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**Youth United Grant Application**

**Deadline for Application: Monday, March 19th, 2018 by 4:30 pm**

**Please read this first…**

❒ Be sure that you are familiar with our **Youth United grant guidelines** before you fill in this application. You can review the eligibility criteria and guidelines on the Youth United section of our website: <https://UWSimcoeMuskoka.ca/youth-united/>

❒ Please answer all questions fully to the best of your ability.

❒ Your funding request may not exceed $2,500.

❒ Remember to save a copy of your application for your own records.

❒ Ensure that your Community Agency Partner (registered charity) has read and signed the application you are submitting.

❒ Please send your completed and signed application by email, Canada Post, fax, or drop it off in person (and/or direct any questions) to:

Jenna Thorkildsen

Programs Coordinator, Community Impact

705-726-2301, x 2040

JThorkildsen@UWSimcoeMuskoka.ca

United Way Simcoe Muskoka

1110 Highway 26

Midhurst, ON L9X 1N6

Fax: 705-726-4897

**Section 1. Tell us about yourself!**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of project: | | | | | | |  | | | | | | | | | | |
| **Community Agency Partner:** | | | | | | | | | | | | | | | | | |
| Name of Community Agency Partner: | | | | | | | Charitable Number: | | | | | | | | | | |
| Contact Name: | | | | | |  | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | |
| City: |  | | | | | | | | | | Postal Code: | | | |  | | |
| Phone : | | |  | | | | | | | | | Email: | |  | | | |
| **Project Team Info:** | | | | | | | | | | | | | | | | | |
| Project Team Leader: | | | | | | | |  | | | | | | | | Age: |  |
| Phone: | | |  | | | | | | | Email: | | |  | | | | |
| Address: | | |  | | | | | | |  | | |  | | | | |
| **Other Team Members: (if applicable)** | | | | | | | | |  | | | | | | | | |
| Name 1: | | | |  | | | | | | | | | | | | Age: |  |
| Phone: | |  | | | | | | | | Email: | | |  | | | | |
| Name 2: | | | |  | | | | | | | | | | | | Age: |  |
| Phone: | |  | | | | | | | | Email: | | |  | | | | |
| Name 3: | | | |  | | | | | | | | | | | | Age: |  |
| Phone: | | | |  | | | | | | Email: | | |  | | | | |
| Name 4: | | | |  | | | | | | | | | | | | Age: |  |
| Phone: | | | |  | | | | | | Email: | | |  | | | | |
| Name 5: | | | |  | | | | | | | | | | | | Age: |  |
| Phone: | | | |  | | | | | | Email: | | |  | | | | |

**Section 2. Tell us about your project:**

(NOTE: If typing into this form, each field will automatically expand to fit your answer. If you’re printing it, you may wish to expand the space first by entering additional hard returns or simply use the back of the page or an additional page.)

1. Please describe your project.
2. Why is your project needed? How did you and/or your group determine the need for this project in your neighbourhood/community?
3. What do you hope to achieve? How will you make a difference?
4. a) What youth-focused outcome does your project support?
   * Youth have increased or strengthened their leadership skills and/or gained new abilities
   * Youth have been encouraged and motivated to become involved in their community (within Simcoe County, Muskoka and/or Town of Blue Mountains)
   * Youth have formed new connections and worked collaboratively with networks and organizations within Simcoe County, Muskoka and/or Town of Blue Mountains
   * Youth have developed positive social skills and healthy lifestyles (including increased awareness about mental health)
5. b) How does your project support one or more outcomes?
6. Which of the focus areas of United Way Simcoe Muskoka’s investment strategy does your project address?

* Poverty to Possibility (affordable housing, life-skills training, employment-skills development, no wrong door)
* Strong Communities (community engagement, independence, transportation, agency collaboration)
* All that Kids Can Be (mental health, youth opportunity, high school graduation, positive mentors)

**Section 3. Action Plan:**

1. Where will your project take place? (Location and city/town)
2. What specific tasks will you have to do to get your project up and running? Who will be responsible?

|  |  |
| --- | --- |
| Team Member | Task |
|  |  |
|  |  |
|  |  |
|  |  |

1. What challenges might you face with your project plans? How will you overcome these challenges?
2. How will you promote your project?
3. What is the timeline of your project? What are the anticipated start and end dates? (The maximum time a project can be funded for is one year.)
4. How will you track the progress of your project plans?
5. How will you know if your project has been successful? Please complete the table below (only columns 1 and 2 at the time of application). Column 3 will be completed at the end of your project, but keep in mind that you will be asked to report on this question. Reports are due four weeks after the completion of your project.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. What will you do (main activities)?** | | **2. How will you measure that anyone was better off?** | **3. Was anyone better off? (This column is completed at the end of your project)** |
| *Example: a group of youth will run a series of workshops and cooking classes to promote healthy snacking amongst youth.* | *Example: We will survey the youth on how their participation on the committee helped them improve their ability to lead an activity.*  *We will survey the participants to determine if they are now eating healthier snacks.* | *Example: 14/16 (88%) youth who participated in the youth nutrition program felt they were now eating healthier snacks.*  *16/16 (100%) of the youth felt they had learned how to lead a project in their neighbourhood* |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please be sure to invite United Way Simcoe Muskoka to project events, so we may see your project in action. It is important for UWSM to be recognized for its contribution to your project. Please describe how United Way will be recognized.

**Section 4. Funding Request:**

Total amount requested: $

Use the space provided to outline your project costs. Please be as specific as possible.

|  |  |  |
| --- | --- | --- |
| Item (For Example) | Expense Details | Cost |
| Materials and Supplies |  |  |
| Printing |  |  |
| Advertising |  |  |
| Transportation Costs |  |  |
| Nutrition Costs (food and drink) |  |  |
| Training Costs |  |  |
| Honorarium (e.g., for guest speaker, subject-matter expert, etc.). Must be less than 20% of the total project cost. |  |  |
| Equipment Costs |  |  |
| Postage |  |  |
| Other |  |  |
| Total | |  |

**Other Sources of Support:**

Use this space to list any other sources of support that your project may be receiving. Be sure to include any financial donations and/or donated goods and services.

|  |  |
| --- | --- |
| Other Source | Type of Support |
| e.g. Local Nursery | 25% discount on products purchased |
|  |  |

**Section 5. Checklist for the Community Agency Partner:**

Youth United projects are required to work with a Community Agency Partner. A Community Agency Partner will fulfil the requirements below and oversee the funds to the applying youth or group of youths.

Upon successful receipt of the grant, we request that both partners sign a partnership agreement. United Way Simcoe Muskoka will provide an example of a partnership agreement at that time.

Please have a conversation with your Community Agency Partner to find out the answers to the following questions:

**Please indicate whether the Community Agency Partner meets the following eligibility criteria:**

15). The Community Agency Partner has insurance coverage for this project?

Yes No

16). Audited financial statements for its most recent fiscal year are available?

Yes No

**Section 6. Signatures:**

**PLEASE READ AND SIGN**

To the best of my knowledge, the information provided in this application is accurate and complete.

If funding is approved, I will provide financial reports, including any invoices or receipts to my Community Agency Partner, in addition to following the Community Agency Partner’s financial reporting requirements.

If funding is approved, I will provide a final project report to United Way Simcoe Muskoka once the project is complete, no later than December 14th, 2018.

I am responsible for returning all unused funds to United Way Simcoe Muskoka.

**Signature of Project Team Leader**

**Printed Name**

**Signature of Project Team Co-leader (if applicable)**

**Printed Name**

**Signature of Community Agency Partner Representative**

**Printed Name and Title**

**Date**