**Application for Funding 2024**

**United Way of Lunenburg County**

**Document Number 412 Revision #8**

**Document Number 412**

**Revision #18**

**January 10, 2024**

United Way of Lunenburg County is accepting requests for program fundingthat address one or more of these impact areas:

**Increasing Self-Sufficiency and Well Being**

**Helping Young Children and Their Families Thrive**

**Assisting in the Development of Youth**

**Reducing Violence and Increasing Safety**

 **Building Stronger Volunteer Organizations**

**Consideration will only be given to organizations that fully meet the eligibility criteria as outlined on the following pages. Operational costs will be provided for those costs directly related to the specific program or service being applied for – salary, materials, supplies, etc.**

**Deadline for applications is Midnight, Friday February 16th, 2024**

**All attempts will be made to notify you no later than late April 2024**

**Submission Guidelines**

* We urge you to please submit an electronic PDF version of your Funding Application. This makes it much easier on our reviewers and is better for the environment.

**Please forward all Funding Applications and supporting documents to**

Via e-mail office@lunenburgcounty.unitedway.ca

**We will accept a paper version if submitting electronically is not an option. You will not be penalized.**

Mail United Way of Lunenburg County

 Po Box 244, Bridgewater, Nova Scotia, B4V 2W9

**Have questions or require additional information?**

**Please see our Funding Application Guide. This document can be found on our website.**

[www.lunenburgcounty.unitedway.ca](http://www.lunenburgcounty.unitedway.ca) **click on the tab “How we Help – Granting Process”**

Please contact Michael Graves, Coordinator

United Way of Lunenburg County

office@lunenburgcounty.unitedway.ca9 902-530-3072 (voicemail) or 902-521-4704 (cell)

United Way of Lunenburg County

#### Criteria for Funded Programs

**In order to be eligible for funding consideration, a sponsoring organization must meet the following guidelines:**

**1. ORGANIZATION**

* The organization is registered as a charitable organization under the Canada Income Tax Act, eligible for registration or affiliated with a registered organization.
* Funding provided will be used to fund programs and services in Lunenburg County.

**2. BOARD OF DIRECTORS**

* There is a duly elected voluntary Board of Directors that meets at regular intervals and keeps minutes of their proceedings.

**3. FINANCES**

* A financial audit or review by a designated accountant (CA, CMA, CGA) is conducted annually which shows that its operations are in conformity with generally accepted accounting principles.
* The organization has an annual operating budget process and operates within the constraints of its Board approved operating budget.
* The organization has other documented sources of revenue including community support through fundraising efforts.

**Please keep this page for your records.**

United Way of Lunenburg County

2024 Application for Funding

Organization Information

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Agency/Organization Name** | **2** | **CRA Charity Number** |
| **3** | **Mailing Address (including Postal Code)**, Bridgewater, NS. Canada B4V 2X |
| **4** | **Telephone** | **5** | **Fax #** |
| **6** | **Email Address**  | **7** | **Website** |
| **8** | **Chairperson/President** | **9** | **Executive Director/ Coordinator** |
| **10** | **Number of Paid Staff** | **11** | **Number of Volunteers** |
| **12****13****14** | *FINANCIAL INFORMATION:* In addition to attaching your organization’s most recent audited financial report, please provide the following information for your current fiscal year:1. *Operating Revenue*
2. *Operating Expenditure*
3. *Accumulated Surplus/Deficit*
 |
| **15** | **Organizations Purpose /Mission Statement** |
|  |

##### **United Way of Lunenburg County –**

##### **2024 Application for Funding**

##### **Funding Request Summary**

|  |  |
| --- | --- |
| **1** | **What is the program? Please provide us with a detailed description of your project.** |
| **2** | **How will United Way’s funding be used?** |
| **3** | Amount of Funding Requested: $ | **4** | When will the event or program take place? |
| **5** | Please ensure that you have enclosed a complete program budget, including all sources of revenue and the status of non-United Way funding explained. |
| **6** | Which Impact Area best describes the issue or community that this program will address? Building Stronger Volunteer Organizations Increasing Well Being and Self-Sufficiency Increasing Safety and Reducing Violence Assisting in the Development of Youth Helping Young Children & Their Families Thrive |
| **7****8****9** | Has your organization ever been a recipient of United Way funding? YES NO If so, when and for how much? \_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**If yes, also please complete Chart A Partner Funding****Don’t forget to complete your Final Reporting Form if you have received funding in the past.** |
| **10** | Will the funds requested for this program be used to operate it exclusively in Lunenburg County? | **11** | If not where else will it operate? |

This application was completed by:

**Please type Name: Title/Position:**

**Date Completed:**

**This will be the contact we will use if we have further questions.**

# 2024 APPLICATION FOR FUNDING

**I. NEED – There is an identified need in the community for this program.**

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Response** |
| **1** | Please describe the people that will benefit from this program.  |  |
| **2** | Please provide the estimated number of people who will benefit from participating in this program.  |  |
| **3** | How was it determined that there is a need for this program in the community? |  |
| **4** | Are there other similar programs currently offered in the community? If so, what are they? |  |

 **II: SHARED VISION - The Agency and this program share the vision of a better community with the United Way**

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Response** |
| **1** | How does this program build community? |  |
| **2** | How does this program enhance the participant’s opportunities to become self-sufficient? |  |
| **3** | How will you promote your program to reach those most in need? |  |
| **4** | Do you have in-kind donations, financial contributions and volunteers from the community supporting this program? |  |

**III: OUTCOMES - Agencies must have in place, and report the results of, outcome measures for this program.**

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Response** |
| **1** | Please describe **the intended initial** outcome for this program and explain how they will be measured. |  |
| **2** | Are there **long-term** outcomes for this program? Explain how they will be measured. |  |
| **3** | Testimonials(We would love to hear how your program is having a positive effect on people) |  |

**IV: MANAGEMENT - The agency demonstrates sound resource management as it relates to this program**

|  |  |  |
| --- | --- | --- |
|  | **Question** | **Response** |
| **1** | What qualifications does your organization have to run this program? |  |

SECTION D

Support Documentation Required:

|  |  |
| --- | --- |
| Provide(Please check off all documents enclosed with this application) | * Year-to-date financial statement
* The most recent year end audited or reviewed financial statements completed by a reputable accounting firm.
* An up-to-date list of board members that identifies their position, occupation/profession, and address.
* Program Budget
* Reporting form (Required if you received funding in < 2023)
* Partner funding History Chart A (to be completed by all applicants)

**This document can be found on our website** [www.lunenburgcounty.unitedway.ca](http://www.lunenburgcounty.unitedway.ca) **click on the tab “How we Help – Granting Process”** |