



United Way of Niagara Falls and Greater Fort Erie
7150 Montrose Road, Niagara Falls, Ont. L2H 3N3
P.O. Box 266, Fort Erie, Ont. L2A 5M5
905-354-9342 905-871-5454

Application for Special Projects/Emergency Fund

Please complete the attached application and check you have included all required attachments with your application.

Please attach:

1 copy of Board of Directors (if not incorporated, list of Advisory Committee, Steering Committee, etc.)

4 copies of application

- Three hole punched
- Please no dividers, binders or binding
- Use 8.5" x 11" paper

1 copy of most recent audited financial statement

Reference letters from other organizations

Due Date

Applications are due according to the following schedule, delivered to the address above.

Grant Date April 1 – Deadline Feb. 15

Grant Date July 1 – Deadline May 15

Grant Date Oct. 1 – Deadline Aug. 15

Grant Date Jan. 1 – Deadline Nov. 15

Maximum Grant

The maximum grant available through the Special Projects/Emergency Fund is \$10,000.

Need Assistance

If you need assistance with your application, please contact Carol Stewart-Kirkby, Executive Director, United Way of Niagara Falls and Greater Fort Erie.



Name of Lead Organization: _____

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Contact Person: _____

Phone number and email if different from above:

Are other organizations partnering with you in this application? If yes, please name them here and describe their role in the project.

Charitable Registration Number: _____

(If your group is not a registered charity please provide name of sponsoring organization and their charitable registration number)

Name of Project for which you are requesting funding:

Amount Requested: _____



Description of project:

What specific community need(s) does this project address:

How did your organization determine these need(s):

How will this project meet these need(s):

Expected Project Outcomes (A project outcome is a qualitative product of the project such as improved budgeting skills, increased ability to read, gained knowledge of available housing services):

Expected Project Outputs (A project output is a quantifiable product of the project such as the number of classes, number of counselling sessions conducted, number hours of service delivered):

What role do volunteers play in this project?



BUDGET FOR PROJECT

FROM

TO

SOURCE OF FUNDS	TOTAL
UW Niagara Falls and Greater Fort Erie	
Other United Ways	
User Fees	
Donations & Fundraising	
Government Funding	
Other (please list)	
TOTAL REVENUE	
COST TO BE INCURRED	
Salary/Benefits	
Administrative Costs (list type of expense)	
Direct Project Costs (list type of expense)	
TOTAL EXPENSES	
SURPLUS / (DEFICIT)	



How will you promote United Way through this project?

Would your organization be willing to speak to employee groups during United Way's annual campaign?

Yes _____ **No** _____

Please provide details on the financial resources to be provided by the organization (s) applying for funding. (e.g. support staff, office services etc.)

How would you carry out this project if the full amount of funding was not provided? (please provide details)

Organization Status Changes – Are any of these following issues facing your organization now or are they possible for the coming year?

Litigation **Yes** **No**

Changes in By-laws or Policies **Yes** **No**

Other: _____

Verified Accurate,

Senior Staff _____ Date _____

Senior Volunteer _____ Date _____