

#  2025 Funding Application Guide

This guide is to help you complete United Way of Lunenburg County’s application by expanding upon the questions and headings that appear on the actual form.

The information you provide in this application is an essential element used by the Allocations Committee to make its funding recommendations to the United Way of Lunenburg County Board of Directors. In addition to your completed application, the Committee will require your organization’s most recent audited financial statement, an up-to-date list of your board members, and a detailed budget for the program for which you are seeking funding.

It is important that your application be succinct. All information should fit within the space provided on the application form.

**Please consider e-mailing your funding application documents in a PDF Format. It saves on paper and makes it much easier on our volunteer reviewers.**

Please do not staple documents. Please use paper clips.

Colour submissions are not necessary.

If you are unsure if your program will qualify or

if you have any questions or need additional information, please contact:

Michael Graves – United Way Coordinator

902-530-3072 (Voice mail only) Cell 902-521-4704.

office@lunenburgcounty.unitedway.ca

**SECTION A: Organization Information**

1. *Agency/Organization Name:*  Please provide the complete name of your organization.
2. *Registered Charity #:* The registration number is the same number used for the income tax receipts provided to your donors.
3. *Mailing address*: United Way of Lunenburg County will use this address for correspondence. (Please identify the location of your agency if the mailing address does not include a street or road address.
4. *Telephone #:* This should be the telephone number listed for public use. If you wish to provide the number to a private line, please note the private number with the name(s) at the end of this application.
5. *Fax #:* This should be the fax number listed for public use.
6. *E-mail address:* Provide your complete e-mail address. For example, United Way of Lunenburg’s address is: office@lunenburgcounty.unitedway.ca
7. *Website:* If your organization has a site on the Internet, please provide the site’s location (URL). Please ensure that it is complete, for example, United Way of Lunenburg County’s URL is: [www.lunenburgcounty.unitedway.ca](http://www.lunenburgcounty.unitedway.ca)
8. *Chairperson/President:* Name(s) of your organization’s Chairperson and/or President. Indicate telephone number if different than #4 above.
9. *Executive Director/Coordinator:* Name(s) of your organization’s Executive Director and/or Coordinator. Indicate telephone number if different than #4 above.
10. *Number of Staff:* Please indicate the number of paid full-time & part-time staff.
11. *Number of Volunteers:* Please indicate the number of full-time & part-time volunteers.

 *FINANCIAL INFORMATION:* In addition to attaching your organization’s most recent audited financial report, please provide the following information for your current fiscal year:

1. *Operating Revenue*
2. *Operating Expenditure*
3. *Accumulated Surplus/Deficit*
4. *Organization’s Purpose/Mission Statement:* Please provide the most recent mission statement of your organization.

**SECTION B: Funding Request Summary**

1. *Name of Program*: Indicate the name your organization uses to refer to the program for which you are requesting funding. Please note that if you receive funding the name you give us will be used in campaign and communications material. Please be brief.
2. *Brief Summary of what specifically the United Way funding dollars will be used for*: Please provide a brief description of how you will use the funding dollars. Please note that if you receive funding, this information will be used to describe your program in campaign and communications material. Please be concise.
3. *Amount of Funding Requested:* Please indicate the total amount of program funding that your organization is requesting from the United Way of Lunenburg County.
4. *Estimated Length of Program:* Provide the duration of the program for which you are seeking funding from United Way of Lunenburg County (start/end dates)
5. Please be sure to attach a complete budget that shows all revenues and expenditures related to the program outcomes that you are asking United Way of Lunenburg County to support. Budgets and projections must clearly identify the amount of funding that you are requesting from United Way of Lunenburg County.
6. *Which Impact Area best describes the issue or community that this program will address?* United Way of Lunenburg County will focus its resources on key issues and/or populations known as Impact Areas. Focusing our resources on Impact Areas will allow us to make a measurable difference in the community. For each Impact Area, United Way of Lunenburg County has developed outcome statements that describe the long-term benefits it will achieve through its resource allocation. For more information on this, please visit our web-site at <https://www.lunenburgcounty.unitedway.ca/wp-content/uploads/2012/06/ImpactAreasDocument.pdf> to view.

 The following questions may help you select an Impact Area:

 a. Who will benefit from your organization’s program outcomes?

 b. How will the community benefit from your organization’s program outcomes?

1. How will program participants’ benefit from the program’s outcomes?

If your program outcomes relate to more than one impact area, please select the Impact area that is the most complementary.

1. *Has your organization ever been a recipient of United Way of Lunenburg County funding:* If you have received funding from the United Way of Lunenburg County in the past, please indicate “yes”.
2. If your organization has received United Way funding in the past, indicate when funding was received and the amount.
3. If your organization received United Way funding in < 2024, you must enclose a copy of your final reporting form with this application. The Final Reporting Form can be found on our website. <https://www.lunenburgcounty.unitedway.ca/how-we-help/granting-process/>
4. Indicate if the funds requested for this program will be used to operate it exclusively in Lunenburg County.
5. If the program for which you are requesting funding will be operated outside Lunenburg County, please indicate specifically where.

***Indicate the Name, Title and/or Position of the person completing this application, and the date of completion.***

**SECTION C:**

**I. NEED**

1. *Please describe the people that will benefit from this program.*

Applications for Funding must identify how the initiative will build upon the capacities of local residents and the local community. (“Community” may be defined as a geographic area, a population, or a group). The application for funding should identify the target group that will benefit from the program.

1. *Please provide the estimated number of people who will benefit from participating in this program.*

Provide information on the size of the population that would benefit from the program that your Agency is currently seeking funding for and how you determined the size of this population.

1. *How was it determined that there is a need for this program in the community?*

Outline what information was gathered which resulted in your Agency’s determination that this program was required*.*

1. *What other similar programs are currently offered in the community?*

Identify any other programs that are offered in the community by your Agency or another Agency that are similar in scope.

**II. SHARED VISION:**

1. *How does this program build community?*
2. *How does this program enhance the participants opportunities to become self-sufficient?*

Provide examples of how participation in this program will allow individuals to increase their self-sufficiency.

1. *How will you promote your program to reach those most in need?*

Programs should be accessible to all members of a community, and consequently communication of the existence of the program is critical to ensure its success. Outline your Agency’s’ plan to ensure the accessibility of the program.

1. *Do you have in-kind donations, financial contributions and volunteer from the community supporting this program?*

It is important that your program has support from a wide variety of external sources. Please let us know what those supports look like.

**III OUTCOMES:**

*Please describe initial & long-term outcomes for this program and explain how they will be measured.*

**Outcomes** are the measurable benefits or changes which individuals or communities experience because of this program. Outcomes may relate to changes in skill, knowledge, attitudes, behavior, and/or conditions. They are things like:

* what participants know, think, or can do
* how they behave
* what is different for the participants and/or our community because of the program.

It is important to first identify those outcomes that you expect to be attributed to your program, and then determine when and how they will be measured.

**Measurements** are the specific items of information that are tracked to measure how well a program is achieving an outcome. They describe observable, measurable characteristics or changes that represent an achievement of an outcome. They answer the question: How do you know when the outcome is achieved?

*For example, a program whose desired outcome is…” participants develop a healthy lifestyle” could define this as not smoking; maintaining a recommended weight and blood pressure; getting at least two hours of exercise a week; and wearing car seat belts consistently. The number and percent of program participants who demonstrate these behaviors is an indicator of how well the program is doing with respect to the outcome*.

It may be the case that factors outside the control of your organization may influence your program outcomes. You may want to consider them before implementing a system for measuring outcomes.

1. **Initial outcomes** are the ones most closely related to and influenced by the program. Often, initial outcomes are changes in participants’ knowledge, attitudes or skills. Describe what they are, and how and when you will measure them.
2. **Long-term outcomes** are the most removed benefits that a program can reasonably expect to influence. They represent meaningful changes for participants or the community, often in their condition or status. Describe what they are, and how and when you will measure them.

**IV MANAGEMENT:**

1. *What qualifications does your organization have to run this program?*

Briefly describe the credentials, experience and expertise that make your organization uniquely qualified to successfully administer this program.

**SECTION D:**

**SUPPORT DOCUMENTATION REQUIRED**

Documents that must be enclosed with this application include:

* Year-to-date financial statement.
* The most recent year end audited or reviewed financial statements completed by a reputable accounting firm.
* An up-to-date list of board members that identifies their position, occupation/profession, and address.
* Program budget.
* Reporting form (Required if you received funding in < 2024)

Please forward the completed application to:

United Way of Lunenburg County, Po Box 244, Bridgewater, NS B4V 2W9

office@lunenburgcounty.unitedway.ca