

Program Application Form 2024

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?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Does this program address social needs without discrimination?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Is there a clearly defined need for this program in the community?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Please provide a brief overview of the program for marketing purposes:			
How many people did this program serve in 2023/24?			
How many people do you estimate this program will serve in 2024/25?			
Please indicate which age demographic(s) your program provides support to:			
<input type="checkbox"/> 0-6 Years	# of individuals served:		
<input type="checkbox"/> 7- 11 Years	# of individuals served:		
<input type="checkbox"/> 12 – 24 Years	# of individuals served:		
<input type="checkbox"/> 25-64:	# of individuals served:		
<input type="checkbox"/> 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
<input type="checkbox"/> Success in School <input type="checkbox"/> Community Engagement and Leadership Development <input type="checkbox"/> Emotional & Physical Well-Being	<input type="checkbox"/> Food Security <input type="checkbox"/> Housing Stability <input type="checkbox"/> Employment <input type="checkbox"/> Financial Literacy & Individual Support	<input type="checkbox"/> Indigenous Peoples <input type="checkbox"/> People with Disabilities <input type="checkbox"/> Seniors <input type="checkbox"/> Newcomer Settlement & Integration <input type="checkbox"/> Community Mental Health & Wellbeing <input type="checkbox"/> Sexual and/or Domestic Violence	<input type="checkbox"/> Neighbourhood Development & Engagement <input type="checkbox"/> Organizational Capacity Building & Leadership Development <input type="checkbox"/> 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	
<input type="checkbox"/> Caledonia <input type="checkbox"/> Cayuga <input type="checkbox"/> Dunnville <input type="checkbox"/> Hagersville <input type="checkbox"/> Jarvis <input type="checkbox"/> Townsend		<input type="checkbox"/> Courtland <input type="checkbox"/> Delhi <input type="checkbox"/> Langton <input type="checkbox"/> Port Dover <input type="checkbox"/> Port Rowan <input type="checkbox"/> Simcoe <input type="checkbox"/> Waterford	
Other:		Other:	
Mississaugas of the Credit First Nation		<input type="checkbox"/> yes <input type="checkbox"/> no	
Is the program accessible to the LGBTQ2 community? Please explain.			<input type="checkbox"/> yes <input type="checkbox"/> no

Financial Information:

A budget for this program is required. Have you attached a program budget to your application?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the program charge any user fees?	<input type="checkbox"/> yes <input type="checkbox"/> 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?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Name of Legal Signatory signing on behalf of the agency:			
Title:		Date:	
Signature:			