



## Call for Applications for 2020 Community Fund

---

Application Deadline: **January 10, 2020**



**NOTE:** *This open call for applications is an opportunity for 2 or more agencies to collectively apply for funding for a joint program or service.*

## **Table of Contents**

<b>Part A - About Your Organization .....</b>	<b>3</b>
General Information .....	3
Organizational Information .....	3
<b>Part B - Organizational Effectiveness:.....</b>	<b>4</b>
Adaptive Capacity .....	4
Indigenous Engagement .....	4
Cultural Competence .....	4
Leadership .....	4
<b>Part C: Program or Service Description .....</b>	<b>4</b>
<b>Part D: Service Demographic and Usage Data .....</b>	<b>5</b>
Categories and Details of Demographic Data .....	5
Formats and Collection Methods of Demographic and Usage Data .....	6
<b>Part E – Service Logic Model .....</b>	<b>6</b>
Outcome.....	6
Activities .....	6
Indicators .....	6
<b>Part F – Budget with United Way Investment.....</b>	<b>6</b>
<b>Part G – Upload Documents.....</b>	<b>6</b>
<b>Part H – Endorsement.....</b>	<b>7</b>
Certification .....	7
Signatories.....	7



## Part A - About Your Organization

### **General Information**

1. Legal Name:
2. Street Address:
3. Mailing Address (If different from Street Address):
4. Phone Number:
5. Fax Number:
6. General Office Email Address:
7. Website address:
8. Contact person for the purpose of this application:
  - a. Name (first and last):
  - b. Title of Position:
  - c. Phone number:
  - d. Email address:
9. Date when your organization's operation began:
10. Date of incorporation and incorporation number::
11. Date of charitable registration and CRA registration number:
12. As a registered charity, has your organization had any compliance issues related to all the applicable legal requirements? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Geographic area(s) served (check all that apply):
  - a. City of Saskatoon \_\_\_\_\_
  - b. Saskatoon & Area (based on the boundaries of the Saskatoon Health Region  
\_\_\_\_\_)
  - c. Other (Please specify) \_\_\_\_\_

### **Organizational Information**

1. Does your organization have a formal affiliation with a national or provincial organization?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If Yes, please  
specify: \_\_\_\_\_
2. Is your organization unionized?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If so, which union and/or local?
3. Please state your organization's mission and vision
4. Please list your organization's key services (one to five):
5. Amount of money requested/per year?



## Part B - Organizational Effectiveness

### **Adaptive Capacity**

1. What steps does your organization take to build and enhance the understanding and knowledge of the needs of vulnerable individuals and families?
2. What processes and practices does your organization have in place to seek feedback and input from your service users?

### **Indigenous Engagement**

1. Please describe if and how Indigenous people are engaged within your organization, including the percentage(s) of Indigenous people within staff and/or Board of Director positions.
2. Tell us about the relationships, formal or informal, that your organization has developed with Indigenous organizations.
3. Describe your organization's commitment to Reconciliation.

### **Cultural Competence**

1. What concrete steps has your organization taken to ensure that your services are delivered in a culturally competent manner?

### **Leadership**

1. Does your organization have a current Strategic Plan? Yes \_\_\_\_\_ No \_\_\_\_\_  
Other(please specify): \_\_\_\_\_
2. Does your organization use volunteers to enhance service delivery? How?
3. What policies and procedures does your organization have in place to deal with any surplus or deficit in the annual operating budget?
4. What is your reserve fund policy? Note: Designated reserves might include Endowment funds or a Capital Maintenance reserve.

## Part C: Program or Service Description

1. Please provide a brief description of the services you are applying for including location, hours of operation, target individuals or population and/or units of service to be provided
2. How did your organization determine the need for the service? If findings from any needs assessment, consultation and/or research were used to inform and evaluate the development and implementation of the program, please provide details.



3. What will success look like for this program? Or, how will you know you have achieved success?

## Part D: Service Demographic and Usage Data

### Categories and Details of Demographic Data

1. Please provide demographic data on your organization’s service users, **and** anticipated demographic service users, based on the categories below. Under which of these categories will your organization provide specific service data?

Category	Details	Current		Anticipated	
		# of Individuals	# of Unit of Service	# of Individuals	# of Unit of Service
Gender	Male				
	Female				
	Non-binary				
	Other not listed above				
	Unknown				
	Total				
Age	Preschool children (0 – 5 yrs)				
	Children (6 – 12 yrs)				
	Teens (13 – 18 yrs)				
	Young Adults (19 – 29 yrs)				
	Adults (30 – 64 yrs)				
	Senior (65 yrs +)				
	Unknown				
	Total				
Program/ Agency Participants/ Clients	Indigenous				
	Immigrant				
	Refugee				
	Unknown				
	Total				
Single Parent Households	Single Mother/Grandparent				
	Single Father/Grandparent				
	Total				
Client/ Participant Details	Physical Disabilities				
	Intellectual Disabilities				
	Mental Illness Diagnosis				
	Substance Addictions				
	Other Addictions				
	Concurrent Disorders				
	Unknown				
	Total				



### **Formats and Collection Methods of Demographic and Usage Data**

1. What format/tools will your organization use to track usage data for the service to which you are applying for?
2. How will your organization collect demographic and usage data for the same service? Please describe.

### **Part E – Service Logic Model**

#### **Outcome**

1. Please confirm the United Way outcome that you have identified as the most strongly aligned with your organization’s mission and vision.

#### **Activities**

1. Please list the program activities and projected outcomes/outputs for which you have applied for United Way funding

#### **Indicators**

1. Based on the United Way outcome selected, please indicate which two indicators you will report on to United Way

### **Part F – Budget with United Way Investment**

1. Please provide a 2 year budget which includes:
  - Proposed program/project budget for 2020 – 2021
  - Proposed program/project budget for 2021 – 2022 which includes adjustments if:
    - Your United Way funding increases that year by 10%
    - Your United Way funding decreases that year by 10%
2. Clearly indicate how and to what United Way funding will be attributed.
3. If your organization is seeking United Way funding to cover operational overhead costs, please provide details of these costs and how they relate to the service to which United Way funding will be attributed.

### **Part G – Upload Documents**

1. Current Board of Directors (template will be provided)
2. Current bylaws
3. Most recent annual report
4. Most recent audited financial statements
5. Most recent review of financial statements (for organizations with revenue under \$250,000)



6. Current balance sheet and income statement, with comparison of budget to actuals, approved by the Board of Directors and signed by the Board President/Chair or Treasurer
7. Current Operating budget that lists all revenue (specifying sources) and expenses. National and provincial organizations must provide budgets for the operations in Saskatoon and Area
8. If not broken down in the operating budget, please provide the current program budget for the service to which the United Way investment would go directly or be attributed.

## Part H – Endorsement

### **Certification**

#### **By submitting this application, we certify that:**

1. We have the power to bind this corporation and that the information provided in this application and submitted online is accurate and complete.
2. Our Board of Directors is aware of its responsibilities as dictated by the Income Tax Act and the Saskatchewan Human Rights Code.
3. The Registered Charity Info Return (T3010) for our organization's most recent fiscal year has been filed with Canada Revenue Agency, and there are no sanctions against our organization.

#### *Signatories*

First and last name of Board President/Chair.

This application is approved by our Board President/Chair:      Yes \_\_\_\_\_ No \_\_\_\_\_

First and last name of Executive Director/CEO or equivalent.

This application is approved by our Executive Director/CEO/equivalent:      Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Title of the above signatory