



Dear Organization,

Thank you for your interest in applying for the United Way Estevan Community Impact Fund. To enable the processing of your application, please complete the information below. Ensure all the required information has been provided.

Should you need assistance with any of the questions, please do not hesitate to contact [admin@unitedwayestevan.com](mailto:admin@unitedwayestevan.com) or call 306 634-7375. We are happy to assist you through the process.

Ensure that your application clearly describes how your program, project or service would deliver meaningful outcomes in one or more of the three priority areas.

**The United Way's Three (3) Focus Areas Are:**

<b>From Poverty to Possibility:</b> Moving people out of poverty and meeting basic human needs	<b>Healthy people, strong communities:</b> Improving access to social and health-related support services and supporting resident and community engagement	<b>All that kids can be:</b> Improving access to early childhood learning and development programs, helping kids do well at school, and make the healthy transition into adulthood
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**Funding Eligibility Checklist—you must meet all these criteria to be eligible to apply**

- Is a non-profit organization
- Direct service provider to the intended group
- Offers programs or services directly addressing one or more of United Way's three priority areas
- Operates in Estevan and surrounding areas
- Is in alignment with the values and beliefs of United Way Estevan
- Is requesting money for an event, program, or service.
- Has liability insurance or coverage for volunteers
- Is not a current member agency of United Way Estevan.
- Is willing to provide a written or verbal report about the success of your project which United Way can make public (along with photos of your project and photo releases)

United Way Estevan  
306-634-7375



<ul style="list-style-type: none"><li>• All boxes <b>must</b> be completed (unless stated otherwise)</li><li>• Incomplete applications will not be considered.</li><li>• Attach extra pages as needed.</li><li>• If your organization does not have a Charity Registration Number with the Canadian Revenue Agency (CRA) and you have found another organization willing to accept the funds on your behalf, be sure to include the organization's name and CRA number on the application. This number will be verified before any applications will be considered.</li></ul>	
<b>ORGANIZATION INFORMATION</b>	
Name of Organization:	
Street Address:	Mailing Address:
Telephone:	
Email:	Website or Social Media Info (optional)
Charitable Registration Number:	Registration Date:
If you are using another organization's charitable registration number, please indicate the organization's name, registration Number and year established.	
<b>ORGANIZATION CONTACT:</b> This should be our primary contact person in respect to this funding application.	
Name:	Position/Organization:
Email:	Telephone:
<b>PROJECT INFORMATION</b>	



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Name of Project:	
Planned Project Start Date: yyyy/mm/dd	Planned Project End Date: yyyy/mm/dd
List of partners (if any):	
<b>Brief Project Summary:</b> (please provide a short description of the proposed project including main objective)	
Project Activities ( Please provide details on the activities that will be taking place).	
Please describe the community support for this project.	



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### ORGANIZATION INFORMATION

1. Mission or mandate of the applicant organization including the geographic area served (territorial wide, region, remote community(ies), town(s) and or city.

2. Brief Project Summary: How does this project meet one or more of the United Way focus areas?

*Projects must clearly and specifically meet one or more of the United Way focus areas.*



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3.	<p>Explain the project benefits, who will benefit, and how the project overcomes challenges and barriers faced by project beneficiaries. If applicable, please indicate how the target group will be involved in the design and/or realization of the project.</p>
4.	<p>Describe how and when the project will be delivered; the steps and time line for delivery, in order; who will deliver the project; management and supervision; necessary resources; and funding required for the project elements.</p> <p><i>This answer should tie into the budget.</i></p>



5.	<p>Describe the number of volunteers, how volunteers are recruited, the participation of other organizations, contributions from existing community projects and activities, and contributions to complementary projects and community activities. Will this project allow your organization to offer/introduce new activities and/or programs? If so, please explain how.</p> <p><i>This measure looks at leveraging and participation. The more community volunteer involvement and the more community groups contributing to the project, the more leverage the United Way funding will have. We look for partnering and collaboration that leverages resources. We want to avoid duplication or competition.</i></p>
6.	<p>How will you evaluate the project's success and the project's contribution to the United Way Focus Areas?.</p> <p><i>Explain your evaluation standards</i></p>



7.	<p>What are the largest challenges or risks that your project faces, and how will you address these?</p> <p>Explain how your organization will ensure sufficient volunteers, independently or in partnership with others; access to required materials and funds; and volunteer supervision and mentoring.</p> <p><i>This measure aims at ensuring your organization has access to the skills, capabilities and resources needed for your project.</i></p>
8.	<p>Has this project been offered before? If so, for how long and by who? How has it improved since it started? If this project is new, are there other projects that are similar?</p>
9.	<p>How will your community know about your project? How will you reach out to the people or groups you are trying to support with your project?</p>
10	<p>How will you acknowledge United Way Estevan and how we have helped with the project?</p>



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<b>BUDGET (Please include contributions from other partners or any in-kind support valued at the actual cost)</b>			
<b>Project Revenues</b>		<b>Project Expenses</b>	
<b>TOTAL REVENUES:</b>		<b>TOTAL EXPENSES:</b>	
<b>NET PROFIT/LOSS</b>			
<b>AUTHORIZATION</b>			
Name of Official Representative:			
I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this funding request is endorsed by the organization I represent.			
Signature:		Date:	

**Please send the completed application form plus all required documentation to  
United Way of Estevan. PO Box 611, Estevan, SK S4A 2A5.**

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