

Battlefords United Way
Box 904
North Battleford, SK S9A 2Z3
(306) 445-1717



Date:

SPECIAL PROJECT APPLICATION FORM

AGENCY NAME: _____

AGENCY REGISTERED NUMBER: _____

TOTAL DOLLAR AMOUNT REQUESTED: \$_____

1. Your agency must be of a local nature. You can be part of a national agency, but a local volunteer board must govern you.
2. As an agency, you are required to:
 - a) Provide community services with emphasis on health and social needs.
 - b) Not exclude persons from participation in agency affairs or programs by virtue of race, ethnicity, color, religion, age, disability or gender.
3. What program are you requesting services for from the Battlefords United Way.
 - a) What are all the costs involved? Please include estimates from suppliers to verify the costs. Please be specific.
 - b) What is the need for your program? Please supply statistics to support this need. Please be specific.
 - c) How would your agency deliver the following?
 - The ability to effectively offer the program/services
 - Progress and results of the program
 - The number of clients locally served by this program
 - How would this program enhance your agency at this time
4. Please list your sources of funding and income at the present time.
5. How would your agency demonstrate the partnership with the Battlefords United Way?
6. Please list the progress of accountability that you will supply the Battlefords United Way for this program.
7. Please also provide the following:
 - 1) A list of Board members
 - 2) Last Audited Financial Statement
 - 3) Your organizations contact person and telephone number