Member Agency Application Form 2019

## Before filling out this form, please ensure that you have read the *2019 Member Agency Funding Guidelines*.

# Member Agency Information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agency Name: | Click here to enter text. | | | | | | | | | | | |
| Address: | Click here to enter text. | | | | | | | | | | | |
| Town/City: | Click here to enter text. | | | | | | | Postal Code: | | | Click here to enter text. | |
| Phone: | Click here to enter text. | | | | | Fax: | | Click here to enter text. | | | | |
| Website: | Click here to enter text. | | | | | | | | | | | |
| Executive Director: | Click here to enter text. | | Email: | | | Click here to enter text. | | | | | | |
| Incorporated Charitable Registration Name: | | | Click here to enter text. | | | | | | | | | |
| CRA Charity Registration #: | | Click here to enter text. | | | | | Fiscal Year End: | | | | | Click here to enter text. |
| # of Full-Time Staff: | | Click here to enter text. | # of Part-Time Staff: | | | | | | Click here to enter text. | | | |
| How much liability insurance does your agency carry? | | | | | Click here to enter text. | | | | | | | |
| Is the agency supported by a sound financial plan for a positive future outlook? | | | | | | | | | | yes  no | | |
| If your organization has a surplus for dedicated reserves or operational reserves, please describe your policy with regard to amounts. Does your agency have any other surplus or deficit? If there is a surplus, how will it be used? If there is a deficit, how will it be cleared? | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| What is the total number of clients your agency served in Haldimand and Norfolk in 2019? | | | | | | | | | | Click here to enter text. | | |
| Provide a brief overview of the agency and the work that it does: | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Please list the **name** and **position** of all members of the agency’s Board of Directors: | | | | Please list the **name** and **position** of the top members of the agency’s senior staff: | | | | | | | | |
| Click here to enter text. | | | | Click here to enter text. | | | | | | | | |
| Describe how the agency collaborates with other agencies and organizations and how long you have had this collaboration: | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Describe the measures your agency takes to make sure it is fully accessible to the community: | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |

# Involvement

|  |  |  |
| --- | --- | --- |
| Does the agency agree to display the United Way sign on the premises? | | yes  no |
| Does the agency agree to provide a guest speaker at United Way events? | | yes  no |
| Does the agency agree to attend member agency umbrella meetings? | | yes  no |
| Does the agency agree to attend the United Way Annual General Meeting? | | yes  no |
| Does the agency agree to attend the Campaign kick off? | | yes  no |
| Does the agency agree to volunteer at special events when requested? | | yes  no |
| Does the agency agree to acknowledge funding from United Way of Haldimand and Norfolk during every community presentation/display? | | yes  no |
| Please check the following ways your agency is willing to use the United Way of Haldimand and Norfolk’s logo: | | |
| Letterhead  Brochure  Newsletter | Annual Report  Advertising  Web site | |
| What will the agency do to recognize/support United Way of Haldimand and Norfolk? | | |
| Click here to enter text. | | |

# Eligibility

|  |  |
| --- | --- |
| For an agency to be considered for funding, all of the eligibility requirements must be met in the sole opinion of United Way of Haldimand and Norfolk. | |
| 1. Is the agency a registered charity? | yes  no |
| 1. Does the agency have a volunteer Board of Directors? | yes  no |
| 1. Is the agency in receipt of a Notice of Breach of any existing contracts with United Way of Haldimand and Norfolk? | yes  no |
| 1. Is the agency committed to comply with all Ontario Human Rights Legislation? | yes  no |
| 1. Can the agency confirm that any funding received will not be used to duplicate existing funding, pay a pre-existing debt, or to pay for any liabilities incurred before any funding agreement has been signed? | yes  no |
| 1. If the agency has received funding from United Way of Haldimand and Norfolk in the past, has the agency demonstrated a history of accountability in meeting terms and conditions of previous allocations? | yes  no |
| 1. Is the agency willing to adhere to the fundraising blackout period from September 1st to November 30th annually while being funded by United Way of Haldimand and Norfolk? | yes  no |
| 1. Is the agency requesting exemption for any fundraising special events during the blackout period? If yes, please list the event, date(s) of event, and reason it is being asked to be held in the blackout period. (Please note that requests for exemption are not guaranteed and will be reviewed separately from the allocation application.) | yes  no |
| Click here to enter text. | |
| 1. Has your agency attached the most recent audited financial statements? | yes  no |
| 1. Has the agency attached the most recent annual report? | yes  no |
| 1. Does the agency agree to submit future audited financial statements and annual reports during the life of this funding agreement if receiving multi-year funding? | yes  no |
| 1. Has the agency demonstrated sound management and governance practices? | yes  no |
| 1. Is the agency able to respond to community needs if and when they arise? | yes  no |
| 1. Is the agency willing to complete mandatory reporting? | yes  no |
| 1. Is the agency willing to share information for marketing purposes with United Way of Haldimand and Norfolk? | yes  no |
| 1. Has the agency demonstrated effective use of resources (financial and human resources)? | yes  no |
| 1. Does the agency agree to abide by the *Agency Fundraising Agreement* as written in the *2019 Member Agency Funding Guidelines*? | yes  no |
| 1. Does the agency agree to abide by the Sub-License to use United Way of Haldimand and Norfolk marks as written in the *2019 Member Agency Funding Guidelines*? | yes  no |

# Verification:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Can you verify that all of the information listed in the agency’s entire application is correct and true to your knowledge? | | | | | yes  no |
| Name of Legal Signatory signing on behalf of the agency: | | | Click here to enter text. | | |
| Title: | Click here to enter text. | | | Date: | Click here to enter a date. |
| Signature: | | Click here to enter text. | | | |