Program Application Form 2021

# Program Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: | Click here to enter text. | | | | |
| Program Name: | Click here to enter text. | | | | |
| Program Contact: | Click here to enter text. | | | | |
| Contact Title: | Click here to enter text. | | | | |
| Contact Phone: | Click here to enter text. | | Email: | Click here to enter text. | |
| Amount of funding requested: | | | | | $Click here to enter text. |
| Is this an existing program that currently receives funding from United Way of Haldimand and Norfolk? | | | | | yes  no |
| Does this program address social needs without discrimination? | | | | | yes  no |
| Is there a clearly defined need for this program in the community? | | | | | yes  no |
| Please provide a **brief** overview of the program for marketing purposes: | | | | | |
| Click here to enter text. | | | | | |
| How many people did this program serve in 2020? | | | | | Click here to enter text. |
| How many people do you estimate this program will serve in 2021? | | | | | Click here to enter text. |
| Please indicate which age demographic(s) your program provides support to: | | | | | |
| 0-6 Years | | # of individuals served: Click here to enter text. | | | |
| 7- 11 Years | | # of individuals served: Click here to enter text. | | | |
| 12 – 24 Years | | # of individuals served: Click here to enter text. | | | |
| 25-64: | | # of individuals served: Click here to enter text. | | | |
| 65+ | | # of individuals served: Click here to enter text. | | | |

## Please complete the following table by checking the most appropriate box (check one only) for which of the focus areas your program best aligns with:

|  |  |  |  |
| --- | --- | --- | --- |
| **All That Kids Can Be** | **From Poverty to Possibility** | **Healthy People** | **Strong Communities** |
| Success in School  Community Engagement and Leadership Development  Emotional & Physical Well-Being | Food Security  Housing Stability  Employment  Financial Literacy & Individual Support | Indigenous Peoples  People with Disabilities  Seniors  Newcomer Settlement & Integration  Community Mental Health & Wellbeing  Sexual and/or Domestic Violence | Neighbourhood Development & Engagement  Organizational Capacity Building & Leadership Development  Volunteer Engagement and Mobilization |

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| Please define the need, including a description of who would benefit from the program and what the community impact of the program would be: | | | | | |
| Click here to enter text. | | | | | |
| Name any other agencies providing the same or similar services in the county. (Explain the difference and why there is a need for more): | | | | | |
| Click here to enter text. | | | | | |
| Are the services provided by this program available in: | | | | Haldimand County  Norfolk County  Both | |
| Please indicate (check) which communities in which this program is administered: | | | | | |
| **Haldimand County** | | **Norfolk County** | | | |
| Caledonia  Cayuga  Dunnville  Hagersville  Jarvis  New Credit  Townsend | | Courtland  Delhi  Langton  Port Dover  Port Rowan  Simcoe  Waterford | | | |
| Other: | Click here to enter text. | Other: | Click here to enter text. | | |
| Is the program accessible to the LGBTQ community? Please explain. | | | | | yes  no |
| Click here to enter text. | | | | | |

# Financial Information:

|  |  |
| --- | --- |
| A budget for this program is required. Have you attached a program budget to your application? | yes  no |
| Does the program charge any user fees? | yes  no |
| If yes, what percentage of the overall program cost will be covered by user fees? | Click here to enter text. |
| What portion of the proposed program funding would be provided by UWHN? | Click here to enter text. |
| What would happen to the program without United Way funding? | |
| Click here to enter text. | |

# Marketing Information:

## Please include two testimonials and attached photos with your form submission that we can use for marketing purposes:

|  |  |
| --- | --- |
| Testimonial #1:  Click here to enter text. | |
| Testimonial #2:  Click here to enter text. | |
| What is the impact of a donation? What can the following amounts do for this program? (e.g., $50 supports 2 people to complete a workshop; $100 provides 3 meals for one individual, $1000 provides housing for one family for one month, etc.) | |
| $50 | Click here to enter text. |
| $100 | Click here to enter text. |
| $365 | Click here to enter text. |
| $500 | Click here to enter text. |
| $1000 | Click here to enter text. |
| $5000 | Click here to enter text. |

# 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. | | | |