

2021 Organizational Health Application

Eligibility Check

1. Select the best description of your organization (select only one):

- An organization incorporated as a not-for-profit corporation and registered as a charity by the Canada Revenue Agency
- An organization incorporated as a not-for-profit corporation without share capital in a Canadian jurisdiction, trustee by a registered charity
- An initiative that is part of a shared platform that is a registered charity
- None of the above

2. Is your organization any of the following types of organizations which are not eligible for CSS Program Funding?

- For-profit organization
- Full day childcare
- Government or government agency, board or commission
- Grantmaking Foundation
- Hospital or long-term-care facility
- Organization that could be deemed discriminatory, as defined by the Ontario Human Rights Code
- Organization whose purpose is solely related to political activity, as defined by the Canada Revenue Agency
- Organization without a clear demarcation between religious and community service functions as evidenced in the organization's by-laws, articles of association or letters patent
- Organization without a head office or program service location located in Peel Region, Toronto or York Region
- Professional Association
- Residential facility that is licensed and regulated under the Child, Youth and Family Services Act and funded by the Ministry of Children and Youth Services or the Ministry of Community and Social Services
- Residential facility that is funded or managed by Corrections Canada
- Residential facility under the Homes for Special Care Act
- Retirement home regulated by the Retirement Homes Act, 2010
- Service mandated by the Child, Youth and Family Services Act, 2018
- University, college or school board
- Union
- None of the above

3. Will your organization be requesting United Way funding for any of the following services which are not eligible for CSS Program Funding?

- Addition of basic shelter beds or transitional housing beds
- Costs (e.g., loans, grants or scholarships) that are related to direct financial assistance in the form of payments to individuals or families
- Partisan political activity defined as the direct or indirect promotion of a political candidate or party
- Rent supplements
- Services covered by OHIP
- Services provided by medical professionals or regulated health professionals other than social workers or social service workers
- Support of operating deficits
- Large capital construction costs, unless part of a specific project deemed eligible by United Way (Note: small capital costs related to program activities such as purchasing program equipment, or a vehicle are eligible)
- Purchase of real property (real estate, land, buildings)
- Operational costs associated with United Way-funded Community Hubs
- Religious activities, except for Indigenous cultural and/or spiritual activities
- None of the above

4. Will your program/initiative mitigate the effects of poverty, help move people out of poverty and/or address the underlying cause of poverty?

- Yes
- No

5. Will your organization provide services in Peel Region, the City of Toronto and/or York Region with United Way Funding?

- Yes
- No

6. Will you be able to provide a liability insurance certificate for a minimum of \$2,000,000 in liability insurance if approved for funding?

TIP: A minimum of \$2,000,000 liability insurance is required and must list coverage for activities delivered through the United Way funded program(s). Organizations approved for funding will need to name United Way Greater Toronto as an 'Additional Insured' under general liability insurance; the proof will be required at the time of contract signing.

- Yes
- No


7. Check if your organization complies with the following (proof of compliance may be requested when a funding agreement is signed and throughout its term).

- Compliant with the Ontario Employment Standards Act, 2000 (ESA)
- Compliant with the Ontario Occupational Health and Safety Act (OHSA)
- Compliant with the Accessibility for Ontarians with Disabilities Act (AODA) 2005
- Organization has remitted all income tax and employer and employee contributions, premiums and assessments for Canada Pension, Employment Insurance, Employer Health Tax and Workers Compensation owing as of date below (if applicable)
- Compliant with the Personal Information Protection and Electronic Document Act (PIPEDA) or other applicable privacy legislation
- Organization has filed a T3010 Registered Charity Information Return within six months of the end of its fiscal period (only for charities)
- Compliant with Ontario or Canada Corporations Act
- Compliant with the letter and spirit of the Ontario Human Rights Code (OHRC)
- The organization has a Vulnerable Sector Screening Policy, if applicable
- The organization has an External Complaints Policy
- None of the above

8. Organization Details:

Organization Name (Legal Name)	_____
Organization Name (Operating/Public Name) if different from above	_____
Revenue Canada Business Registration Number (Charitable Number)	_____
CRA Registration Date (Enter date as dd/mm/yyyy e.g., 20/04/1953)	_____
Incorporation Number	_____
Phone Number	_____
Email	_____
Agency website	_____
Facebook page	_____
Twitter handle	_____
Instagram handle	_____
LinkedIn	_____

 **9. Attach your agency's Letters Patent or Supplementary Letters Patent. If you are unable to provide it at this time, we may request this later.**

 **10. What is the location of your organization's Head Office? If the location is confidential, enter the mailing address or P.O. Box instead.**

Address / P.O. Box _____

City _____

Postal Code _____

Undisclosed/confidential?

 **11. Fiscal Year End**

Enter as month and day (e.g., December 31)


 **12. When did your organization start to deliver services to the community?**

Enter date as month and year (e.g., January 1990)

 **13. Agency Mission Statement**

 **14. Agency Description**

 **15. Key Contacts**

 Executive Director/Chief Executive Officer


First Name _____

Last Name _____

Position _____

Email _____

Phone Number _____

 Board of Directors Chair/President

First Name _____

Last Name _____

Position _____

Email _____

Phone Number _____

 Person Completing this Information

First Name _____

Last Name _____
Position _____
Email _____
Phone Number _____

 **16. How many employees does your organization have (full-time and part-time)? (select only one)**

- None, volunteer-run
- 1-3 employees
- 4-10 employees
- 11-50 employees
- 51-100 employees
- More than 100 employees


 **17. Is your organization being trusteeed for this grant?**

- Yes
- No

 Specify the trustee – select only 1 of the options below:


NOTE: If your application is being trusteeed, in most cases your trustee will need to complete an Organizational Health Application (OHA). Some trustees may be exempt from completing an OHA. Prior to starting your OHA, contact us at cssprogramfunding@uwgt.org to let us know who your trustee is going to be so we can advise you on next steps.

- CEE Centre for Young Black Professionals
- OCASI - Ontario Council of Agencies Serving Immigrants
- The Neighbourhood Group
- Other - list the name of the organization and details

 **Other Trustee Information**

Organization Name (Legal Name) _____
Organization Name (Operating/Public) if
different from above _____
Revenue Canada Business Number
(Charitable Number) _____
First Name _____
Last Name _____
Position _____
Email _____
Phone Number _____

 **Describe the reporting process to the trustee organization.**

 **How will the trustee disburse the funds to your organization?**

_____	_____	_____
_____	_____	_____
_____	_____	_____
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☰ **25a) Are there community members or service users on your Board?**

- Yes
- No

⚙ **How many community members or service users are on your Board?**

⚙ **26. How many board positions are required in the organization's bylaws?**

Minimum Number of Board Positions Required _____

Maximum Number of Board Positions Required _____

⚙ **27. How many board positions are currently filled?**

☰ **28. Does your Board of Directors have three or more current members with an arm's length relationship to each other?**

An 'arm's length' relationship requires that board members and organization executives not be married, common law or related, business partners or in a relationship where interests may be compromised.

- Yes
- No

⚙ **29. How many times did the organization's Board meet between April 1, 2020 – March 31, 2021?**

⚙ **30. Identify the number of meetings where a quorum was achieved between April 1, 2020 – March 31, 2021?**

☰ **31. Does the organization have a written conflict of interest policy in place?**


- Yes
- No

☑ **What does it cover – check all that apply:**

Board members cannot gain financially from involvement with the organization

- Board members are at an arm's length relationship with each other
- Board members cannot contract family members for any organizational services
- Staff or their family members cannot gain financially from organizational transactions
- Staff cannot hire family members
- Other _____

 **How is this policy enforced? Provide an example of how your organization has used this policy.**

 **If not, explain.**

Social Identity Data - Organizational Level

United Way would like to understand more about the ways in which your organization reflects the communities and populations it serves.

 **32. Does your organization have reconciliation and/or equity policies and/or practices in place?**

- Yes
- No

 **List the relevant policies.**

 **Does your organization have a reconciliation and/or equity implementation plan in place?**

- Yes
- No

33. The 50/30 Challenge

United Way encourages our funded agencies to respond to the recent federal government call to action by participating in the [50/30 challenge](#). The 50/30 Challenge asks that organizations aspire to two goals: i. Gender parity ("50%") – half of the Canadian board(s) and senior management are comprised of women and non-binary people; and ii. Significant representation ("30%") – a third of Canadian board(s) and senior management are comprised of other under-represented groups: First Nations, Inuit and Métis peoples as founding peoples of Canada who are under-represented in positions of economic influence and leadership; racialized persons including Black Canadians; persons living with disabilities (including invisible and episodic disabilities); and Canadians who identify as 2SLGBTQ.

 **a. Do you have at least 50% women or non-binary people on your:**

 **Board of Directors/Trustees**

- Yes
- No
- Data Not Collected

 **Senior Management Team**

- Yes

- No
- Data Not Collected

b. Do you have representation (30%) of under-represented groups on your:

Board of Directors/Trustees

- Yes
- No
- Data Not Collected

Senior Management Team

- Yes
- No
- Data Not Collected

34. Does your organization identify itself as led by, focused on, and serving an equity-deserving group?

Note: Equity-deserving groups are "...communities that face significant collective challenges in participating in society because of barriers to equal access, opportunities and resources due to disadvantage and discrimination." Examples of equity-deserving groups include racialized peoples, Black peoples, women, the 2SLGBTQ community and people with disabilities. United Way recognizes that Indigenous peoples are more than another equity-deserving group. They are the original inhabitants of this land and our relationship must be rooted in an approach that recognizes their status as founding people of Canada. An organization that is led by an equity-deserving group has at least half of the organization's Board of Directors and Senior Management Team and staff who self-identify as members of this equity-deserving group. An organization that is focused on an equity-deserving group has a mission/mandate and values that reflect that group and offers programming that centers on that population's culture and supports matters that impact that population. An organization that serves an equity-deserving group embeds that group's values that are at the core of program delivery including sector work and collaboration; provides culturally responsive programming that includes anti-racism or anti-oppression approaches; and supports beneficiaries who are predominantly people from that group.

- Yes
- No

a) Indicate the focused group that is served by your organization.

Note: this group may include a population that has intersecting identities, such as racialized women living with a disability.

b) Are your organization's mission/mandate and values focused on serving the equity-deserving group you identified above?

- Yes
- No

c) Indicate whether you have more than 50% representation of your targeted equity-deserving group across various levels in your organization.

Board of Directors/Trustees

- Yes
- No
- Data Not Collected

Senior Management Team

- Yes
- No
- Data Not Collected

Staff

- Yes
- No
- Data Not Collected

Financial Management

35. What is your organization's annual operating budget?

36. Specify the organization's procedures or practices for the following:

Select all that apply.

Budget Development and Management

- Staff across various levels of the organization provides input into the budget
- The Board approves an annual budget
- The Board reviews the budget at least quarterly
- The Board monitors the spending relative to the budget, making adjustments as needed
- Other _____

Segregation of Duties (including Signing Authority)

- Policies are in place that guide segregation of duties that are reviewed and approved by the Board
- Internal controls are in place that divide key processes in an organization to prevent and detect error and fraud (e.g., one employee is responsible for preparing deposits going to the bank and another employee performs the reconciliation based on the bank deposit slips)
- Internal controls are in place that guide the use of petty cash
- Other _____

Spending Authorization

- Policies are in place that outline the process and authority for approving spending, signing cheques, contracts and agreements that are reviewed and approved by the Board
- There is a clear process for staff or Board members authorized to approve spending for various amounts
- There is a procurement policy/process that is reviewed and approved by the Board
- There are at least two staff or Board members with signing authorities and designates
- Other _____

Use of Reserves

- A reserves policy is in place and reviewed and updated regularly by the Board
- The reserves policy outlines various reserves funds with restrictions
- The policy outlines optimal reserve levels (e.g., at least 1-3 months of operating expenses)
- Other _____

37. Does the Board receive Financial Reports from the Executive Director/CEO?

- Yes
- No

a. How often are these financial reports received?

Select one

- At each Board meeting
- Monthly
- Quarterly
- Semi-Annually

Annually


b. These reports include:


Select all that apply

Statement of Operations/Income and Expenses; Variances from budgeted year-to-date revenue and expenses and actual year-to-date revenue and expenses

Statement of Financial Positions (Balance Sheet)

Other _____

 **If no, explain.**

 **38. Attach an APPROVED audited statement OR a review engagement (if your organization's annual budget is under \$100,000) that has been conducted by a licensed public accountant. Attach for one year, either calendar 2019 or fiscal 2019/20 year or calendar 2020 or fiscal 2020/21 year. a. I am attaching the following (select only one):**

Calendar 2019 or fiscal 2019/20 approved audit

Calendar 2019 or fiscal 2019/20 review engagement by a licensed public accountant

Calendar 2020 or fiscal 2020/21 approved audit

Calendar 2020 or fiscal 2020/21 review engagement by a licensed public accountant

 **39. This question only applies if you attached an approved audited statement in question 38 above:**

 **Did you receive a management letter with the audit you attached above?**

Yes


No

 **Did your organization respond to the management letter?**

Yes

No


 **40. If the organization had a surplus or deficit in the latest audit OR review engagement, explain the reason(s) for the surplus/deficit and the actions taken to address the surplus/deficit.**

 **Authorization and Confirmation**

 **Are you the Executive Director or Chief Executive Officer of the applicant organization?**


Yes

No

 **I confirm that this application has been reviewed by the Executive Director/Chief Executive Officer of the organization and I have been granted the permission to submit this application on behalf of the organization. (If information is found to be inaccurate, in part or in whole, funding could be withdrawn.)**

Yes

No

 I declare the information provided in this application to be accurate and complete and complies with the eligibility criteria found in the guidelines. (If information is found to be inaccurate, in part or in whole, funding could be withdrawn.)

Yes

No

 **Application Confirmation**

Name _____

Position _____

Email _____