

**UNITED WAY of the CENTRAL and SOUTH OKANAGAN SIMILKAMEEN
2012-2013 AGENCY APPLICATION FOR FUNDING**

The purpose of the Agency Application for Funding is to consider the program and core funding requirements of your agency, as it pertains to United Way financial support within the Central and South Okanagan Similkameen. Agencies are expected to provide both financial and statistical information for their operations.

Submissions must be received at the United Way office no later than **January 23, 2012** to be eligible for funding. **Please note: applications received after the due date will not be accepted for consideration in the first round of allocations.**

Kelowna Office:
#202-1456 St. Paul St.
Kelowna, BC V1Y 2E6
250-860-2356
info@unitedwaycso.com

Penticton Office:
390 Main Street
Penticton, BC V2A 5C3
250-492-2842

Terms of Funding

- Funding will be distributed 2 times a year: in May & November
- Funding is contingent upon:
 - A) the United Way of the Central & South Okanagan Similkameen's fundraising efforts. Should there be a shortfall in dollars available, the amount provisionally allocated to the 2nd payment (in November) may be adjusted to reflect the available dollars for distribution.
 - B) Adherence with the UWCSO's Memorandum of Understanding and Fundraising Partnership Agreement
 - C) Charity Status remaining in good standing

NEW:

- Interim Reports are due by October 31st 2012

- Final Reports are due by April 30th 2013

YOUR AGENCY'S NAME: _____

Signature of Board Chair

Executive Director/Senior Administrator

Date: _____

Date: _____

(Please note - all tables are designed to increase as you input your answers)

SECTION I: GENERAL AGENCY INFORMATION

A. Agency Particulars

Name:		
Address:		
City:	Province:	PC:
Phone:	Fax:	Email:

B. Contact information for the person completing the application

Name:		
Title:		
Address:		
City:	Province:	PC:
Phone:	Fax:	Email:

C. Agency Mission Statement

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D. Agency Organization. Please indicate the number of paid staff members in the following categories:

Full Time:	Total Staff:
Part Time:	Full Time Equivalency:
Occasional:	

E. Charitable Registration Number: _____

SECTION II: FUNDING REQUEST

A. **United Way funding request for 2012-2013:** \$ _____

B. **Total Agency revenue budgeted for 2012-2013:** \$ _____

C. **United Way request as percentage of total agency revenue:** _____%

SECTION III: AGENCY STATISTICS & AFFILIATIONS

A. How many people are helped by your agency in this region each year?

B. Do you provide any of your programs on a fee for service bases? If yes, please explain the fee structure.

C. Does your agency:

a) have an affiliation with a National or Provincial Organization?

Yes: <input style="width: 80%;" type="text"/>	No: <input style="width: 80%;" type="text"/>
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b) If yes, please provide the name of your National or Provincial organization:

c) What does your national organization supply to your agency?

d) Does your agency pay dues or fees to this organization?

Yes: <input style="width: 80%;" type="text"/>	No: <input style="width: 80%;" type="text"/>
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e) if yes, how much are these dues on an annual basis?

\$	<input style="width: 95%;" type="text"/>
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A. Please tell us about your volunteers:

	<i>Number of Volunteers</i>	<i>Estimated Volunteer Hours</i>
<i>Total</i>		
<i>Program/Service</i>		
<i>Fundraising</i>		
<i>Board, Admin & Committee Members</i>		

B. Please tell us about your agency's statistics:

	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012 budget</i>
<i># of Clients</i>				
<i># of units of service</i>				
<i>Cost per unit of service</i>				

C. Are there any human rights or legal issues the United Way should be aware of that may impact/affect their reputation and standing in the community?

<i>Yes:</i>	<i>No:</i>
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D. How does your agency cooperate/collaborate with other community organizations?

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SECTION IV: FUNDING REQUEST DETAILS

Funding Request #1 of _____ (PLEASE FILL OUT ONE FORM PER FUNDING REQUEST. WE HAVE ATTACHED AN ADDENDUM TO THIS APPLICATION FOR ADDITIONAL PROGRAM FUNDING REQUESTS.)

Agency name: _____

Program name: _____

Name of your program, or if you are applying for core funding please indicate so.

Question 1

Original Report:

Date Submitted: _____

Give a brief outline or overview of the funding request. What specific community issue does this program address?

Interim Report:

Date Submitted: _____

Has anything changed in the last 6 months?

Final Report:

Date Submitted: _____

Did your program address the specific community issue outlined above?

Question 2

Original Report:

How many and who will be served by the United Way funding?

Interim Report:

How many and who was served by the United Way funding in the past 6 months?

Final Report:

How many and who was served by the United Way funding in the past 12 months?

Question 3

Original Report:

3. Where will the services be offered? What municipalities will be covered?

Interim Report:

Were there any changes of where the services were offered, or what municipalities were covered in the last 6 months?

Final Report:

Were there any changes of where the services were offered, or what municipalities were covered in the last 12 months?

Question 4

Original Report:

Please provide examples of what the United Way funding can provide for your clients in terms of services or resources. What client outcome might be achieved from receiving \$100, \$500 or \$1,000?

Interim Report:

*Give an example of a **measurable short term outcome** that this funding has produced. How have you measured this outcome?*

Final Report:

*Give an example of a **measurable outcome** that this funding has produced. How have you measured this outcome?*

SECTION V: FINANCIAL INFORMATION

Funding Request #1 of _____ (PLEASE FILL OUT ONE BUDGET FORM PER FUNDING REQUEST. WE HAVE ATTACHED AN ADDENDUM TO THIS APPLICATION FOR ADDITIONAL FUNDING REQUESTS.)

2012/2013 FUNDING REQUEST BUDGET

Revenues

	Budget for Year	6 month, year-to-date budget	12 month, actual use of funds
Government Funding			
United Way Funding			
Other Funding (secured)			
United Way Donor Designations			
Donations / Fundraising			
Fees for Service			
TOTAL			

Expenses

	Budget for Year	6 month, year-to-date budget	12 month, actual use of funds
Staffing Costs- Salaries/Wages/Benefits			
Training & Staff/Volunteer Development			
Occupancy Costs			
Other Direct Costs			
Fundraising Costs (including paid fundraisers)			
Administrative Overhead			
TOTAL			
Surplus (Deficit): **Please explain any variances +/- greater than 10% for all revenue and expense items			

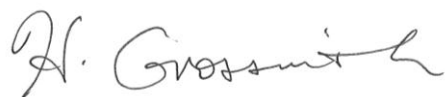
SECTION VI: ADDITIONAL INFORMATION REQUIRED

The following information MUST be attached to your application request:

- a) **List of your current Board Members including their occupations and phone numbers.**
- b) **Your most recent audited, or professionally prepared, financial statements. (If your statements are older than 6 months, please also provide current in-house year-to-date financial statements.)**
- c) **A copy of your most recent Annual Report.**
- d) **Please include a brief story (or quote from client) illustrating how your agency has been able to create change because of United Way support. No identifying client information is necessary.**
- e) **Finally, please provide 2 good resolution photographs from your agency that can be used by United Way in public promotions. These do not need to be photographs of clients (some agencies use volunteers as models) but should illustrate the work you do. These photographs should be e-mailed to info@unitedwaycso.com along with the electronic submission of your application.**

*Please three hole punch all of your copies (for easy insertion into our binders), and provide **3 (three) copies** of each application and additional information as listed above, plus one electronic copy sent via email to info@unitedwaycso.com.*

Thank you,



Harry Grossmith
Executive Director