**Welcome to the 2023 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:

* Building **strong and healthy communities**
* Moving people **from poverty to possibility**
* Helping **kids be all they 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

**2023 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 Social Media Sites** *(if applicable):* Click or tap here to enter text.
5. **Agency Mission Statement**: Click or tap here to enter text.

**Program/initiative Information**

1. **Name of program, service, or strategy**: Click or tap here to enter text.
2. **One-line Description** (Please ensure this description can be easily used for promotion of your project.) Click or tap here to enter text.
3. **Who the program/initiative will help** - *maximum 500 words:*

Click or tap here to enter text.

1. **What are the activities of your program/initiative?** (i.e. what do you plan to do) - *maximum 500 words:*

Click or tap here to enter text.

1. **And, the difference, benefit, it will make in lives?** *maximum 500 words*:

Click or tap here to enter text.

1. **How do you know this is needed?** (Answer with statistical, story, or anecdotal evidence as you see fit.)*maximum 500 words*:

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **Funds requested:** $
2. **Will the service be provided if awarded a lesser amount?**
3. **What is the minimum amount required to proceed?** $
4. **How many unique individuals do you anticipate serving?**

**Program/initiative Budget**

Please include a copy of your budget OR fill out the template below. Budgets should include a list of revenues and expenses for your program or initiative. If you would like to add any information that helps to clarify the content, please do so below.

**REVENUE: \*Specific to your program/initiative**

|  |  |
| --- | --- |
| Nackawic Community Fund  *(should equal full request on this application)* | $ |
| Government Funding - Federal | $ |
| Government Funding - Provincial | $ |
| Municipal Funding | $ |
| Foundation Support | $ |
| Corporate/ Donor Support | $ |
| Fundraisers | $ |
| Membership Dues Received | $ |
| Participant Fees | $ |
| Other revenue (please indicate):  Click or tap here to enter text. | $ |
| Total | $ |

**EXPENSES- \*Specific to your program/initiative**

|  |  |
| --- | --- |
| Wages and Benefits | $ |
| Disability Supports for Staff | $ |
| Professional Fees | $ |
| Travel and Accommodations | $ |
| Materials and Supplies  (please specify: Click or tap here to enter text.) | $ |
| Equipment Rental/Lease/Maintenance | $ |
| Administration Costs | $ |
| Capital Costs | $ |
| 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 budget information, please do so here:

Click or tap here to enter text.

**OUTPUTS**

Please select the outputs you will be able to track for your program/initiative. You may select any of the outputs from the categories below or may select “Other”.

|  |  |
| --- | --- |
| **Food Security**  # of meals provided  # of individuals connected to food support programs  # of food related information or skill building sessions provided  # of food baskets/hampers provided  # of essential items provided  Other:  **Mental Health & Wellness**  # unique individuals counselled   * # support-group sessions provided * # participants attending information sessions/workshops * # of one-on-one counseling sessions * # individuals matched with a mentor (specific to buddy or mentor programs)   Other:  **Information & Navigation**  # unique individuals supported  # text/chat assists  # resources distributed (print copies)  # resources developed  # participants attending information sessions/workshops  # of contact sessions  # group information sessions/workshops provided  Other:  **Transportation / Transport**   * # of persons transported * # bus tickets provided * # bus passes provided   Other:  **Housing First, Housing & Outreach**   * Average # of monthly interactions with individuals in program * # of unique individuals supported through service * of people who exited caseload since beginning of contract year * # of people re-housed out of shelters * # of people re-housed from rough sleeping * # of people re-housed from other circumstance (institution, hospital, corrections) * # of new clients since beginning of contract year * # of existing clients (at beginning of contract year)   Other:   * **Shelter / Refuges**   # of individuals sheltered   * # of bed-nights of shelter provided * # individuals transitioned to available housing  # assessments made with individuals to determine service needs and/or acuity level.   Other: | * **Learning & Social Inclusion**   # of social activities offered   * # of learning aids provided (i.e. laptops) * # of learners engaged * # of individuals connected with a peer mentor * # of adapted equipment and technical aids provided (e.g., wheelchairs, walkers, commodes, prosthetics, white canes, hearing aids, reachers, adapted cooking devices) * # individuals supported to commence/continue post-secondary education * # assistive technology & software provided (e.g., audio recorders, pen grips, iPads, computers, voice recognition, word prediction) * # assessments with individuals to determine needs and goals * #of learning sessions offered   Other:  **Health & Hygiene**  # programs provided to improve quality of life while in care  # of medical item deliveries made  # of individuals receiving financial assistance for medical equipment or services  # of hygiene item deliveries made  # of health information sessions provided  # individuals attending support-groups  Other:  **Personal Safety (\*specific to domestic and gender-based violence**)   * # of training sessions provided to emergency responders or essential service providers * # of personal safety mentors matched * # of personal safety assessments made * # safety plans developed * Other:   **Financial Wellness & Employment**  # of individual connected to income support programs  # of financial counselling sessions provided  # individuals supported to maintain employment  # individuals matched to available employment opportunities  # employment training sessions offered  # assessments made with individuals to determine employment options  Other:  **Advocacy or Legal Support**  # unique individuals supported with legal or advocacy issues   * # policies influenced or developed * # participants attending information sessions * # of contact sessions to discuss legal or advocacy needs * # group information sessions/workshops provided   Other: |

If you would like to add any information that helps to clarify your outputs, please do so here:

Click or tap here to enter text.

Bottom of Form

**SUPPORTING DOCUMENTS**

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

Financial Statements or Agency Budget\* for the current operating year

Annual Report OR Annual General Meeting Minutes

Board List

Agency Logo

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

Click or tap here to enter text.

**IDEAS TO IMPROVE THIS APPLICATION**

If you have suggestions for improving this application, you are welcome to type it below or call to explain the idea.

Click or tap here to enter text.

**SUBMIT THE APPLICATION**

**Please email your application to** [**jennifer@unitedwaycentral.com**](mailto:jennifer@unitedwaycentral.com)**.**

**Questions**? Email Jennifer McEathron at [jennifer@unitedwaycentral.com](mailto:jennifer@unitedwaycentral.com) or (506) 459-7773 ext. 206.