Member Agency Application Form 2021

## Before filling out this form, please ensure that you have read the *2020 Member Agency Funding Guidelines*.

# Member Agency Information:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 2020? | | | | | | | | | | 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. 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 *2020 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 *2020 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. | | | |