



# 2011 City of Kingston and United Way Community Investment Fund Application



Administered by:  
United Way serving KFL&A

Submission Deadline  
Monday, September 12, 2011

Name of Organization:	
Address:	

Is the organization a Non-Profit in the Province of Ontario and/or a Registered Charity with Canada Revenue Agency?      Yes      No

If yes, provide documentation showing the year it became a non-profit:      Yes, attached

CRA Charitable Registration # (if applicable):	
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Contact Person and Position:		
Telephone:	Fax:	Email:

TOTAL GRANT AMOUNT REQUESTED:    \$\_\_\_\_\_ (\$25,000 maximum per project\*\*)

TYPE OF FUNDS:      City of Kingston      United Way      Both

TYPE OF GRANT:      Program      One-Time Project      Capital Expenditure

PROGRAM / PROJECT NAME:	
EXPECTED START and END DATE:	

(Note: projects cannot begin prior to an agreement being signed.)

PLEASE INDICATE THE GEOGRAPHIC AREA(S) THIS PROGRAM/PROJECT WILL SERVE:

City of Kingston

County of Frontenac

Lennox & Addington

**MUST BE ATTACHED:**

Most Recent Audited Financial Statement  
(for organizations with an operating budget greater than \$250,000)

Most Recent Annual Report

\*\*For other United Way granting opportunities please visit [www.unitedwaykfla.ca](http://www.unitedwaykfla.ca).

\*\*Please note an organization may only receive one United Way grant per year, regardless of the funding stream.



We have provided Board members the opportunity to review this submission and they are aware of this application.

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Executive Director / Senior Administrator

\_\_\_\_\_  
(Date: day/month/year)

\_\_\_\_\_  
(Date: day/month/year)

Please submit the signed original application

Please provide 4 additional complete photo copies of application

**BOARD OF DIRECTORS**

*Fill in the table below or attach list*

FULL NAME	POSITION ON BOARD	# OF YEARS ON THE BOARD	OCCUPATION & NAME OF ORGANIZATION

Month of Annual General Meeting:

**ORGANIZATION INFORMATION**

**WHAT YOUR ORGANIZATION DOES:** Comprehensive description of the organization.

Mission Statement:

Brief overview of organizational goals:

Brief overview of services/activities to meet organization's mission statement:

Community need that organization addresses:

Briefly describe the organization's greatest accomplishment(s) in the past five years (please limit to 3):

**FUNDRAISING PROJECTS AND ACTIVITIES**

Does the organization plan to schedule fundraising projects, events or grant writing in the coming year?  
Yes No

If Yes, please indicate below the project or event, its timing and the revenue expected to be generated through the fundraising project.

Fundraising activity and brief description	Funds are for which Project/Program?	Date(s) of Activity	Expected Revenue
<b>Total Expected Revenue</b>			\$

**PROGRAM / PROJECT DESCRIPTION**  
*Please keep your descriptions simple and brief.*

Provide a brief description of the program/project and outline its purpose:



How does this program/project fit with the organization's mission statement?

[Empty text box for mission statement fit]

**PROGRAM / PROJECT NEED**

What local need is being addressed by this program/project?

[Empty text box for local need]

Briefly describe any local research or background rationale that supports this need in the community. Please include research documents if available.

[Empty text box for local research or background rationale]

Are there individuals waiting to be served by this program/project? Yes      No  
If yes, what factors prevent service to these individuals?

[Empty text box for individuals waiting to be served]

Do you refer these individuals to any other community program or organization? Yes      No  
If yes, please specify. If no, please explain why.

[Empty text box for referrals to other community programs]

**PROGRAM / PROJECT PARTNERSHIPS**

Briefly explain how clients and/or other stakeholders are involved in program/project development, delivery and evaluation.

[Empty text box for program/project partnerships]



Does/Will this program/project work in partnership with any other organization(s)? If yes, please explain their role:	Yes	No
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How does this partnership benefit program/project service delivery?

**PROGRAM / PROJECT INPUTS & RESOURCES**

How many Full Time Equivalent employees (FTEs) will be used to deliver this program/project? \_\_\_\_\_

Will the organization use volunteers in the delivery of this program/project? If yes, how many during the fiscal year? If no, briefly explain the barriers that prevent this?	Yes	No
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Please identify other key resources (inputs) necessary to run this program/project:

**ORGANIZATION and PROGRAM / PROJECT BUDGET**

➤ **Please complete the Financial Reporting Schedules included with this package**

**ACTIVITIES & OUTPUTS**

In the chart below, briefly describe the main activities that make up this program/project and who will be served. How many individuals in total are expected to be served?: \_\_\_\_\_

<b>Program/Project Activity</b>	<b>Activity Output(s)</b>
What the program/project will do to fulfill the needs of the clients, such as: (i.e.) teaching, counseling, shelter, provide food/meals, etc.	Expected program statistical information such as number of clients by demographic, number of sessions/groups, length of time/duration, etc. for each activity: (i.e.) # of individuals (children/teens/parents etc.), 2hr/wk x 12 wks, etc.
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**COMMUNITY IMPACT AREA**

*Please refer to Funding Guidelines (pages 5 & 6) for information about these areas.*

**Please select the Community Impact Area this program / project aligns with:**

**Belonging to Community**

**Turning Lives Around**

**Growing Up Great**

**Sustaining Our Heritage**

Briefly explain how the program/project meets the goal/objectives of this Community Impact Area:
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**OUTCOME MEASUREMENT**

*Program OUTCOMES are the BENEFITS or Changes for People as a result of participating in a program/project and its activities.*

For the program/project activity(ies) listed above, please describe at least one outcome/benefit individuals are expected to achieve as a result of participating in the program/project:

	<b>Outcome</b> <small>(i.e.) new knowledge, modified behaviour, increased skill, changed attitude or values, improved condition, altered status</small>	<b>Indicator(s)</b> <small>(i.e.) observable and measurable "milestones" towards an outcome. Things about the individual that can be observed, demonstrated, self-reported, etc. and suggest that progress is being made toward the outcome or not.</small>
1.		
2.		

**PROGRAM / PROJECT EVALUATION**

Briefly describe how this program/project will be evaluated, including the tools that will be used.

	<b>Data Source(s)</b> <small>(i.e.) where you get the data for each indicator, who or what provides the data</small>	<b>Data Collection Method(s)</b> <small>(i.e.) how the data is obtained, such as a survey, interview, role play, observation, case notes, etc.</small>



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1.		
2.		

**NEED FOR FUNDING**

Please explain why Community Investment grant funding is needed?

Has this program/project received previous City of Kingston Funding? Yes      No  
 If yes, please specify the amount of funding and time period in which the funds were received.

Has this program/project received previous United Way Funding? Yes      No  
 If yes, please specify the amount of funding and time period in which the funds were received.

Have other funding sources been approached for this program/project? Yes      No  
 If yes, please specify what they are and the status of the request.

Will this program/project continue beyond the Community Investment grant period? Yes      No  
 If Yes, how will it be sustained? Please explain.

Does the organization lease/rent space in a City owned facility? Yes      No



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How will support of United Way and City of Kingston be recognized for this program/project?

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***For information regarding this granting opportunity, please refer to:***

2011 City of Kingston and United Way Community Investment Fund Guidelines  
available online at: [www.unitedwaykfla.ca](http://www.unitedwaykfla.ca); and [www.cityofkingston.ca](http://www.cityofkingston.ca)

If you have questions or would like clarification about the information contained in this package, please contact Kim Hockey at the United Way office. ph: 613-542-2674 ext. 6 email: [khockey@unitedwaykfla.ca](mailto:khockey@unitedwaykfla.ca)