiatives, collaborations and briefly describe.

D. PROGRAM/PROJECT FINANCES

Please fill out the budget for the program/project according to your fiscal year. Please include prior year actual spend (column 1), current year budget and YTD spending (column 2 and 3) and the budget for next year (column 4, for what is being requested in this application). You may also attach your own internal budget copy in addition to this template if it is applicable.

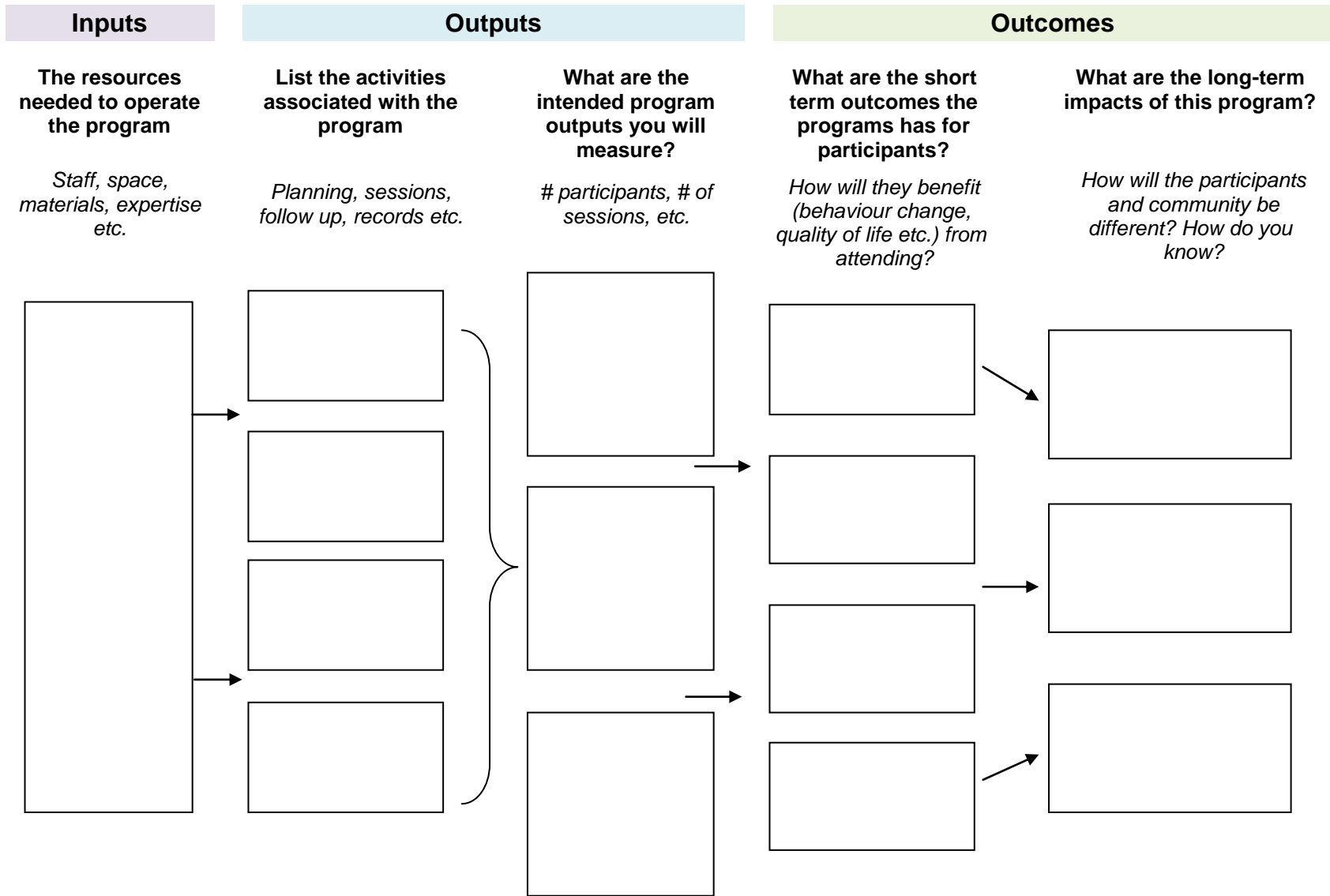
NOTE: Explain any variances +/- 10% for all revenue and expense items. You may also add any other budget-related explanations here:

Program/Project Name:				
Fiscal Year (MM/YY - MM/YY): -				
	LAST YEAR ACTUAL	CURRENT YEAR BUDGET	CURRENT YEAR TO DATE	PROPOSED NEXT YEAR
REVENUE				
United Way Funding				
United Way Donor Designations				
Fee for Service				
Fundraising				
General Donations				
Government				
Corporations				
Foundations				
TOTAL REVENUE				
EXPENSES				
Salaries and Benefits				
Program Costs				
Premises Costs				
Administrative Costs				
Fundraising Costs				
Other Costs (please specify):				
TOTAL EXPENSES				
SURPLUS (DEFICIT)				

E. PROJECT LOGIC MODEL

Please complete the logic model to outline the **specific** planned components of your project/program and the intended results and outputs.
 Note: You are welcome to submit your organization's existing program logic model/evaluation framework instead as an attachment

Program/Project Name:



For examples of completed logic models, please see the 2019-2020 Community Fund Applicant Guide
<http://unitedwaycso.com/how-we-help/funding/>

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)
REVENUE			
United Way Funding			
United Way Donor Designations			
Fee for Service			
Fundraising			
General Donations			
Government			
Corporations			
Foundations			
Other revenue (please specify):			
Other revenue (please specify):			
TOTAL REVENUE			
EXPENSES			
Salaries and Benefits			
Program Costs			
Premises Costs			
Administrative Costs			
Fundraising Costs			
Other Costs (please specify):			
TOTAL EXPENSES			
SURPLUS (DEFICIT)			

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 200 words).