



**United Way  
Brant**

**Change starts here.**

125 Morrell Street, Tel: (519) 752-7848  
Brantford, ON Fax: (519) 752-7913  
N3T 4J9 brantunitedway.org

## **Community Impact Grant Funding Application**

Brant United Way is responsible for investing the resources entrusted by donors to meet current and changing identified community needs.

To ensure that our mission is achieved, Brant United Way's allocation process will:

- allow for a dynamic and flexible response to community needs and focus on the people who need help;
- maintain integrity in all steps of the process;
- allocate funds to organizations with fairness and consideration on the basis of the following application and budgets submitted
- ensure that funding policies, criteria, and priorities, as determined by the Board, are applied to all funding recommendations;
- work to prevent unnecessary duplication of programs and services, promote effective service delivery and support efficiency and economy of administration.

To achieve our mission the Brant United Way is making available Community Impact Grants for current Brant United Way Member Agencies, and other registered Charitable Organizations within Brantford, the County of Brant and Six Nations of the Grand River.

These grants will be issued for a single funding cycle of one year. Funding granted in one year does not guarantee or give priority for funding in subsequent years.

Each year all applications for funding will be reviewed and assessed equally according the merit of the program, its social need in the greater Brant community, and the funding available by the Brant United Way.

This application is to request Program Funding for a specific program operated by your organization (alone or partnered with other organizations). Brant United Way Community Impact Grants will fund operating expenses associated with for a particular program, but will not provide Core agency Funding, or funding for Capital Projects.

## Guidelines for applying:

- Agencies/organizations must be provincially incorporated and federally registered as non-profit charitable organizations and are located within the Brant United Way district (Brantford, the County of Brant and Six Nations of the Grand River).
- Proposals from Member Agencies must be for a new *program* or to **expand** an existing *program not already supported by the Brant United Way*. Other agencies can apply for programs that are new or not necessarily new, but in need of funding (ex. lost funding, gaps in service and increased need)
- Proposals are encouraged to show evidence of partnership and collaboration with other organizations/agencies. Program duplication with another agency is discouraged.
- Community Impact Grants will be **one-time funds** (non-sustainable grants as they cannot be guaranteed beyond one year)

Applications will be reviewed by our volunteer Allocations Committee and recommendations are provided to the Brant United Way Board of Directors for final approval.

Final decisions will be made at the March 2015 Board Meeting and communicated to agencies shortly thereafter. The funding will commence April 1, 2015 to March 31, 2016.

## Definitions

- Program Funding Brant United Way funds are to be used for operating a specific program or service only
- Capital Projects Brant United Way does not fund capital costs. Capital expenditures are expenses to acquire or upgrade physical assets such as equipment or property (things that can be used year after year)
- Client An individual receiving benefit from the programs or services operated by the agency/organization.

**SUBMISSION DEADLINE: FEBRUARY 20, 2015 AT 12:00PM**

**LATE SUBMISSIONS WILL NOT BE ACCEPTED**



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## Community Impact Grant Funding Application

**Official Name of Organization:**

### Funding Request

| Program Name                         | Priority Ranking<br>(if applicable) | Current United Way<br>Program Funding<br>(if applicable) | Requesting Program<br>Funding |
|--------------------------------------|-------------------------------------|--|-------------------------------|
| 1.                                   |                                     | \$   | \$                            |
| 2.                                   |                                     | \$   | \$                            |
| 3.                                   |                                     | \$   | \$                            |
| <b>Total Program Funds Requested</b> |                                     | <b>\$</b>  | <b>\$</b>                     |

### **FOCUS AREA:**

All that kids can be  Healthy people, strong communities  Poverty to possibility

**Brief description of the program and impact it will have in the community (100 words):**

**Number of clients who will benefit:**

### **Funding Application Completed by:**

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

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

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

E-mail: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

**SUBMISSION DEADLINE: FEBRUARY 20, 2015 AT NOON  
LATE SUBMISSIONS WILL NOT BE ACCEPTED**

## Application Check List

Official Name of Organization:

Provide two signed copies (hole punched but **not** stapled) inclusive of the following information:

Please check that all required items have been attached.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Signed Organization Board/Executive Approval. <b><i>If it is a collaborative application, including sign-off from all agencies and a memo of understanding</i></b>   |
| <input type="checkbox"/> | Organizational Review  |
| <input type="checkbox"/> | List of Board of Directors   |
| <input type="checkbox"/> | Most Recent Accountant-Prepared Year End Financial Statement ( <b><i>signed off by the Board of Directors</i></b> )<br>If the report is a national/provincial prepared statement, also please include a report specific to Brant/Brantford year-end operations |
| <input type="checkbox"/> | Organization Overview Fact Sheet   |
| <input type="checkbox"/> | Program Specific Fact Sheets (complete for each program applying for)  |
| <input type="checkbox"/> | Program Budget Report (approved by your Board) (complete for each program applying for)  |

Electronic version of submission forwarded to [sherry@brantunitedway.org](mailto:sherry@brantunitedway.org)

Note: Please save finished electronic submission under the name of your agency and application year (Agency-Year) prior to submitting.

## Agency/Organization Board/Executive Approval

**Official Name of Organization:**                     

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 supported by the Agency/Organization I represent.

I also certify that if funding is approved, the Agency/ Organization I represent will provide the required financial and activity reports.

I acknowledge that if this application is approved, the Agency/Organization will be required to enter into a membership/funding agreement with Brant United Way that will outline the terms and conditions of the grant.

The Board of Directors is aware of its responsibilities as dictated by the Ontario Corporations Act; the Income Tax Act; the Ontario Human Rights Code, the Charities Accounting Act, PIPEDA and Charitable Gifts Act. Further, the Board of Directors agrees to operate in accordance with Brant United Way guidelines and policies.

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director/CEO

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

***If this is a collaborative application, include signatures of Executive Director and Board Chair of other organizations and a simple memo of understanding***

\_\_\_\_\_  
Signature of Executive Director/CEO

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

## Agency/Organizational Review

Official Name of Agency/Organization:

**Instructions:**

Insert **X** mark in the applicable column. Please provide a written explanation for any "Don't Know" or "No" answers in the comments section or on a separate sheet of paper. Responses will be kept confidential and will only be shared with essential volunteers and staff at Brant United Way.

### **Requirement A: Legal**

**Yes No Don't Know**

|  |  |  |  |
|--|--|--|--|
| Does your agency/organization have any current legal or human rights issues?<br><i>If yes, please explain below.</i> |  |  |  |
| Comments:  |  |  |  |

### **Requirement B: Governance**

**Yes No Don't Know**

|   |  |  |  |
|---|--|--|--|
| Our agency /organization has an active, responsible, voluntary board which ensures effective governance over the organization.                                      |  |  |  |
| Our board reviews financial statements at least quarterly each year-  |  |  |  |
| Our board approves the Agency/Organization's annual budget.   |  |  |  |
| Our board operates according to a conflict-of-interest policy.  |  |  |  |
| We work with vulnerable clients and have a Prevention of Abuse policy and related insurance coverage.   |  |  |  |
| Our board sets limitations on terms of office for board members and ensures that those limitations are honoured.  |  |  |  |
| None of our Board Members receive remuneration for any purpose from our Agency other than reimbursement for out of pocket expenses while conducting Board business. |  |  |  |
| Our Board participates in at least one annual training session per year.  |  |  |  |
| Our board uses committees and establishes terms of reference.   |  |  |  |
| Comments:   |  |  |  |

### **Requirement C: Financial Management**

**Yes No Don't Know**

|  |  |  |  |
|--|--|--|--|
| We provide programs on a fee-for-service basis using a fee-for-service policy.   |  |  |  |
| Our agency/organization uses volunteer fundraisers   |  |  |  |
| Our agency/organization uses paid fundraisers (staff or third party).  |  |  |  |
| Our agency/organization has policies for use of both restricted and unrestricted reserves. The percentage of unrestricted reserves is equal to 25% of our yearly operating budget, (actually for our annual budget and that of Dementia Alliance for Brantford and Brant County) |  |  |  |
| Our agency/organization has an Investment Policy.  |  |  |  |
| Comments:  |  |  |  |

**Requirement D: Mission, Vision and Planning****Yes   No   Don't Know**

|   |  |  |  |
|---|--|--|--|
| Our board establishes and periodically reviews our organizational mission, vision and/or value statements.      |  |  |  |
| Our agency/organization has established a strategic plan to achieve our mission in the community.               |  |  |  |
| Our agency/organization reviews the strategic plan to determine progress in achieving key goals and objectives. |  |  |  |
| Our agency/organization uses a formal program evaluation tool.  |  |  |  |
| Comments:   |  |  |  |





## Organization Overview Fact Sheet

Official Organization Name:

|   |   |                               |                            |         |
|---|---|-------------------------------|----------------------------|---------|
| Address   |   |                               |                            |         |
| City, Province, Postal Code                         |   |                               |                            |         |
| Phone & Fax   |   |                               |                            |         |
| e-mail & web address                                |   |                               |                            |         |
| Location owned or leased (term of lease)            | <input type="checkbox"/> Own  | <input type="checkbox"/> Rent | Lease/mortgage expiry date | #Sq. Ft |
| Date company registered in Ontario                  |   |                               |                            |         |
| Charitable Number                                   |   |                               |                            |         |
| Fiscal Year End Date                                |   |                               |                            |         |
| Year End Statements prepared by CA - (name)         |   |                               |                            |         |
| Last (or planned) Annual Meeting Date               |   |                               |                            |         |
| Geographic Service Area (check all that apply)      | <input type="checkbox"/> Brantford <input type="checkbox"/> Brant County <input type="checkbox"/> Six Nations <input type="checkbox"/> Haldimand/Norfolk<br><input type="checkbox"/> Other (describe)                           |                               |                            |         |
| Number of Employees                                 | FT  | PT                            | Temp                       | Student |
| Fundraising staff                                   | FT  | PT                            | Temp                       | Student |
| Number of Volunteers                                | Adult   |                               | Student                    | TOTAL   |
| Total operating budget                              | \$  |                               |                            |         |
| Primary funding partner & amount                    |   |                               |                            | \$      |
| Secondary funding partner & amount:                 |   |                               |                            | \$      |
| National Funding & amount                           |   |                               |                            | \$      |
| Brant United Way Member Agency                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   Since When?  |                               |                            |         |
| Brant United Way Focus Areas (check all that apply) | <input type="checkbox"/> All that kids can be <input type="checkbox"/> From poverty to possibility<br><input type="checkbox"/> Healthy people, strong communities (independence and well-being; crisis counselling and support) |                               |                            |         |

Please provide a short description of the Agency/Organization including your mission statement and highlighting key services to the community.

# Program/Service Specific Fact Sheet

Official Agency/Organization Name:

Instructions:

Complete this section and a Program Budget Report (using the attached Excel spreadsheets provided.) for each program that you are requesting Brant United Way funding support. Some of these questions may not pertain to you, in which case simply mark "N/A". Please limit your response to 300 words or less per question, while ensuring you provide sufficient information to support your application.

Program Name:

## 1.0 Need for Service

- 1.1 Describe the program and list its objectives. (Who is the target population? What are the key program activities? What is it intended to do? How will it address the need of the target population?)
  
- 1.2 What identified community social needs does this program/service help address? Identify trends and community conditions that contribute to these social needs, including statistics and references where applicable. How does this program/service contribute to alleviating these needs?
  
- 1.3 Realizing that Brant United Way wants to ensure that duplication of services are kept to a minimum, describe how your agency/organization partners or collaborates with any programs/services provided by another community agency? Please describe the differences/similarities in these programs and clarify why service duplication is needed.
  
- 1.4 How does the program help to achieve your agency/organization's mission/mandate? (Describe why you are operating the program.)
  
- 1.5 How many clients will benefit from this program?

## 2.0 Program Effectiveness

- 2.1 How many years has your agency/organization been delivering this (or similar) program? What significant changes have been made to the program since it began?
  
- 2.2 Please list the resources you require to make your program successful. Resources such as money, staff, volunteers, facilities, equipment and supplies required to run a program. (E.g. *three staff required at 20 hours per week*)
  
- 2.3 What are the intended outcomes for your organization? (What benefits will clients experience?) What methods do you use to measure and evaluate outcomes?

Outcomes describe the change in client behaviour, skills, knowledge, or affect as a result of the program  
*e.g. increased skills and ability of individuals and families to reduce debt & manage monthly budgets*

Indicators describe the data collected that prove how well the program is achieving its outcomes; they are observable and

measurable, numbers or percentages  
*e.g. 160 individuals and families reduced personal or household debt by 20%*

Data collections methods are ways of collecting information  
*e.g. written records, survey, questionnaire, trained observer of behaviour*

Please complete:

|              | Outcome | Indicator | Data collection method |
|--------------|---------|-----------|------------------------|
| Short term   |         |           |                        |
| Intermediate |         |           |                        |
| Long term    |         |           |                        |

2.4 What are the inputs (resources) required for your organization to achieve its intended goals/outcomes? What are the activities and outputs?

Inputs are resources such as money, staff, volunteers, facilities, equipment and supplies required to run a program  
*e.g. three staff required at 20 hours per week*

Activities are the services provided by the program such as training, counselling, education, workshops, etc.  
*e.g. one weekly group meeting provided*

Outputs are always indicated as a number, to describe the work accomplished by your activities  
*e.g. # of classes provided, # of participants served, etc.*

Please list at least two inputs, activities and outputs for your organization:

| Input | Activity | Output |
|-------|----------|--------|
|       |          |        |
|       |          |        |

2.5 If you do not have a formal measurement evaluation process in place, how do you currently evaluate your program?

### 3.0 Need for Brant United Way Community Impact Funding

3.1 Is there other funding currently available for this program? What other funding has been applied for?

3.2 Are any of the program services on a fee-for-service basis? Yes  No   
 What amount, if any, do the clients contribute to the services received?  
 Do you provide subsidy for those who are unable to pay? Yes  No

3.3 Do you allocate any fundraised dollars to this program?  
 Yes  percentage or amount of fundraised dollars allocated to this program? No  why not?

3.4 Has this program experienced any recent funding cutbacks or increases that will directly affect this program? Yes  No   
 Are funding cutbacks or increases affecting this program anticipated for the next three years?  
 Yes  No   
 If yes to either question, then please explain.

3.5 If your organization has unrestricted and/or restricted reserves, are they earmarked for a specific project or purpose? Is there a reserve fund policy?

- 3.6 If your organization is part of a national or provincial organization, then describe the type and level of assistance that is available to your organization from that national/provincial body.
- 3.7 For programs that overlap United Way jurisdictions, please explain how you separate costs/revenues to ensure that the program funded by Brant United Way is not funding a program outside of Brantford/Brant.
- 3.8 What is your contingency plan if you do not receive the full requested amount from Brant United Way? (I.e. reduce level of service, additional fundraising, share resources, transfer of funds from reserves, apply for other grants, etc.) Is the program scalable and describe that for us? What is the minimum amount required to continue to run your program(s) at the current level of service?
- 3.9 What is the long-term funding plan to make this program sustainable?
- 3.10 Please provide a client success story related to the benefits of this program. How will the program impact the client/family/community?

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**Please review that all information required has been answered and/or attached prior to submitting finalized application package to Brant United Way.**

Thank you for your application.

If you have any questions please contact:

**Sherry Haines**  
Executive Director – Brant United Way  
519-752-7848 ext. 217  
[sherry@brantunitedway.org](mailto:sherry@brantunitedway.org)