**General Information**

Name of organization:

Organization's address:

Organization Website:

Address Line 1:

Address Line 2:

City:

Province:

Postal Code:

Is the organization a Registered Charity with Canada Revenue Agency?: [ ] Yes [ ] No

CRA Charitable Registration Number:

Note: The contact person should be able to answer questions and provide clarification regarding the application.

Contact person's name:

Contact person's position:

Contact person's phone number:

Contact person's email:

Impact Area:

[ ]  Poverty

[ ]  Communities

[ ]  Kids

What is the total grant amount requested?: $

Round 2 CIF funding is for Kingston only.

Organizations in Frontenac and L&A Counties may apply to request grants through United Way COVID funding.

What type of grant is being requested?

[ ]  Program

[ ]  One-Time Project

[ ]  Small Capital Expenditure

Program / Project name:

Note: Programs and projects cannot begin prior to an agreement being signed. Funding is intended for programs and projects that that will run between July 2021 and end by December 2022

Expected start date:

Expected end date:

Please indicate the geographic area(s) this program/project will serve. Select all that apply:

[ ]  Kingston

[ ]  Frontenac County

[ ]  Lennox & Addington County

Please confirm that you have provided the organization's Executive Director / Senior Administrator and Board members the opportunity to review this submission, and that they are aware of this application.

[ ]  Yes, the Executive Director / Senior Administrator and Board members are aware of this application.

Board Chair name:

Board Chair phone number:

Board Chair email:

Executive Director / Senior Administrator name:

Executive Director / Senior Administrator phone number:

Executive Director / Senior Administrator email:

Please list your board members in the table below, including full names, positions on Board, # of years on the Board, and occupations / names of workplaces. Use the + button to add additional rows.:

Row #1

Month of Annual General Meeting:

**Organization Information**

What does your organization do? (Mission Statement)

Provide short-term and long-term goals to support the organization's Mission and how they will be measured:

**Fundraising Projects and Activities**

Does the agency have diverse sources of revenue?: [ ] Yes [ ]  No

Is the organization planning fundraising projects, events, or grant writing for the coming year?: [ ] Yes [ ]  No

Please fill in the following information about the organization's planned fundraising activities. Indicate the project or event, its timing and the revenue you expect to generate through this fundraising project. Please include all grant proposals.

Use the + button to add additional rows.:

Row #1

1. Total Expected Revenue: $

**Agency Consolidated Financial Information**

**Audit Year**

Budgets for Agency

Include: Agency Total

Selected Budgets 2019 / CIF Agency - 2 / Actual

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount | Amount  | Side |
| 100 | Government - Federal | $ | Income |
| 200 | Government - Provincial |  | Income |
| 300 | Government - Municipal |  | Income |
| 400 | Grants - Trillium Foundation |  | Income |
| 500 | Grants - Community Foundation |  | Income |
| 600 | Grants - Other |  | Income |
| 700 | Client User Fees |  | Income |
| 800 | Agency Member Fees |  | Income |
| 900 | Casinos/Bingos/Nevada |  | Income |
| 1000 | Supplementary Fundraising |  | Income |
| 1100 | Unsolicited Donations |  | Income |
| 1200 | Other Income |  | Income |
| 1300 | United Way KFLA - Allocations |  | Income |
| 1400 | United Way/City Community Investment Fund Grants |  | Income |
| 1500 | United Way - Other Grants |  | Income |
| 1600 | United Way Designations |  | Income |
| 1650 | Funding from other United Ways |  | Income |
| 1700 | Salaries & Benefits |  | Income |
| 1800 | Building Occupancy |  | Income |
| 1900 | Administration |  | Income |
| 2000 | Fundraising |  | Income |
| 2100 | Professional Fees |  | Income |
| 2200 | Volunteer Expenses |  | Income |
| 2300 | Program Related Expenses |  | Income |
| 2400 | Professional Development |  | Income |
| 2500 | Transportation |  | Income |
| 2600 | Special Events |  | Income |
| 2700 | Other Expenses |  | Income |
|  | Total Income |  |  |
|  | Total Expense |  |  |
|  | Total Surplus/Deficit |  |  |

**Current Year**

Budgets for: Agency

Include: Agency Total

Selected Budgets: 2020 / CIF Agency – / Revised

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount | Amount  | Side |
| 100 | Government - Federal | $ | Income |
| 200 | Government - Provincial |  | Income |
| 300 | Government - Municipal |  | Income |
| 400 | Grants - Trillium Foundation |  | Income |
| 500 | Grants - Community Foundation |  | Income |
| 600 | Grants - Other |  | Income |
| 700 | Client User Fees |  | Income |
| 800 | Agency Member Fees |  | Income |
| 900 | Casinos/Bingos/Nevada |  | Income |
| 1000 | Supplementary Fundraising |  | Income |
| 1100 | Unsolicited Donations |  | Income |
| 1200 | Other Income |  | Income |
| 1300 | United Way KFLA - Allocations |  | Income |
| 1400 | United Way/City Community Investment Fund Grants |  | Income |
| 1500 | United Way - Other Grants |  | Income |
| 1600 | United Way Designations |  | Income |
| 1650 | Funding from other United Ways |  | Income |
| 1700 | Salaries & Benefits |  | Income |
| 1800 | Building Occupancy |  | Income |
| 1900 | Administration |  | Income |
| 2000 | Fundraising |  | Income |
| 2100 | Professional Fees |  | Income |
| 2200 | Volunteer Expenses |  | Income |
| 2300 | Program Related Expenses |  | Income |
| 2400 | Professional Development |  | Income |
| 2500 | Transportation |  | Income |
| 2600 | Special Events |  | Income |
| 2700 | Other Expenses |  | Income |
|  | Total Income |  |  |
|  | Total Expense |  |  |
|  | Total Surplus/Deficit |  |  |

**Draft Year**

Budgets for: Agency

Include: Agency Total

Selected Budgets: CIF Agency / Proposed

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount | Amount  | Side |
| 100 | Government - Federal | $ | Income |
| 200 | Government - Provincial |  | Income |
| 300 | Government - Municipal |  | Income |
| 400 | Grants - Trillium Foundation |  | Income |
| 500 | Grants - Community Foundation |  | Income |
| 600 | Grants - Other |  | Income |
| 700 | Client User Fees |  | Income |
| 800 | Agency Member Fees |  | Income |
| 900 | Casinos/Bingos/Nevada |  | Income |
| 1000 | Supplementary Fundraising |  | Income |
| 1100 | Unsolicited Donations |  | Income |
| 1200 | Other Income |  | Income |
| 1300 | United Way KFLA - Allocations |  | Income |
| 1400 | United Way/City Community Investment Fund Grants |  | Income |
| 1500 | United Way - Other Grants |  | Income |
| 1600 | United Way Designations |  | Income |
| 1650 | Funding from other United Ways |  | Income |
| 1700 | Salaries & Benefits |  | Income |
| 1800 | Building Occupancy |  | Income |
| 1900 | Administration |  | Income |
| 2000 | Fundraising |  | Income |
| 2100 | Professional Fees |  | Income |
| 2200 | Volunteer Expenses |  | Income |
| 2300 | Program Related Expenses |  | Income |
| 2400 | Professional Development |  | Income |
| 2500 | Transportation |  | Income |
| 2600 | Special Events |  | Income |
| 2700 | Other Expenses |  | Income |
|  | Total Income |  |  |
|  | Total Expense |  |  |
|  | Total Surplus/Deficit |  |  |

**Audited Financial Statements**

Please upload the requested item onto the portal.

**Annual Report (or AGM Minutes)**

Please upload the requested item onto the portal.

**Program / Project Information**

**Communities Served (choose the top priority):**

1. Children and youth [ ]

2. Seniors [ ]

3. People experiencing homelessness [ ]

4. People with low income or living in poverty [ ]

 5. People living with mental illness [ ]

6. People struggling with addictions [ ]

7. Persons with disabilities [ ]

8. People experiencing domestic or gender-based violence [ ]

9. Veterans [ ]

10. Women [ ]

11. Indigenous communities [ ]

12. Racialized communities [ ]

13. Gender, sexual identity, LGBTQ2S+ [ ]

14. Newcomers [ ]

**Type of Service:**

1. Food security (food, groceries) [ ]

2. Shelter (shelter, housing supports) [ ]

3. Mental Health supports [ ]

4. Personal safety [ ]

5. Information and navigation [ ]

6. Social inclusion [ ]

7. Learning (readiness, knowledge, skill, etc.) [ ]

8. Isolation (outreach, virtual programming, etc) [ ]

**Program / Project Description**

1. Provide a brief description of the program/project including its primary objective and how this fits with the organization's mission statement:
2. How many individuals in total are expected to be served by this program/project? Please be prepared to report statistical data for your clients by age and gender.:

**Program / Project Need**

1. What local need is being addressed by this program / project?
2. Who will this program help?
3. Can an EDII lens (equity diversity inclusion indigeneity) be applied?:
4. How will individuals be helped? (list proposed activities)
5. What difference will this service/program make in their lives? (expected benefits)
6. Briefly describe any local research or background rationale that supports this need in the community.
7. Are there individuals waiting to be served by this program/project?: [ ]  Yes [ ]  No
8. What factors prevent service to the above individuals?
9. Do you refer these individuals to any other community program or organization?: [ ]  Yes [ ]  No
10. Please specify which programs/organizations you refer individuals to.

**Program / Partnerships**

1. Does/will this program/project work in partnership with any other organization(s)?:

[ ] Yes [ ] No

1. Please explain their roles in program delivery:

**Program / Project Inputs & Resources**

1. How many Full Time Equivalent employees (FTEs) will be used to deliver this program/project?:

1. Will the organization use volunteers in the delivery of this program/project?: [ ] Yes [ ] No
2. How many during the fiscal year?:
3. Please identify other key resources (inputs) necessary to run this program/project:

**Need for Funding**

1. Please explain why a Community Investment Fund grant is needed for this program/project:
2. How will grant funding be used for this program/project? (Be specific)

3. Have other funding sources been approached for this program/project?: [ ] Yes [ ] No

 a) Please specify what they are and the status of the request.

4. Will the program/service be provided if awarded lesser funding?: [ ] Yes [ ] No

1. Please explain:

5. Will this program/project continue beyond the Community Investment Fund grant period?: [ ] Yes [ ]  No

1. How will it be sustained? Please explain.

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

7. Has this program/project received a previous Community Investment Fund grant?: [ ] Yes [ ]  No

a) Please specify the amount of funding and the time period in which the funds were received.

b) Please explain the reason funding is being requested again.

1. Does the organization lease/rent space in a City of Kingston owned facility?:

 [ ] Yes [ ]  No

**Program / Project Evaluation**

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

**Program Budget: Upload**

Please reference the excel document on our website for an example of the program budget.

**Program/Project In-Kind Contributions**

CIF 2021 Round 2 – ‘Agency Name’ – Program

Selected Budgets: 2021 / CIF In Kind 2 / Proposed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Description | Program/Project Budget | Amount | Side |
| 100 | Staff | $0.00 | $ | Income |
| 200 | Space | $0.00 |  | Income |
| 300 | Materials | $0.00 |  | Income |
| 400 | Other (please specify) | $0.00 |  | Income |
|  | Total Income | $0.00 |  |  |
|  | Total Expense | $0.00 |  |  |
|  | Total Surplus/Deficit | $0.00 |  |  |

**Program/Project Outcomes**

Please review the selected outcome and use the red "**x**" icon in the left column to delete an outcome if you wish to change it. Click the **﻿Add**﻿ button below to select a new outcome.

Using the [Outcome Reporting Guide](https://www.unitedwaykfla.ca/wp-content/uploads/2017/11/Investment-Strategy-Infographic.pdf), select the outcome that most closely aligns with the **﻿main priority**﻿of the program.

**Program/Project Indicators Target**

Click on the red text in the Indicator column to view or update an indicator and associated measurements. Multiple indicators may be added in association with the outcome selected for this program.

Click the **Add** button to add a new indicator.

Use the dropdown menus to select your previously identified outcome and choose an associated indicator. The "Sequence#" column does not require action.
The label on the right column of the Measurements table indicates whether you are reporting on previously identified targets, or setting targets for the next reporting period.

Within the Measurements section, populate the lines items with the following information:

**Total Clients:** Total number of program participants expected to achieve the outcome.

**% Achieved:** The percentage of the total clients expected to achieve the outcome, as evidenced by the chosen indicator. If you populate this field, the "# Achieved" field will be automatically calculated and populated.

**# Achieved:** The number of the total clients expected to achieve the outcome, as evidenced by the chosen indicator. If you populate this field, the "% Achieved" field will be automatically calculated and populated

**Comments:** This field gives you the opportunity to provide our volunteers with a narrative explanation of expected program results.

Target Date: This field can be used to identify the end of the program year i.e. 2021

Click **Add** to save the new indicator.

**Program/Project Activities & Outputs**

Click the **﻿Add**﻿ button below to add a new activity. To view the details of an existing activity, click on the red text. If you wish to delete an activity, click the red **﻿X** button in the left column.

se the **Activity** field to describe what the program will do for clients, such as: (i.e.) *teaching, counseling, mentoring, food/meals, etc.* Click **Add** to continue.

|  |  |
| --- | --- |
| Year | 2021 |
| Activity(up to 1000 Characters) |  |

The **Activity** field is used to describe what the program will do for clients, such as: (i.e.) *teaching, counseling, mentoring, food/meals, etc.*

The **Output** and **Quantity** fields are used to identify the proposed statistics for each activity, such as: (i.e.) # of individuals by demographic (*children/youth/parents/adults/seniors*), # of groups/sessions; duration, etc. (*2hr/wk x 12 wks*).

Click on the **Add** button below to enter a new Output for this activity. You may enter more than one output per activity by clicking the Add button again. Click the **Update** button below to save your changes.