United Way Simcoe Muskoka:   
Emergency Community Support Fund (ECSF)  
Community Program Application

May 19, 2020

**INSTRUCTIONS: This application has five sections**

Section 1 – Eligibility

Section 2 – The qualified donee (your organization)

Section 3 – Service information

Section 4 – Grant request, budget details and financial information

Section 5 – Authorization and confirmation

**To submit:** Please complete each section of this application. When finished, print and sign the document. You can then scan and upload the signed, completed document to <https://www.uwsimcoemuskoka.ca/ecsf/>

**Application Open Date:** May 19th, 2020

**Applications Due:** Rolling applications, from May 19, 2020 to July 24, 2020

**Applications Decisions:** Applications to be reviewed and funding decisions determined as applications are received, up to July 24th or at which point all funding has been fully allocated.

If you have questions or need support in completing this application, **please contact**:

Rosslyn Junke Katie Burrell

Director, Community Impact Board & CEO Liaison

RJunke@UWSimcoeMuskoka.ca KBurrell@UWSimcoeMuskoka.ca

Tel: 705.726.2301 x 2024 Tel: 705.726.2301 x 2021

Cell: 705.627.4179

# SECTION 1 - ELIGIBILITY

##### 1.1 Organizations are eligible to complete this application if the organization (please check):

is a registered charity in Canada, or [other qualified donee.](https://www.canada.ca/en/revenue-agency/services/charities-giving/list-charities/list-charities-other-qualified-donees.html)

maintains a volunteer Board of Directors that meets regularly,

hosts a public Annual General Meeting,

has financial statements that have been audited by a licensed public accountant (or financial review for charities or not-for-profits with annual revenues less than $100,000),

commits to providing eligible emergency supports to one or more groups of vulnerable people, as defined by ESDC, with funding used in full by March 31, 2021,

has not already received funding for the same activities from the Government of Canada or other source (i.e. the organization is not receiving funding for the same activity from more than one source),

commits that government funding for the activities proposed in this application will not exceed more than 100% (including any mix of municipal, provincial or territorial, or federal funding),

grants permission for this application and contact details to be shared with **Community** **Foundations Canada** and **Canadian Red Cross** for funding consideration and coordination.

##### 1.2 Has the organization applied to any other funder (i.e. Canadian Red Cross or Community Foundations Canada) for this specific request?

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please state which funder: |  | and the amount: | $ |

If yes, please indicate if this application covers different expenses within this service.

Yes  No

# SECTION 2 – THE QUALIFIED DONEE (Your Organization)

##### 2.1 Who is the contact person for this application?

|  |  |
| --- | --- |
| Contact Name: |  |
| Contact Position Title: |  |
| Email: |  |
| Phone Number: |  |

##### 2.2 Which organization is the qualified donee?

|  |  |
| --- | --- |
| Organization Name  (legal name): |  |
| Street Address or P.O. Box: |  |
| Community/Region Name: |  |
| Province or Territory: |  |
| Postal Code: |  |
| Agency Website: |  |
| Other Social Media: |  |
| Charitable Number / Incorporation Number: |  |
| Organization Mission (maximum 25 words): |  |

# SECTION 3 – PROJECT INFORMATION

|  |  |
| --- | --- |
| Project Name: |  |
| One-Line Description (max 25 words): |  |

##### 3.1 Vulnerable Populations Served

Use the columns to select Primary (up to three) and All who apply:

| **PRIMARY (max 3)** | **ALL WHO APPLY** |  |
| --- | --- | --- |
|  |  | ***Populations by Children, Youth, or Elderly*** |
|  |  | Children and youth: all |
|  |  | Children and youth: ageing out of care |
|  |  | Children and youth: ages 0 to 18 |
|  |  | Children and youth: ages 19 to 29 |
|  |  | Seniors and Elders: not in care |
|  |  | Seniors and Elders: living in care |
|  |  | ***Populations Requiring Specific Care or Supports*** |
|  |  | People experiencing homelessness |
|  |  | People with low income or living in poverty |
|  |  | People living with mental illness |
|  |  | People struggling with addiction |
|  |  | Persons with disabilities |
|  |  | People experiencing domestic or gender-based violence |
|  |  | People living in group homes or supportive living (under the age of 55) |
|  |  | Prison populations (detained and incarcerated) |
|  |  | Veterans |
|  |  | ***Indigenous People*** |
|  |  | Indigenous: All |
|  |  | Indigenous: First Nations |
|  |  | Indigenous: Inuit |
|  |  | Indigenous: Metis |
|  |  | ***Racialized Communities*** |
|  |  | All |
|  |  | South Asian |
|  |  | Chinese |
|  |  | Black |
|  |  | Filipino |
|  |  | Latin American |
|  |  | Arab |
|  |  | Southeast Asian |
|  |  | West Asian |
|  |  | Korean |
|  |  | Japanese |
|  |  | Groups not otherwise specified |
|  |  | ***Gender, Sexual Identity, and Newcomers*** |
|  |  | Members of LGBTQS+ communities |
|  |  | Newcomers: All |
|  |  | Newcomers: Permanent Residents (immigrants and refugees) |
|  |  | Newcomers: Temporary Residents |
|  |  | Women and Girls |
|  |  | ***Vulnerable Workers*** |
|  |  | Essential Workers |
|  |  | Temporary Foreign Workers |
|  |  | Workers in the informal labour market |
|  |  | ***Linguistic Minorities*** |
|  |  | Official Language Minority Communities (OLMCs) |
|  |  | Other linguistic minorities |
|  |  | ***Other*** |
|  |  | Caregivers |
|  |  | Students (post-secondary) |
|  |  | Specify: |

##### 3.2 Service Types and Outputs Tracking

Select all of the services that apply and a minimum of three outputs for tracking:

| **Type of Service** | **Output Tracking** |  |
| --- | --- | --- |
|  |  | ***Food Security*** |
|  |  | # of meals provided (please identify source i.e. groceries, food bank, etc.) |
|  |  | # of food baskets/hampers provided |
|  |  | # of essential items provided (please describe the essential items) |
|  |  | # of deliveries made |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Financial Wellness*** |
|  |  | # of individual or families connected to income support programs |
|  |  | # of information or financial counselling sessions provided |
|  |  | # of referrals made |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Home Care or Personal Support*** |
|  |  | # of essential items provided (please describe the essential items) |
|  |  | # of homecare visits provided/enabled |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Health & Hygiene*** |
|  |  | # of health information sessions provided |
|  |  | # of medical item deliveries made |
|  |  | # of hygiene item deliveries made (please describe the hygiene items) |
|  |  | # of volunteers trained |
|  |  | # of staff trained |
|  |  | Other; # and detail: |
|  |  | ***Information & Navigation*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of referrals made with unique individuals |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Legal Support*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of referrals made |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Mental Health & Wellness*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of unique calls |
|  |  | # of remote counselling sessions with unique individuals*​* |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Shelter*** |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of nights of shelter provided |
|  |  | # of individuals sheltered |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Personal Safety*** |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of safety referrals made |
|  |  | # of safety assessments made |
|  |  | # volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Social Inclusion & Learning*** |
|  |  | # of calls (longer than 1 minute) |
|  |  | # of remote contact sessions with unique individuals |
|  |  | # of virtual social activities provided |
|  |  | # of learning aids provided |
|  |  | # of learning activities offered |
|  |  | # of learners engaged |
|  |  | # of volunteers trained |
|  |  | # of staff hired |
|  |  | Other; # and detail: |
|  |  | ***Transportation*** |
|  |  | # of persons transported |
|  |  | # of errands run |
|  |  | # of volunteers trained |
|  |  | Other; # and detail: |
|  |  | ***Other, Specify:*** |

##### 3.3 Types of Activities

Select all which apply

|  |  |
| --- | --- |
|  | Community outreach and engagement |
|  | Delivering new models, tools, programming, service or resources |
|  | Developing new models, tools, programming, service or resources |
|  | Disseminating information and knowledge |
|  | Volunteer engagement and recruitment |
|  | Other, Specify: |

##### 3.4 Geographic Areas of Service

Select all which apply

|  |  |
| --- | --- |
|  | Urban areas (population over 1,000 people) |
|  | Rural and remote areas (population under 1,000 people) |
|  | Barrie and Area |
|  | Muskoka |
|  | North Simcoe |
|  | Orillia and Area |
|  | South Georgian Bay |
|  | South Simcoe |

##### 3.5 Project Dates:

|  |  |
| --- | --- |
| Start Date  (for which funding applies): | DD/MM/YY |
| End Date  (for which funding applies):  (final end date, 31/03/21) | DD/MM/YY |

##### 3.6 Project Description:

|  |  |
| --- | --- |
| Who the project will help (max 250 words): |  |
| And, how it will help them, or what the activities are  (max 250 words): |  |
| And, the difference, benefit, it will make in lives (max 250 words): |  |
| How many unique individuals do you anticipate serving? |  |
| How many service interactions do you anticipate providing? |  |
| Optional: How do you know this is needed, in relation to COVID-19 (Answer with statistical, story, or anecdotal evidence as you see fit. Max 250 words): |  |

##### 3.7 Is this an existing project?

Yes  No

|  |  |
| --- | --- |
| If yes, how many additional people does the project anticipate reaching as a result of this application? |  |

##### 3.8 Is this project being delivered by a coalition of agencies or through a partnership table in your community?

Yes  No

|  |  |
| --- | --- |
| If yes, please provide details about the coalition (e.g. lead agency, member agencies, roles. Max 200 words) |  |

##### 3.9 Will this project engage the support/involvement of Canadians/Businesses?

Yes  No

|  |  |
| --- | --- |
| How many volunteers: |  |
| How many Businesses: |  |
| How many Donors: |  |

# SECTION 4 – GRANT REQUEST, BUDGET, AND FINANCIAL INFORMATION

##### Grant Requested:

|  |  |
| --- | --- |
| What is the total grant request from United Way Simcoe Muskoka?  Note: Minimum request $10,000 up to a maximum of $50,000 |  |
| Will the project be provided if awarded a lesser amount? | Yes  No |

##### Project Budget:

Please complete the following budget table for the project.

Budget Instructions:

* Please ensure that your budget accounts for the full income and expenses of your project, including grants you have requested. All budget items must be project related and must be incurred during the grant period.
* Eligible expenditures include: wages and benefits, professional fees, travel and accommodations, materials and supplies, printing and communication, equipment rental/lease/maintenance, administration costs, capital costs (up to a maximum of $5,000), and disability support for staff. Ineligible expenditures include purchase of real property.
* Please note, other sources of revenue cannot be used for the same activity costs described in this application, without a commensurate increase in services.
* Where there are multiple sources of income from the Federal Government, ProvincialGovernment, Municipal Governments, Community Foundations, Canadian Red Cross, and/or United Ways / Centraides, please add lines to the table to detail each.

##### Budget Table

|  | **Proposed** | **Confirmed** | **Amount** |
| --- | --- | --- | --- |
| **Income:** |  |  |  |
| Federal Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Provincial Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Municipal Government Sources (specify): |  |  |  |
| 1. |  |  | $ |
| Canadian Red Cross: |  |  | $ |
| Community Foundations Canada (specify which): |  |  | $ |
| United Way Simcoe Muskoka |  |  | $ |
| Corporate / Donor Support: |  |  | $ |
| Other (list top 3 sources) |  |  |  |
| 1. |  |  | $ |
| 2. |  |  | $ |
| 3. |  |  |  |
| All other combined |  |  | $ |
|  |  | ***Total Income:*** | $ |
| **Proposed Expense:** |  |  |  |
| Wages and Benefits: |  |  | $ |
| Disability Supports for Staff: |  |  | $ |
| Professional Fees: |  |  | $ |
| Travel and Accommodations: |  |  | $ |
| Materials and Supplies: |  |  | $ |
| Printing and Communication: |  |  | $ |
| Equipment Rental/Lease/Maintenance: |  |  | $ |
| Administration Costs: |  |  | $ |
| Capital Costs: |  |  | $ |
|  |  | ***Total Expense:*** | $ |
|  |  |  |  |
|  |  | **Balance:** |  |

|  |  |
| --- | --- |
| **Budget Notes** | |
| **Wages and Benefits**  - # of staff members, volunteers, and participants with Lived and/or Living Experience that would be funded by UWSM and other Funding Sources  -Part-time or full-time?  -Salary or hourly wage + benefits |  |
| **Disability Supports for Staff** |  |
| **Professional Fees**  -Describe your consultant and/or evaluation fees and how they are directly related to your project.  -Financial audit and legal fees are not eligible. |  |
| **Travel and Accommodations**  -Describe the need for travel and cost for travel (e.g. staff will be reimbursed at $0.050/km for travel) |  |
| **Materials and Supplies**  -Briefly explain what this would entail. |  |
| **Printing and Communication** |  |
| **Equipment Rental/Lease/Maintenance**  -Briefly describe what equipment would be required. |  |
| **Administration Costs**  -Ideally, admin costs should not exceed 15% of the total allocation. Please provide a brief outline of what it entails. |  |
| **Capital Costs**  -Explain in detail what you will be purchasing with capital funds (up to $5,000). |  |

# SECTION 5 – AUTHORIZATION AND CONFIRMATION

I/We declare the information provided in this application to be accurate and complete and complies with the eligibility criteria found in the guidelines. (If information is found to be inaccurate, in part or in whole, funding could be withdrawn.)

Yes  No

I /We declare that the organization is not insolvent

Yes  No

##### Signatures

I/we declare that I/we have the ability to legally bind the organization:

Yes  No

|  |  |  |
| --- | --- | --- |
| Person One: |  | Person Two: |
|  |  |  |
| Name |  | Name |
| Signature |  | Signature |
| Position |  | Position |
| Email |  | Email |