Program Application Form 2022

# Program Information:

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| --- | --- |
| 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 |

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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: |
|  |
| 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:

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| 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: |  |