Program Application Form 2022

# Program Information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Name: |  | | | | |
| Program Name: |  | | | | |
| Program Contact: |  | | | | |
| Contact Title: |  | | | | |
| Contact Phone: |  | | Email: |  | |
| Amount of funding requested: | | | | | $ |
| 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: | | | | | |
|  | | | | | |
| How many people did this program serve in 2021? | | | | |  |
| How many people do you estimate this program will serve in 2022? | | | | |  |
| Please indicate which age demographic(s) your program provides support to: | | | | | |
| ☐ 0-6 Years | | # of individuals served: | | | |
| ☐ 7- 11 Years | | # of individuals served: | | | |
| ☐ 12 – 24 Years | | # of individuals served: | | | |
| ☐ 25-64: | | # of individuals served: | | | |
| ☐ 65+ | | # of individuals served: | | | |

## 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 |

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

# 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? |  |
| What portion of the proposed program funding would be provided by UWHN? |  |
| What would happen to the program without United Way funding? | |
|  | |

# Marketing Information:

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

|  |  |
| --- | --- |
| Testimonial #1: | |
| Testimonial #2: | |
| 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 |  |
| $100 |  |
| $365 |  |
| $500 |  |
| $1000 |  |
| $5000 |  |

# 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: | | |  | | |
| Title: |  | | | Date: |  |
| Signature: | |  | | | |