



United Way

Peterborough & District

A) FUNDING APPLICATION

Please ensure you review the accompanying Funding Application Guide to ensure all questions are answered correctly. All sections identified with an * are mandatory.

Organization type*			
Registered Charity	Not for profit	Private Business	
Legal name*		Phone number*	Fax number
Project Name		Email	Year Established
Organization Address*	City/Town	Province	Postal Code
Incorporation number (Charter/letters patent)		Incorporation date (MM-YYYY)	
Business number* (Canada Revenue Agency)	Preferred Language of Correspondence:		
Main Mandate and Activities*			

Organization Contact <i>(this should be the primary contact person in respect to this application for funding.)</i>			
Given Name*		Surname*	Position Title
City/Town*	Province/Territory*	Country*	Postal Code*
Telephone number	Email		

B) Legal Signing Officers

Contribution Agreement* *(according to letters patent or other incorporating documents)*

	Title	Name
1		
2		
3		

How many signatures are required to bind the applying organization into a legal agreement?

C) Financial Project Contact

Name	Title
Telephone Number	Email

D) Amounts owing to Canada

Do you owe any amount to a Government of Canada department or agency in default?		
If so, please specify:		
	Yes	No
Amount owing	Nature of the amount owing (tax, penalty, overpayment)	Government department or agency to which the amount is owing
\$		
\$		
\$		

1.1 ORGANIZATIONAL CAPACITY

How many employees does your organization currently have? _____

Has your organization undergone any important transformations in the last two years? * **Yes**

No

(If yes, please provide a description of the changes)

1.2 EXPERIENCE AND EXPERTISE

Please explain how your organization has the experience and expertise to carry out the proposed project activities. If applicable, please include any past experiences with the Reaching Home program and the results of the project. *

GENERAL PROJECT INFORMATION

2.1 Project title*	2.2 Project duration	
	Planned Start Date*	Planned End Date*
2.3 Location of project activities* <i>(if different from the Organization's address)</i>		

2.4 Explain the project including the project need, rationale, and design.

2.5 Reaching Home Project areas of activity* (*check one or more answers*). Please refer to the [ELIGIBLE AND INELIGIBLE ACTIVITIES](#) document.

Housing Services

Housing Placement
Emergency Housing Funding
Housing Set-up

Prevention and Shelter Diversion

Prevention Services
Shelter Diversion Services

Client Support Services

Economic Integration Services
Social and Community Integration Services
Clinical and Treatment Services
Basic Needs Services

Capital Investments (Emergency shelter, transitional housing, permanent supportive housing, and non-residential facilities)

Increased Capacity
Renovations/Additions/Repairs to Existing Facilities
Developing New Facilities
Operational Equipment and Supplies

Coordination of resources and data collection

Mapping
Developing partnerships
Projects that facilitate the coordination of housing and homelessness services
Improving services

2.6 Explain how the need for this project was determined and does it address an identified gap for those experiencing or at risk of homelessness. *

2.7 Peterborough has set a target of reducing chronic homelessness to zero. Please explain how this project will directly contribute to realizing this target. *

2.8 Project activities and timelines*

Please link project activities and timelines to the area(s) of activity selected in 2.5.

2.9 Expected Results of the Project* (must be specific, concrete and measurable).

2.10 Evaluation Strategy* *(describe how you will track and report on progress and performance).*

Link to Project Activities and Timelines section 2.8 and Expected Results section 2.9.

2.11 Will any other organizations, networks or partners be involved in carrying out the project? * **Yes** **No**

If, 'yes', please clearly identify the role(s) and expertise they will bring to the project:

2.12 Reaching Home requires that a system of coordinated access for the homelessness servicing sector be in place. What role does this specific project have in this process.

2.13 SUSTAINABILITY PLAN OR EXIT STRATEGY

Please outline the project's sustainability plan or exit strategy here. See 2.13 of the Application Guide for further information.

Applicants seeking funding for Capital Projects must complete the Sustainability Checklist provided to ensure the sustainability plan addresses all the key elements of sustainability. Where possible, communities are encouraged to ensure that Reaching Home is not the sole funder in capital projects.

3.1 CLIENT POPULATION

Please provide information on the client groups served as part of your project. Only check those most relevant to your project. Reaching Home emphasizes measurable outcomes, and your project will be evaluated in terms of service to each population you identify below.

CLIENT POPULATIONS		
<div>People with addictions</div> <div>People with physical disabilities</div> <div>People with developmental disabilities</div> <div>People with mental health issues</div> <div>People exiting a medical facility/service</div> <div>Victims of domestic violence</div> <div>People who identify LGBTQ2S+</div> <div>Youth exiting child welfare system</div> <div>People exiting a correction facility</div>		
AGE	GENDER	Sub-POPULATION
<div>General Population</div> <div>Children (0-14)</div> <div>Youth (15-30)</div> <div>Adult (31-64)</div> <div>Seniors (65+)</div>	<div>Gender diverse</div> <div>Male</div> <div>Female</div>	<div>Indigenous peoples</div> <div>Immigrants</div> <div>Refugees</div> <div>Veterans</div>

4.1 PROJECT FUNDING DETAILS

(Please include all sources of funding including funds requested in this application)

Anticipated Sources of Funding*					
Source Name*	Source Type*	Cash	In-Kind (\$ value)	Confirmed*	
				Cash	In-Kind

4.2 CAPITAL ASSETS: Will capital assets be among your planned expenditures with Reaching Home funding? *

Yes No

4.3 FURTHER BUDGET DETAILS:

CONTRIBUTION REQUESTED FROM THE COMMUNITY ENTITY:

OTHER SOURCES OF CONTRIBUTION:

TOTAL PROJECT AMOUNT:

(Should total 4.1 Project funding details)

- **IMPORTANT:** The Reaching Home Proposed **Budget Form** must be completed and submitted with the application form for your project to be considered.
- If your project includes Staffing expenses, you must include the **Staff Summary Document**
- In completing this application, you acknowledge that United Way Peterborough & District may consult with other funders in the review of this application and may require additional information including a list of current Board members, annual reports, confirmation of other sources of funding and confirmation of any partnerships identified in the application above.

4.4 DECLARATION

Must be signed by as many persons as is required by the organization’s statutes or by-laws.

- I declare I am legally authorized to sign and submit this application on behalf of the organization named on Page 1.
- I declare that the information provided in this application and supporting documentation is true, accurate and complete to the best of my knowledge.
- I declare that the organization is actively incorporated and will be for the duration of this project.
- I understand that if the information described above is false or misleading, I or the organization may be required to repay some, or all the funding received.
- I declare that the organization and any person lobbying on its behalf is in compliance with the Lobbying Act, R.S.C., 1985,c.44 (4th supp,) and that no commissions or contingency fees have or will be paid directly or indirectly to any person for negotiating or securing this request for funding.

Legal Signatory Name (please print)	Position	Signature	Date (MM/DD/YYYY)
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ADDITIONAL INFORMATION

Please reference the question numbers that you are addressing in this section.

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