



SECTION 1: ORGANIZATION INFORMATION

A. ORGANIZATION CONTACT INFORMATION

Organization:

Charitable Registration Number:

Mailing Address:

Website:

Social Media Handles:

Contact Person for this Application:

Executive Director/CEO/Senior Manager:

Name:

Name:

Phone:

Phone:

Title:

Title:

Email:

Email:

Board of Directors Chair:

Name:

Phone:

Email:

B. ORGANIZATION PROFILE

Organization's Mission Statement or Statement of Purpose:

Year Incorporated:

Annual Operating Budget:

Number of Staff: Full-time Part-time Casual Total

Approximate number of individuals the organization helps directly each year:

Is the organization applying on behalf of a partnership, collaboration or other non-charity? Yes No

If so, please answer the following questions:

Names of other partnering organization(s):

Please explain the relationship between/among the partnering organizations:

Note: Charities and non-charities will often partner to increase their impact in the community. It is important to note that the partnership between charities and non-charities is a legal relationship. Under CRA guidelines, the charity must monitor, regulate and control the funds. The charity must retain direction and control of the charitable funds and the activities of the non-charity must align with the charity's mandate and contribute to the achievement of that mandate.

SECTION 2: INITIATIVE DETAILS

A. INITIATIVE OVERVIEW

Title:

(please select a short title that reflects the work of the initiative)

Concise Description:

(Use plain language to describe your initiative in one or two sentences. We may share this description with donors and on our website and other communication materials.)

Initiative Summary:

(Provide a more detailed description of your proposed initiative, including What, Why, Who, How and When)

B. FUNDING REQUEST

Please provide the total amount of funding you are requesting from the United Way Southern Interior BC (UWSIBC) 2021-22 Community Fund for your initiative. If your initiative serves more than one region, please identify the amount allocated to each region you are serving. *Please note that Community Fund grants are for the period October 1, 2021 – September 30, 2022.*

United Way Southern Interior BC Request Total:

Central Okanagan	
North Okanagan	
South Okanagan	
Other Region	

Total Cash Expenses Associated with the Initiative:

(Please indicate the total cost of your initiative, including those expenses covered by other sources of funding. If you are applying for Core Funding under the Capacity Building Priority, please indicate your annual operating budget.)

Grant Start Date:

Grant End Date:

(The grant can cover expenses starting September 1, 2021. Please note you will be responsible for any expenses incurred prior to this date)

(Please indicate the date by which the grant money will be spent and the funded activities completed. It must be no later than September 30, 2022)

C. COMMUNITIES TO BE DIRECTLY SERVED BY THE INITIATIVE

Where will the services associated with your initiative be delivered?

Please check all those that apply:

Central Okanagan:

Kelowna	West Kelowna	Lake Country	Peachland
---------	--------------	--------------	-----------

North Okanagan:

Vernon	Lumby	Cherryville	Enderby
Salmon Arm	Sicamous	Shuswap	Revelstoke

South Okanagan:

Penticton	Oliver	Summerland	Osoyoos
Princeton	Hedley	Keremeos	Cawston

Other (please specify):

D. UNITED WAY SIBC STRATEGIC PRIORITIES INITIATIVE ADDRESSES:

Below, please select which United Way SIBC strategic priority(ies) the initiative will address. For every priority you check, please explain specifically how the initiative will address it. Refer to the Applicant Guide for more information about the Strategic Priorities.

1. Poverty

Objective: We help move people from poverty to possibility

What we fund community organizations to do: To deliver programs that reduce vulnerability to poverty, help elevate people out of poverty, and meet basic needs such as food, shelter and employment.

How your initiative addresses this priority:

2. Children & Youth

Objective: We help children and youth reach their full potential

What we fund community organizations to do: To deliver programs that support young people's social, mental and physical health, and help them be all they can be.

How your initiative addresses this priority:

3. Mental Health & Addictions

Objective: We support efforts to reduce social isolation and encourage mental health

What we fund community organizations to do: To deliver programs that create more inclusive communities, promote mental health, and ensure those impacted by mental health issues and addictions can easily access the supports they need.

How your initiative addresses this priority:

4. Capacity Building

Objective: We encourage efforts that strengthen the ability of community organizations and the social sector to do their work better, to improve their sustainability, and to thrive

What we fund community organizations to do: We fund projects that enable community organizations working in our priority areas to improve their infrastructure and operations, increase their longer-term sustainability, and serve the community better. We also provide core operational funding (including salaries) where the funded expenses strengthen the organization's longer-term resilience.

How your initiative addresses this priority:

E. POPULATIONS SERVED THROUGH THIS INITIATIVE

Please choose the population(s) that this initiative will primarily serve, and the number of individuals in that population that you expect the initiative will serve during the funding period (*October 1, 2021 – September 30, 2022*). Please check the primary population with a #1, and if applicable, up to two additional populations that you expect the initiative will serve, with a #2 and a #3.

Children and youth

Seniors

Indigenous

Racialized Communities

Other (Please specify)

F. NEED

What need does this initiative address, and how did you determine this need?

Is this need currently being addressed by others in the community(ies) that this initiative serves, and if so, how and by whom?

G. ACTIVITIES

Please describe the work a Community Fund grant would support. Provide enough details to provide a good picture of what you will do with the grant.

H. IMPACT

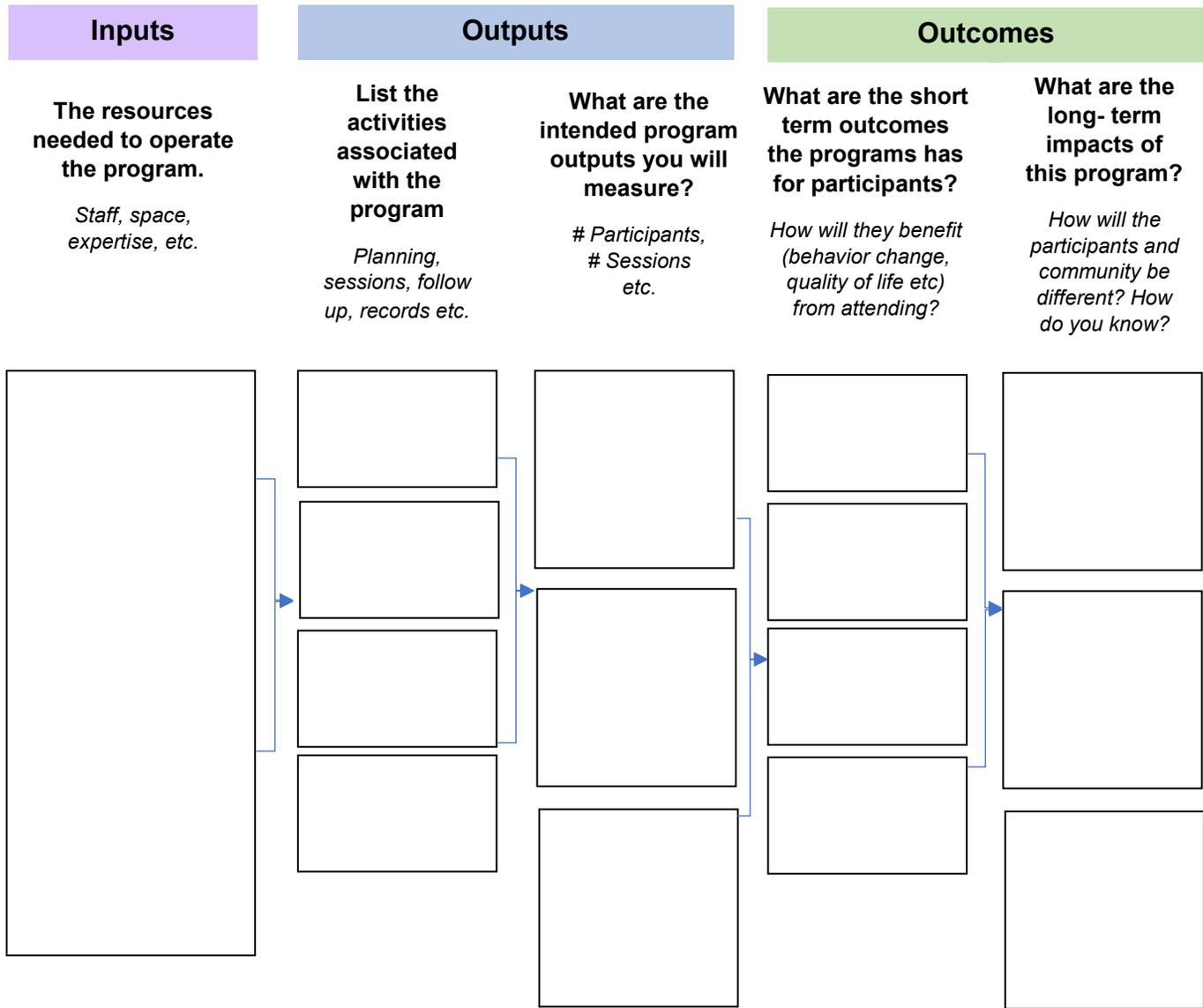
Is this initiative currently in existence, is it a new initiative, or is it an enhancement or expansion of an existing initiative? If it is currently in existence, how long has it been operating, and what have been the results to date? If the initiative is new, what do you expect or estimate the results and impact will be?

For Applicants applying for funding under the Capacity Building priority:

If you are applying for funding under the Capacity Building priority, please explain how you will know that the initiative has addressed the need described above. If the initiative includes an evaluation plan, please describe it as well.

For Applicants applying for funding under the other priorities:

If you are applying for funding under the Poverty, Children & Youth, and/or Mental Health & Addictions priorities, please complete the Logic Model to outline the specific planned components of your project/program and the intended results and outputs. You are NOT required to complete a Logic Model if you are applying under the Capacity Building priority, but please make sure you fill out the rest of the questions in this page and throughout the rest of the application form.



Note: You are welcome to submit your organization's existing program logic model/evaluation framework instead as an attachment.

Do you hope to sustain this initiative beyond this proposed grant? If so, what steps will you need to take (consider ongoing revenues, HR requirements, additional partners, etc.)?

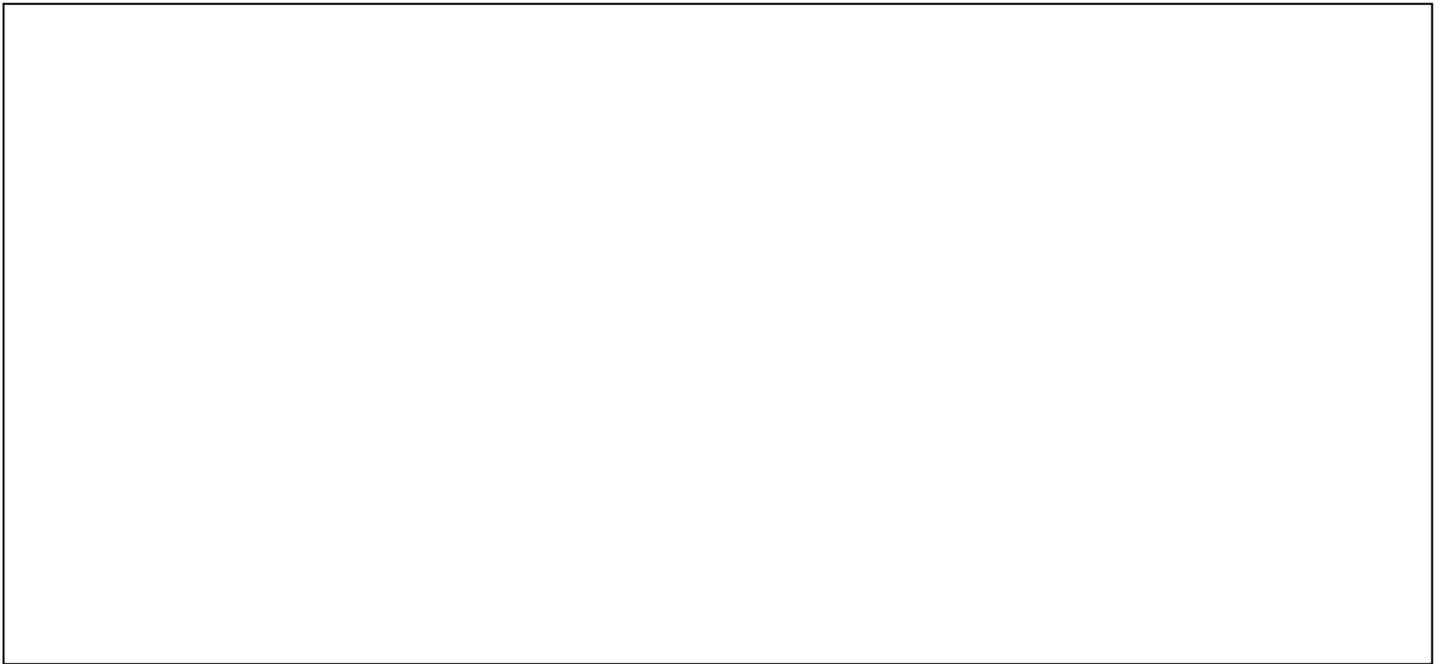
I. INITIATIVE EXECUTION

Please describe why your organization or agency is best suited to deliver this initiative.

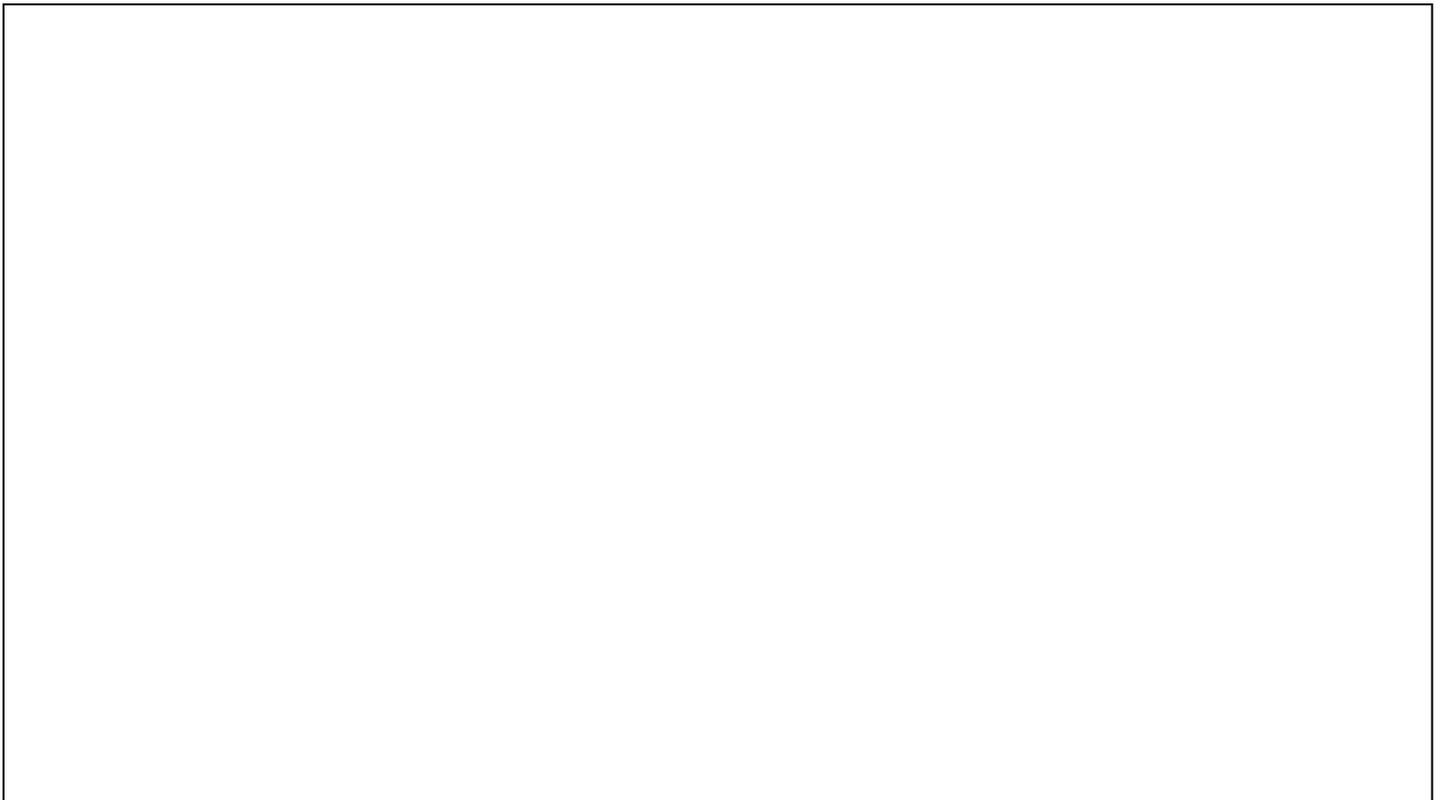
Are you working in collaboration or partnership with others to deliver this initiative? Please list relevant partnerships, initiatives, collaborations related to this initiative, and briefly describe.

Describe the challenges/barriers that may prevent you from implementing this initiative or accomplishing the desired impact, if the grant is approved (including but not limited to pandemic related issues). What are your plans to prepare for or overcome these challenges/barriers?

How will you, or do you, involve the target population in the design, development, delivery and evaluation of this initiative?



We are interested to learn how charities are addressing equity, diversity, inclusion and Truth & Reconciliation. We understand that each organization is at its own point on this journey. Please describe how equity, diversity, inclusion and Truth & Reconciliation inform your work.



SECTION 3: FINANCIAL

A. INITIATIVE BUDGET

Please fill out the budget **for the proposed initiative program/project**. Please note that funding will be provided between October 1, 2021 – September 30, 2022. Because funding decisions will not be announced until August 2021, UWSIBC cannot provide funding retroactive to September 1, 2021. You may also attach your own internal budget copy in addition to this template if applicable.

Program/Project Name: _____

	PROPOSED BUDGET	Confirmed/ Pending	Notes
REVENUE			
United Way SIBC Community Fund Request			
United Way Donor Designations			
Fee for Service			
Fundraising			
General Donations			
Government			
Corporations			
Foundations			
Other Revenue (please specify)			
Other Revenue (please specify)			
TOTAL REVENUE			

EXPENSES		Notes
Salaries and Benefits		
Program Costs		
Premises Costs		
Administrative Costs		
Fundraising Costs		
Other Costs (please specify):		
Other Costs (please specify):		
TOTAL EXPENSES		
SURPLUS (DEFICIT)		

SECTION 4: ADDITIONAL INFORMATION

Please use this optional section to include any additional information **relevant to your application** that was not addressed in Sections 1-4 (max 200 words).

SECTION 5: CHECKLIST AND SIGNATURES

Please confirm that your application is complete by checking off the following requirements:

	ONE electronic copy of a complete application package including authorized signatures (<i>electronic or scanned signatures</i>).
	Current Board Members list, including their occupations and contact information.
	Your organization's most recent audited, or professionally prepared, financial statements.
	A copy of your organization's most recent Annual Report, if available.

Please email the above package to

sherry@unitedwaysibc.com

Application Deadline is **4:30pm Monday, May 31, 2021**

Authorized Signatures

Executive Director Print Name

Board Executive Print Name

Date

Date

Signature

Signature