

United Way
Application
for Funding

2024-2025

Late, incomplete or non-qualifying submissions will be disqualified from the grant process without notification.

*Submission Deadline:
Monday March 3rd 2025 4pm*

Instructions for Applicants

1. Please read the application guidelines before submitting.
 2. Please keep your answers clear and concise.
 3. If you have questions about this application please phone the United Way Office (403-526-5544) in advance of your submission.
 4. You may apply for several grants at the same time but you must complete a separate application for each separate request.
 5. Please help us reduce paper use! Consider scanning your supplements/financials and submitting your application digitally to <mailto:communityinvestment@utdway.ca>
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Required Supporting Documents

Please ensure to attach or include the following required documents to support your application:

1. Most current professionally prepared financial statement.
2. A program budget relevant to each program you are requesting funding for, budgets must include related administrative costs.
3. A board director listing that contains basic contact information for each of your directors.
4. Proof of submission of the Annual Return to Alberta Corporate Registry.

SECTION 1

Information about Your Organization

Organization name:			
Organization address (local):			
City/Town:		Postal Code:	
Phone:		Local office email:	
Website address:			
Contact person for this application:			
Contact phone:			
Contact email:			
Registered Canadian Charity Number (required):			
Is your charitable status in good standing?	YES	NO	
How many staff does your organization employ?	Full Time:	Part Time:	
How many volunteers does your organization have?			

Please list your funding requests **in order of priority**:

	Request/Program Name	Amount
1.		
2.		
3.		
4.		
5.		
	Total Amount Requested	\$

If possible, please list the communities your organization serves at the local level and provide an approximate number of clients from each community. If this information is not available, please consider tracking it to submit with your final report to United Way.

Name of Community	Number of Clients Served

United Way Ambassador Program

A United Way Ambassador is a client, staff or board member from your organization who accompanies a United Way staff member to local workplaces of varying sizes 1-2 times during campaign season (Sept. – Dec.). Ambassadors describe to employees how United Way-funded programs make an impact on lives in the community.

Impact stories directly from clients who benefit from your programs provide a stronger sense of community among potential donors and help them better understand the value of their gift.

Would your organization be willing to provide support to a United Way Ambassador program?

YES and clients may be available	YES but with staff and director support only	NO we are not able to participate at this time

If you answered “No” or “Yes but with staff and director support only”, would your organization be willing to provide written accounts of impact to be read out loud at campaign presentations or published in other United Way media?

YES		NO	
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Would your organization be willing to allow United Way to publish photos of your program(s) in action (subject to necessary photo releases/permissions)? A United Way staff member will be able to take photos if necessary.

YES		NO	
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SECTION 2

Your Organization's Mission and Governance

Please keep your responses as clear and concise as possible and limited to 250 words or fewer.

What is your organization's mission statement?

Please briefly describe how the funding you are applying for will help you accomplish your mission.

Is your agency part of a regional, provincial or national organization? Yes
No

Does your agency have a reserve fund? If so what is the entire value of this reserve?

SECTION 3

Information about Your Program(s)

Please complete a copy of Section 3 for each funding request you are making. If you are applying for an operations grant, please complete Section 3 as it pertains to your organization's operations. If you are seeking funding for more than one program, this means you will submit more than one Section 3. An additional Section 3 is available as a separately downloadable document.

Please keep your responses as clear and concise as possible and limited to 500 words or fewer.

Name of the program you are requesting funding for. Is this a new program or a continuation from last year?

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What social issues does this program address?

Please provide any relevant statistics that show this issue is important locally. Attach a separate document if needed.

Please explain how this program will address this challenge or issue.

How many people will be impacted by this program?

What evidence or research can you provide that this approach will lead to success?

Please describe the group(s) of people you aim to reach with this program.

What steps will you take to implement your approach?

Tell us about the skills and qualifications of the person(s) who will supervise this program.

Please explain how you will measure the success of this program. Consider tracking numbers of participants, increases/decreases in program use, using client satisfaction surveys and other statistical methods. These types of information may be requested as part of your final report to United Way.

Is this service/program provided by any other organization in the service area and if so who?

If we are only able to provide a portion of the funding requested,

Will it still proceed?	YES		NO	
If yes, what is the minimum amount of funding required?				

What impact would reduce or partial funding have on the delivery of this program?

Partner Agency Impact Survey

The information provided here may be used in United Way campaign materials to highlight the positive impact your programs have on the quality of life in our community and assist us in raising more funds for future allocations.

Please provide **at least two** concrete statements of what your program can do for an end-user with the money a United Way donor provides. Consider what specific elements of your program will cost.

For example, *“A donation of \$100 means that a teen can attend one month’s worth of after-school programming complete with snacks, fun activities and support from adult mentors.”*

Additional Information

Please feel free to include any other information we should consider when reviewing your application for this program (MAX. 500 words).

Verification Acknowledgement

By checking this Verification Acknowledgement box, I affirm that all information provided in this grant application is accurate to the best of my knowledge, and understand any discrepancies may affect my eligibility for funding.