



SECTION 1

A. ORGANIZATION INFORMATION

Organization

Charitable Registration Number

Mailing Address

Applicant Name:

Phone:

Title:

Email:

Senior Administrator Name:

Phone:

(if different from above)

Title:

Email:

Board Chair Name:

Phone:

Email:

Provincial & National Organization Affiliations

Annual Fees

B. FUNDING REQUEST

2018-2019 Funding Request Central Okanagan

South Okanagan

TOTAL

2017-2018 Funding awarded from United Way CSO Community Fund (if applicable):

Funding request as a percentage of total budgeted revenue (see Section 2):

Authorized Signatures

Executive Director/Senior Manager Print Name _____

Date _____ Signature _____

Board Executive Print Name _____

Date _____ Signature _____

C. ORGANIZATION STATISTICS

Approximately how many individuals does your organization help directly each year? _____

How many staff does your organization have in total? _____

Full Time (30+ hours) _____

Part Time (less than 30 hours) _____

Casual _____

How many volunteers does your organization have (including board, committees)? _____

D. COMMUNITIES TO BE DIRECTLY SERVED BY THE REQUESTED FUNDING

Please check those that apply

Central Okanagan

Kelowna

West Kelowna

Lake Country

Peachland

Other (please specify)

South Okanagan

Penticton

Summerland

Princeton

Keremeos

Other (please specify)

Oliver

Osoyoos

Hedley

Cawston

E. BRIEFLY PROVIDE THE MISSION STATEMENT, MANDATE, AND HISTORY OF YOUR ORGANIZATION:

Mission Statement:

Vision:

Mandate:

History (maximum 150 words):

**F. BRIEFLY SUMMARIZE WHAT YOU ARE REQUESTING FUNDING FOR AND WHY
(maximum 150 words):**

SECTION 2

CORE OPERATIONAL FUNDING REQUEST DETAILS

A. ALLOCATIONS OF CORE FUNDING REQUEST

Please include a breakdown of your core funding request, including the amount for each selected expense type. Please include specific details or explanation for each expense type.

-for administrative salaries please include tasks performed

-for insurance, marketing, database fields please include cost and time period, specific details on materials, etc

EXPENSE TYPE	AMOUNT	DETAILS AND/OR EXPLANATION
Administrative Support Salaries or Wages (ex: reception, admin assistant, finance)		
Administrative Leadership Salaries (ex: Executive Director, Manager)		
Rent or Utilities		
Bookkeeping or Audit		
Insurance		
Information Management System		
Marketing or Promotional Expenses		
Other (specify):		
TOTAL FUNDING REQUESTED		

B. STRATEGIC IMPACT PRIORITIES TO BE ADDRESSED BY THE REQUESTED FUNDING

Please select the **strategic priorities** your funding request will address below. For every priority you check, you **must** specifically explain how your funding request will address it.

Priority 1: Poverty to Possibility Meet basic human needs and move people out of poverty

Priority

How your request will address it

<p>Housing Stability Individuals and families have access to emergency shelter, affordable housing, and have the resources to maintain stable housing.</p>	
<p>Employment & Financial Security Individuals have family-sustaining employment, and have the capacity to manage personal finances and build savings and assets for their future.</p>	
<p>Food Security Individuals and families have access to affordable, nutritious food, and experience decreased stress and life disruptions due to food insecurity.</p>	

Priority 2: All That Kids Can Be - Help children and youth reach their full potential.

Priority	How your request will address it
<p>Early Learning Early childhood experiences shape the architecture of the brain and lay the foundation for success in school and beyond.</p>	
<p>Healthy Kids Successful transitions in the middle years are strengthened by physical, social and emotional well-being.</p>	
<p>Resilient Youth Youth graduate high school set on a path for success, and can effectively cope with, or adapt to, difficulties and challenging life situations.</p>	

Priority 3: Healthy People, Strong Communities - Support personal well-being and strengthen neighbourhoods

Priority	How your request will address it
<p>Mental Wellness People facing challenges with mental health, addiction or family distress have access to timely, coordinated and personalized supports.</p>	
<p>Personal Health & Safety Our community improves personal health and safety for all residents.</p>	
<p>Connected to Community People enjoy strong community connections and can easily find and access the services they need to live better lives.</p>	

C. IMPACT OF REQUESTED CORE OPERATIONAL FUNDING

Please answer the following questions to describe how the requested investment by United Way will create positive changes for clients and/or community.

1. Why does your organization need core funding from the United Way?

SECTION 3

ORGANIZATION-WIDE FINANCES

Please fill out your **entire** organization's yearly budget and actuals for your **fiscal year** based on the template. You may also attach a copy of your regular budget *in addition* to this template if it is applicable.

Fiscal Year (MM/YY – MM/YY): -			
	LAST YEAR'S BUDGET	LAST YEAR'S ACTUAL	PROPOSED BUDGET (UPCOMING YEAR)
REVENUE			
United Way Funding			
United Way Donor Designations			
Fee for Service			
Fundraising			
General Donations			
Government			
Corporations			
Foundations			
Other revenue (please specify):			
Other revenue (please specify):			
TOTAL REVENUE			
EXPENSES			
Salaries and Benefits			
Program Costs			
Premises Costs			
Administrative Costs			
Fundraising Costs			
Other Costs (please specify):			
TOTAL EXPENSES			
SURPLUS (DEFICIT)			

ORGANIZATION BUDGET NOTES: Explain any variances +/- 10% for all revenue and expense items. You may also add any other budget-related explanations here:

SECTION 4

ADDITIONAL INFORMATION

Please use this optional section to include any additional information **relevant to your application** that was not addressed in Sections 1-3 (max 300 words).