**Welcome to the 2018 United Way- Nackawic & Area Community Fund Application!**

In 2018, the Nackawic and Area Community Investment Committee partnered with the United Way of Central NB to establish the United Way- Nackawic Community Investment Fund. Our goal is to improve the quality of life of community members within Nackawic and surrounding areas through the direct investment of funds raised within the community. The United Way- Nackawic and Area Community Fund offers opportunities for concerned and caring community members to give back to the community that has nurtured them.

All investments align with United Way's mission, investment principles, and support change in one or more of the following focus areas:

* **Healthy People, Strong Communities**
* Moving people **From Poverty to Possibility**
* Helping **Kids be All That Kids Can Be**

FUNDING GUIDELINES & CRITERIA

**Background on United Way- Nackawic and Area Community Investments**

* **Community impact** means changing social conditions and creating opportunities for a better life for individuals, families and stronger communities.
* Our goal is to generate a **measurable and beneficial return** in communities where we live.
* **Investments are made locally**, within the Nackawic school district catchment area.
* We are committed to building a **resilient community centered on collaboration** that reflects the complex needs and opportunities within our communities.

**Our investment decisions are made within the framework of the following criteria:**

* + Alignment with United Way focus areas
  + Addresses policy, systems or institutional change
  + Addresses community need
  + Applies evidence-based effectiveness
  + Addresses underlying causes of social issues
  + Has community support
  + Demonstrates impact
  + Exhibits excellence in performance and leadership
  + Exhibits strong governance

**United Way does not invest in the following:**

* + Organizations without Registered Charitable Numbers (exceptions include municipalities, registered athletic associations, and schools)
  + For-profit organizations
  + Political parties
  + Religious activities
  + Deficit funding
  + Fundraising initiatives

**2018 United Way- Nackawic & Area Community Fund Application**

\*TEST Agency\* - Basic Agency Information

**BASIC AGENCY INFORMATION**

1. **Agency Name**: Click or tap here to enter text.
2. **The above agency is a:**

Registered Charity- Charitable registration #: Click or tap here to enter text.

Municipality

Registered Athletic Association

School

1. **Address:** Click or tap here to enter text.
2. **Primary Contact person:** (\* *The person the Committee should contact, should there be questions)*

**Name**: Click or tap here to enter text. **Email:** Click or tap here to enter text.

1. **Agency Phone #:**
2. **Agency Email:** Click or tap here to enter text.
3. **Agency Website URL** *(if applicable):* Click or tap here to enter text.
4. **Agency Twitter address** *(if applicable):* Click or tap here to enter text.
5. **Agency Mission Statement**: Click or tap here to enter text.
6. **# Full Time Employees** *(if applicable*):
7. **# Part Time Employees** *(if applicable*):
8. **# Volunteers** *(if applicable*):
9. **Provide a brief overview of the roles within your agency:**

Click or tap here to enter text.

**Program, Service, Or Strategy Information**

1. **Name of program, service, or strategy**: Click or tap here to enter text.
2. **Focus Area & Investment Area**

*Your program, service or strategy may appear to fit under a combination of focus/ investment areas. We ask that you* ***select only one*** *primary focus/investment area.*

|  |  |  |
| --- | --- | --- |
| **All That Kids Can Be:** | **From Poverty to Possibility:** | **Healthy People,**  **Strong Communities:** |
| Success in School  Community Engagement and Leadership Development  Emotional and Physical Wellbeing | Food Security  Housing Stability  Financial Literacy & Individual Support | Aboriginal Peoples  People with Disabilities  Seniors  Newcomer Settlement and Integration  Community Mental Health & Wellbeing  Sexual and/or Domestic Violence  Neighbourhood Development  Organizational Capacity Building and Leadership Development  Volunteer Engagement and Mobilization |

1. **Program, Service or Strategy Description** -Include key activities- *maximum 500 words:*

Click or tap here to enter text.

1. **How is the program, service or strategy implemented?** Include roles related to activities, timelines, and other implementation details- *maximum 500 words*:

Click or tap here to enter text.

1. **Collaborating Community Partners** -Briefly describe how these partners are engaged*- maximum 250 words*:

Click or tap here to enter text.

1. **Funds requested:** $
2. What would be the **minimum amount of funds required** to carry out your program, service, or strategy this year from Nackawic & Area Community Fund (should we have limited funds this year)?: $

**Who will your program, service or strategy serve?**

1. Select all that apply.

Seniors

Families

Children & Youth - 0-6

Children & Youth - 7-11

Children & Youth - 12-24

Aboriginals

Newcomers

Individuals with mental illness and addictions

Individuals with disabilities

Individuals living in poverty

Other, please specify: Click or tap here to enter text.

1. **Please describe the target population for your program, service or strategy-** *maximum 250 words*:

Click or tap here to enter text.

1. **How will you promote the program, service or strategy to your target population?-** *maximum 250 words*:

Click or tap here to enter text.

1. **How will you incorporate feedback into your program, service or strategy?-** *maximum 250 words*:

Click or tap here to enter text.

**Program, Service or Strategy Need**

1. **What are the root causes that create the need for your program, service or strategy?** Please include any relevant references to research and data- *maximum 500 words*:

Value.

1. **What makes you best suited to address this need?** - *maximum 250 words*:

Click or tap here to enter text.

1. **How long has the program, service or strategy been in operation?** Click or tap here to enter text.

**Successes**

1. **Describe any past successes your program, service or strategy achieved** - *maximum 250 words*:

Click or tap here to enter text.

1. **How do you know you were successful?** How did you measure your success? - *maximum 250 words*:

Click or tap here to enter text.

**Challenges**

1. **Describe any challenges your program, service or strategy experienced in the past year** - *maximum 250 words*:

Click or tap here to enter text.

1. **How have you addressed or plan to address these challenges?-** *maximum 250 words*:

Click or tap here to enter text.

**Participant Demographics**

|  |  |
| --- | --- |
| **Total Participants Served by the Program, Service or Strategy (unduplicated):** |  |
| **Gender-** Projected 2018/19  *(needs to add up to total # unduplicated participants above):*  Males:  Females:  Transgender:  Not Reported: |  |
| **Age-** Projected 2018/19  *(needs to add up to total # unduplicated participants above):*  Early Years: Ages 0 to 6:  Middle Years: Ages 7 to 11:  Youth: Ages 12 to 24:  Ages 25 to 65:  Ages 66+:  Unknown: |  |

**Outcomes and Evaluation:**

Please indicate what short-term outcomes (within 12 months) you anticipate as a result of your program, service, or strategy. (i.e., What are the meaningful, beneficial changes that will be experienced by participants, groups or communities as a result of your program, service or strategy? Please note that “# of participants who attend the program” is *not* an acceptable outcome.

Examples of appropriate outcome statements:

* Students’ academic performance improves.
* Increased consumption of fruits and vegetables.
* Improved school attendance rates.

Include what indicator(s) you’ll be monitoring to determine the degree to which your outcome has been achieved.

Examples:

* The number parents that report they are better equipped to support their children daily with homework after participating in the program.
* The number of participants who express eating more fruits and vegetables per week after participating in the program.
* The number youth that report making one new friend after participating in the program.

|  |  |
| --- | --- |
| **Outcome statement** *(What is the benefit to the participants? Please be concise and brief.)*  Click or tap here to enter text. | |
| **Indicator(s)** (What will you be measuring to ensure the above outcome is being met?):  Click or tap here to enter text. | |
| **Total # participants you anticipate will achieve the outcome:** |  |
| **Why did you set your target at this level?**  Click or tap here to enter text. | |

*Additional outcome statement- optional \**

|  |  |
| --- | --- |
| **Outcome statement** *(What is the benefit to the participants? Please be concise and brief.)*  Click or tap here to enter text. | |
| **Indicator(s)** (What will you be measuring to ensure the above outcome is being met?):  Click or tap here to enter text. | |
| **Total # participants you anticipate will achieve the outcome:** |  |
| **Why did you set your target at this level?**  Click or tap here to enter text. | |

**Program, Service, or Strategy Budget**

Please complete the below questions to the best of your ability. If you would like to add any information that helps to clarify the content, please do so below.

**REVENUE:**

**Current Fiscal Year 2017/2018 Projected Budget 2018/2019**

|  |  |  |
| --- | --- | --- |
| Nackawic Community Fund | $ | $ |
| Gov. Funding - Federal | $ | $ |
| Gov. Funding - Federal | $ | $ |
| Foundation Support | $ | $ |
| Corporate Support | $ | $ |
| Donations | $ | $ |
| Fundraisers | $ | $ |
| Membership Dues Received | $ | $ |
| Participant Fees | $ | $ |
| Other revenue (please indicate):  Click or tap here to enter text. | $ | $ |
| Total | $ | $ |

**EXPENSES- \*Specific to your program, service, or strategy**

**Current Fiscal Year 2017/2018 Projected Budget 2018/2019**

|  |  |  |
| --- | --- | --- |
| Employee (includes: Salaries, Benefits, Payroll Taxes) | $ | $ |
| Professional Fees | $ | $ |
| Rent | $ | $ |
| Utilities | $ | $ |
| Telephone | $ | $ |
| Internet | $ | $ |
| Specific Assistance for Individuals | $ | $ |
| Supplies/Equipment | $ | $ |
| Other Expenses (please indicate)  Click or tap here to enter text. | $ | $ |
| Total | $ | $ |

If you would like to add any information that helps to clarify your program, service or strategy

budget information, please do so here:

Click or tap here to enter text.

**SUPPORTING DOCUMENTS**

Please include the following supporting documents (check them off to indicate they have been included)

Agency Budget\* for the current operating year

Volunteer Screening Policy (if applicable)

Agency staff code of conduct/ethics

Board of Directors\* List of board of director members and respective contact information. (If you are applying on behalf of a school, provide the name of the Principal and Vice Principal.)

Minutes of agency's last Annual General Meeting

Agency Logo

If you are unable to provide any the above supporting documents, please explain:

Click or tap here to enter text.

**APPLICATIONS ARE DUE BY MIDNIGHT, SUNDAY NOVEMBER 18th.**