

**Battlefords
United Way**

2021 Allocation Package

Funded Partner
Documentation

I believe in my community.

I believe that its success depends on the people who live in it.

That everyone has something to contribute.

That everyone deserves respect.

That everyone's potential can be realized.

That diversity is vital.

That every person has value.

That everyone needs help and everyone can offer help.

That a safe supportive community is everyone's responsibility.

I believe in possibility.

**TOGETHER, WE ARE
POSSIBILITY**



Battlefords United Way

Box 904
North Battleford, Sask.
S9A 2Z3

Mission:

To improve lives, build community and initiate collective action by engaging and educating individuals and businesses

Our Focus Areas:

1. From poverty to possibility
2. Healthy people, strong communities
3. All that kids can be

Member Agency Submissions: CHECKLIST

The following documentation is to be completed electronically, printed off (original signatures required) and then submitted to the Battlefords United Way office no later than Friday, February 20, 2021.

Please provide copies of the following documents:

1. ____ Covering Letter that will indicate your 2021 funding request as well as your Agency's Charitable Registration number, signed by the Chair of the Board of Directors or the Treasurer and the Executive Director.
2. ____ Completed forms included in this package.
3. ____ The agency's 2020 (or most recent) year-end Financial Statement and 2020 Annual Report.
4. ____ Agency Community Impact Statements - for United Way literature and mailer.

Should you have any questions regarding this application and its contents please contact the United Way office at (306) 445-1717.

Section A: General Information

A1: Address and Contact Information

Name of Agency:	Contact Person(s):
Street Address:	Title:
Telephone:	Email:
Fax:	Board Chair
Email:	Name:
	Email:

A2. Funding Request

Our Agency is applying for (please check): Core Funding Program Funding

Current United Way Allocation	
2018 Requested Allocation	
When is your Agency's year end?	
What is your Agency's operating year? (i.e. Jan. 1 to Dec. 31)	

A3. Declaration and Signature

I confirm that the information contained in this application and additional documents is correct, true and complete. I acknowledge that approval of this application commits our organization to abide by the policies and regulations established by the Battlefords United Way. This application has been approved by our agency's Board of Directors for submission to Battlefords United Way.

Please Print Name

Authorized Signature

Date

Section B: Funding Request

B1. List of Programs and Outcomes to which this application pertains

When compiling the list below, please do not use acronyms.

List programs:	
Briefly describe each program:	
Target population for agency's funds (e.g. youth, seniors, individuals with disabilities, etc...):	
Benefits of program to targeted group:	

<p>Please provide comments or explanations for a variation in service (changes of 10% or more)</p>	
<p>Total number of new clients in the last 12-month period</p>	
<p>Number of staff dedicated to these programs in the last 12-month period</p>	
<p>Number of volunteers dedicated to these programs</p>	
<p>How do you measure clients served? (ex: every time someone walks through the door, number of visits to individual or per client basis)</p>	
<p>Do you administer a Client Satisfaction Survey or do you use another form of outcome or program measurements? Please explain.</p>	
<p>If you do not administer any of the above please explain why.</p>	

B3. Strengthening Partnerships

Describe your agency's participation in United Way (i.e. membership requirements, campaign participation, etc...)	
How has your agency recognized the United Way in media stories and promotions during the past 12 months?	
Has your agency assisted in efforts to raise funds for United Way? How?	
Can you provide volunteers for these Battlefords United Way annual Events? -Annual Clean Up (in May) -Golf Tournament (in July) -Comedy Night or other evening event (in October) -Residential Campaign (in October)	
Does your agency partner with/refer to other community organizations as necessary to best meet the client's needs? Please explain.	
Does your agency solicit support from other funders? Please explain.	
Other comments	

B4. Agency List of Fundraising Events 2021

AGENCY EVENTS

Please provide a list of all your agency events planned for 2021.

Section C: BUDGET

The following budget documents must be accompanied by your most recent audited financial statement (Balance Sheet, Income Statement and Auditor’s notes, etc...). If your agency is receiving or requesting funding for one or more programs funded by United Way, please provide financial information for each program. Agencies where United Way provides funding for many programs please complete one form.

Date of last audited statement:

Date of next audited statement:

Name of Program(s): _____

REVENUE	ACTUAL BUDGET 2018	ACTUAL BUDGET 2019	BUDGET 2020	FORECAST 2021
Federal Government				
Provincial Government				
Municipal Government				
United Way Funding				
Other Grants:				
User Fees				
Membership Fees				
Fundraising & Donations				
Investment Income				
Other (Specify)				
TOTAL INCOME				
TOTAL RESERVES (including Operation, Capital & Endowment)				

EXPENSES	ACTUAL BUDGET 2018	ACTUAL BUDGET 2019	BUDGET 2020	FORECAST 2021
Salaries (incl. EI, CPP, etc...)				
Employee Benefits (medical, dental, etc...)				
Staff Training				
Staff Travel				
Building Occupancy (rent, heat, taxes)				
Office Expenses (general office supplies, photocopies)				
Capital Expenses (Equipment purchases)				
Volunteer Expenses				
Promotion & Publicity				
Purchased Services				
Program Supplies				
Dues				
Other (specify)				
TOTAL EXPENSES				
TOTAL INCOME (from previous page)				
OPERATING SURPLUS (DEFICIT)				

Additional comments on budget regarding variables, reserves, etc.:

Section D: Board of Directors

Please attach a list of Board Members with the date they were first elected to your Board. Please also attach an Agency Organization Chart.

Please indicate how long each Executive member has been in their current role:	
Does your Board have stakeholders representative of the clients served? Please explain.	Yes _____ No _____
Does your Constitution & By-Law(s) state a maximum Term of Office for Board Members? If yes, how long is the term?	
Please list the standing committees of the Board and the ad-hoc committees of the previous year:	
Does your Board hold an Annual General Meeting? If yes, do you invite the general public?	Yes _____ No _____ Yes _____ No _____
Does your Board work with Annual Goals and Objectives and/or a Strategic Plan? If yes, when was the last planning session?	

Agency Name: _____

Completed by: _____

Date: _____

*Please complete the above information, then **email** to the addresses below. The information received back will support our philosophy of transparency and accountability within the annual funding process.*

Battlefords United Way
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