

UWGT ECSF Round Two Application Form

SECTION 1 - ELIGIBILITY

Which of the following applies to your organization?

Select all that apply:

- provides programs and services in Peel Region, the City of Toronto and/or York Region,
- maintains a volunteer Board of Directors that meets regularly,
- hosts an Annual General Meeting,
- is incorporated as a non-profit organization,
- has its own financial statements that have been audited or reviewed by a licensed public accountant,
- has a purpose that is not solely related to political activity, as defined by the Canada Revenue Agency,
- can demonstrate a clear separation between religious and community service functions,
- respects and follows the letter and spirit of the Ontario Human Rights Code,
- has not already received funding for the same project activities from more than one source,
- has its own liability insurance or certificate of not less than \$2 million,
- commits that government funding for the activities proposed in this application will not exceed more than 100% of total expenses (including any mix of municipal, provincial or territorial, or federal funding),
- grants permission for this application and contact details to be shared with Community Foundations Canada and Canadian Red Cross for funding consideration and coordination.

1.2 Have you applied to any of the following organizations for funding to cover the same project costs?

We will use this information to coordinate with other funders.

- Canadian Red Cross
- Toronto Foundation
- Mississauga Foundation
- Brampton and Caledon Foundation
- Community Foundations-Canada
- None of the above

SECTION 2 – THE APPLICANT (Your Organization)

2.1 Who is the contact person for this application?

First Name: _____

Last Name: _____

Contact Position Title: _____

Email: _____

Phone Number: _____

Name of Executive Director or Chief Executive Officer

First Name: _____

Last Name: _____

Position Title: _____

Email: _____

Phone Number: _____

 2.2 Name of the organization applying for this funding

Organization Name (legal name): _____

Operating/Public Name if different than above: _____

Street Address or P.O. Box: _____

City: _____

Province:

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Postal Code _____ (A1A 1A1)

Agency Website _____

Facebook Page _____

Twitter Handle _____

Instagram Handle _____

LinkedIn _____

Charitable Number _____

Incorporation Number _____

Organization Mission (maximum 25 words) _____

 2.3 Trustee Information

Not for Profit Organizations that are not a registered charity require a Trustee that is an incorporated, not for profit, registered charity. The trustee must confirm that it meets all eligibility criteria. **If this application is trusteeed, you must send this application to your trustee after you complete this form.** If you do not complete the information for the trustee, we will not be able to consider this application.

This is a trusteeed application (by an organization other than your own)

This is not a trusteeed application

 Trustee Organization Information

Executive Director First Name _____

Executive Director Last Name _____

Executive Director Email _____

Organization Name (legal name) _____

Charitable Number _____

Role of Trustees


Receive the funds from UWGT and disburse the funds to the trustee organization Affirm, to the best of their knowledge, that the trustee organization has the systems in place to provide the required reports Affirm, to the best of their knowledge, that the trustee organization has systems in place to deliver the services/programs outlined in the application

I have confirmed with the Executive Director of the organization named above that it agrees to trustee this application

2.4 Commitment to Equity

As UWGT continues its commitment to equity please assist us in data collection on the socio-demographic profile of UWGT funded agencies by responding to the following. **Select all that apply.**


- At least half of your organization's Board of Directors self-identify as Indigenous
- At least half of your organization's Senior Management staff self-identify as Indigenous
- Your organization is Indigenous serving and Indigenous focused
- At least half of your organization's Board of Directors self-identify as Black
- At least half of your organization's Senior Management staff self-identify as Black
- Your organization is Black serving and Black focused
- None of the above

 **Comments**


(maximum 200 words)

 **SECTION 3 – ORGANIZATIONAL/COLLABORATIVE PROJECT INFORMATION**

 **Expansion of Currently Funded Project**

 3.1 Are you currently the recipient of funding or holding a contract with United Way Greater Toronto for the Emergency Community Support Fund? (If no, please respond to all of the questions on this application)


- Yes
- No

 If yes, are you requesting an expansion of services currently provided through a grant from United Way Greater Toronto for the Emergency Community Support Fund?


(If Yes, please skip to 3.4 to provide additional information on the existing project. If No, please respond to all of the questions on this application)

- Yes
- No

 **Collaborative Project**

 3.2 Is this program/project being delivered by a collaboration of agencies or through a partnership table or cluster in your community?

- Yes
- No

 Please provide details about the collaboration:

Partner Agency	Project Role (e.g., coordination support)	Percentage of project budget (e.g., 70%)
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1
2
3
4
5
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7
8
9
10

-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

All agencies listed above agree to be participants.

- Yes
- No

If the application is on behalf of one of the following UWGT/City of Toronto community clusters identify which one(s). Select all that apply.

- North Scarborough
- South Scarborough
- East York/ Don Valley
- North York
- Black Creek Humber Summit
- York Weston Pelham
- Downtown East
- Downtown West
- North Etobicoke
- South Etobicoke
- Black Resilience
- City Wide


Is the application on behalf of one of the following UWGT/York Region clusters in which your organization participates?

- Homelessness
- Emergency Food Access
- Senior
- Service Partner


Is the application on behalf of the Peel Region Community Response Table?

- Yes
- No


Information about Organization/Collaborative

 3.3a What is your organization/collaborative's primary purpose?

(maximum 100 words)


 3.3b Provide a brief summary using point form of your organization/collaborative's primary activities.

(maximum 200 words)

 3.3c ECSF Project Name and Description

ECSF Project Name: _____

One-Line ECSF Project Description
(maximum 25 words): _____

 **3.4 Vulnerable Populations Served** Use the next two questions to select the vulnerable populations that you will serve **with this project**. This information can help identify inequities in services. **It can identify if and how people from various socio-demographic identities are using services, what programs they are accessing and how well these services are addressing their needs.** The first question will allow you to choose up to three PRIMARY populations. The second question will allow you to choose all the populations that apply.

Select the PRIMARY vulnerable populations that you will serve:

Maximum of THREE.

- Children and youth: all
- Children and youth: ageing out of care
- Children and youth: ages 0 to 18
- Children and youth: ages 19 to 29
- Seniors and Elders: not in care
- Seniors and Elders: living in care
- People experiencing homelessness
- People with low income or living in poverty
- People living with mental illness
- People struggling with addiction
- Persons with disabilities
- People experiencing domestic or gender-based violence
- People living in group homes or supportive living (under the age of 55)
- Prison populations (detained and incarcerated)
- Veterans
- Indigenous: All
- Indigenous: First Nations
- Indigenous: Inuit
- Indigenous: Metis
- Racialized Communities: All
- South Asian
- Chinese
- Black
- African
- Caribbean-Black
- Filipino
- Mexican and Central Americans
- South Americans
- Arab

- Southeast Asian
- West Asian
- Korean
- Japanese
- Racialized groups not otherwise specified _____
- Members of LGBTQS+ communities
- Newcomers: All
- Newcomers: Permanent Residents (immigrants and refugees)
- Newcomers: Temporary Residents
- Women and Girls
- Essential Workers
- Temporary Foreign Workers
- Workers in the informal labour market
- Official Language Minority Communities (OLMCs)
- Other linguistic minorities
- Caregivers
- Students (post-secondary)
- Other, Specify: _____
- None of the above

Identify all of the vulnerable populations that you will serve:

Select all that apply

- Children and youth: all
- Children and youth: ageing out of care
- Children and youth: ages 0 to 18
- Children and youth: ages 19 to 29
- Seniors and Elders: not in care
- Seniors and Elders: living in care
- People experiencing homelessness
- People with low income or living in poverty
- People living with mental illness
- People struggling with addiction
- Persons with disabilities
- People experiencing domestic or gender-based violence
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- Newcomers: All
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- Newcomers: Temporary Residents
- Women and Girls
- Essential Workers
- Temporary Foreign Workers
- Workers in the informal labour market
- Official Language Minority Communities (OLMCs)
- Other linguistic minorities
- Caregivers
- Students (post-secondary)
- Other, Specify: _____

3.5 Service Types and Outputs Tracking

Select all that apply

- Food Security
- Financial Wellness
- Home Care or Personal Support
- Health & Hygiene
- Information & Navigation
- Legal Support
- Mental Health & Wellness
- Shelter
- Personal Safety
- Social Inclusion & Learning
- Transportation
- Other, please specify... _____

 Select a minimum of three outputs for tracking. Choose at least one in each service type you chose above.

Food Security

of meals provided

Specify the source of these meals (e.g., groceries, food bank, etc.): _____

of food baskets/hampers provided

of essential items provided

Describe the essential items: _____

of deliveries made

of volunteers trained

of staff trained

Other, # and detail _____

Financial Wellness

of individuals or families connected to income support programs

of information or financial counselling sessions provided

of referrals made

of staff trained

Other, # and detail _____

Home Care or Personal Support

of essential items provided

Describe the essential items: _____

- # of homecare visits provided/enabled
- # of volunteers trained
- # of staff trained
- Other, # and detail _____

Health & Hygiene

- # of health information sessions provided
- # of medical item deliveries made
- # of hygiene item deliveries made

Describe the hygiene items: _____

- # of volunteers trained
- # of staff trained
- Other, # and detail _____

Legal Support

- # of calls (longer than 1 minute)
- # of remote contact sessions with unique individuals
- # of referrals made
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Information & Navigation

- # of calls (longer than 1 minute)
- # of remote contact sessions with unique individuals
- # of referrals made with unique individuals
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Mental Health & Wellness

- # of calls (longer than 1 minute)
- # of unique calls
- # of remote counselling sessions with unique individuals
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Shelter

- # of remote contact sessions with unique individuals
- # of nights of shelter provided
- # of individuals sheltered
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Personal Safety

- # of remote contact sessions with unique individuals
- # of safety referrals made
- # of safety assessments made
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Social Inclusion & Learning

- # of calls (longer than 1 minute)

- # of remote contact sessions with unique individuals
- # of virtual social activities provided
- # of learning aids provided
- # of learning activities offered
- # of learners engaged
- # of volunteers trained
- # of staff hired
- Other, # and detail _____

Transportation

- # of persons transported
- # of errands run
- # of volunteers trained
- Other, # and detail _____

Other

- Specify # and detail _____
- Specify # and detail _____
- Specify # and detail _____

3.6 Types of Activities

Select all that apply

- Community outreach and engagement
- Delivering new models, tools, programming, services or resources
- Developing new models, tools, programming, services or resources
- Expanding existing models, tools, programming, services or resources
- Disseminating information and knowledge
- Volunteer engagement and recruitment
- Other, specify... _____

3.7 Geographic Areas of Service

Select all that apply

- Urban areas (population over 1,000 people)
- Rural and remote areas (population under 1,000 people)

Where will your service be delivered?

Select all that apply

- Peel Region
- City of Toronto
- York Region

Neighbourhood, Town or City

What Toronto neighbourhood(s) will this project operate in? This may not necessarily be your main office location. Select all that apply.

Visit <https://www.toronto.ca/city-government/data-research-maps/neighbourhoods-communities/neighbourhood-profiles/> to find the neighbourhoods on the City of Toronto map.

- Agincourt North
- Agincourt South-Malvern West
- Annex
- Bay Street Corridor
- Bayview Village

- Bayview Woods-Steeles
- Beechborough-Greenbrook
- Bendale
- Birchcliffe-Cliffside
- Blake-Jones
- Briar Hill-Belgravia
- Broadview North
- Cabbagetown-South St. James Town
- Caledonia-Fairbank
- Casa Loma
- Centennial Scarborough
- Church-Yonge Corridor
- Clairlea-Birchmount
- Cliffcrest
- Corso Italia-Davenport
- Crescent Town
- Danforth
- Danforth East York
- Dorset Park
- Dovercourt-Wallace Emerson-Junction
- Dufferin Grove
- East End-Danforth
- Eglinton East
- Forest Hill North
- Forest Hill South
- Greenwood-Coxwell
- Guildwood
- Henry Farm
- High Park North
- High Park-Swansea
- Highland Creek
- Humewood-Cedarvale
- Ionview
- Junction Area
- Keele-Edwards Park
- Keelelesdale-Eglinton West
- Kennedy Park
- Kensington-Chinatown
- Lambton Baby Point
- L'Amoreaux
- Lawrence Park North
- Lawrence Park South
- Leaside-Bennington
- Little Portugal
- Malvern
- Milliken
- Morningside
- Moss Park
- Mount Dennis
- Mount Pleasant East
- Mount Pleasant West
- Newtonbrook East
- Niagara
- North Riverdale
- North St. James Town
- Oakridge
- Oakwood Village
- O'Connor-Parkview

Not a Valid Application

- Old East York
- Palmerston-Little Italy
- Playter Estates-Danforth
- Regent Park
- Rockcliffe-Smythe
- Roncesvalles
- Rosedale-Moore Park
- Rouge
- Runnymede-Bloor West Village
- Scarborough Village
- South Parkdale
- South Riverdale
- Steeles
- Tam O'Shanter-Sullivan
- The Beaches
- Thorncliffe Park
- Trinity-Bellwoods
- University
- Waterfront Communities-The Island
- West Hill
- Weston
- Weston-Pellam Park
- Wexford/Maryvale
- Willowdale East
- Woburn
- Woodbine Corridor
- Woodbine-Lumsden
- Wychwood
- Yonge-Eglinton
- Yonge-St.Clair

What Peel Region city/town will this program operate in? Select all that apply.

- Brampton
- Caledon
- Mississauga

What York Region city/town will this program operate in? Select all that apply.

- Aurora
- East Gwillimbury
- Georgina
- King
- Richmond Hill
- Markham
- Newmarket
- Vaughan
- Whitchurch-Stouffville

3.8 Service Dates

Start Date for which funding applies.

Earliest start date 15/12/2020.


____/____/____(YYYY/MM/DD)

End Date for which funding applies

Final end date 31/03/2021

____/____/____(YYYY/MM/DD)


 3.9 Project Description

 Provide further details on the demographic description of your primary target group. Please ensure that your description aligns with the populations and outputs that you have selected.


(maximum 250 words)

 What is your experience working with this primary target group?

(maximum 200 words)

 Identify the service gap you will be filling. How do you know this is needed, in relation to COVID-19?


You may include statistical, narrative, or anecdotal evidence or program data.(maximum 250 words)

 What specific activities will you provide aligned with the outputs identified above? (e.g., 25 virtual counselling sessions (phone/video) per week, offered Monday - Friday 10:00am - 4:00pm).


Include type and frequency of activity (maximum 250 words)

 What difference will this make in the lives of participants/clients or the community served in relation to COVID-19?

(maximum 250 words)

 What actions will you take to ensure you reach and address people with multiple barriers to service due to restrictions during the COVID-19 pandemic?

(maximum 250 words)


 How do you know your project will make a difference in the lives of people you support? Include how will you collect evidence to demonstrate impact.

(maximum 250 words)

 Are your proposed project activities aligned with Public Health guidelines related to COVID-19?

Yes

No

 Please describe.

(maximum 200 words)

 How many unique individuals do you anticipate serving over the entire funding period?


 How many service interactions do you anticipate providing over the entire funding period?

(# of people x the frequency of the activity)

 3.10 Is this an existing program/service?

Yes

No

 If yes, how many additional people do you anticipate reaching as a result of this application?

 3.11 Will this project engage the support/involvement of Canadians/Businesses?

(e.g., Volunteers, Donors)

Yes

No


Which of the following will be engaged in this project?


Choose at least one.

Volunteers - Specify # _____

Businesses - Specify # _____

Donors - Specify # _____

 SECTION 4 – GRANT REQUEST, BUDGET, AND FINANCIAL INFORMATION

 4.1 Grant Requested:

What is the total grant request from UWGT ECSF? _____

Will the service be provided if awarded a lesser amount? Yes
 No

What minimum \$ amount is required to run the service? _____

What modifications would be made if a lesser amount is granted?
(maximum 200 words) _____

What are the specific uses for the funding? Provide a breakdown of costs (e.g. hourly wage x number of staff x number of hours; food costs, equipment to be purchased or rented). _____

 4.2 Project Budget:

Complete the following budget table for the service (for the period ending March 31, 2021). Budget Instructions: Ensure that your budget accounts for the full income and expenses of your service, including all other grants you have requested. All budget items must be service related and must be incurred during the grant period. Eligible expenditures include: wages and benefits, professional fees, travel and accommodations, materials and supplies, printing and communication, equipment rental/lease/maintenance, administration costs (includes rent and utilities, insurance) maximum 15% of request, and disability support for staff. Ineligible expenditures include: purchase of real property (e.g., real-estate, land or buildings). A list of other ineligible expenses are included in

the RFP. Note: other sources of revenue cannot be used for the same activity costs described in this application, without a commensurate increase in services. Where there are multiple sources of income from the Federal Government, Provincial/Territorial Governments, Municipal Governments, Community Foundations, Canadian Red Cross, and/or United Ways/Centraides, specify each one.

 4.3 Budget Table

 Income

Use the Income column below to enter your sources of income for this specific project in the appropriate categories. Be as specific as possible about the individual sources of government funding for this specific project (e.g., City of Toronto CSP Funding Program). Use the Status column to indicate whether this source of Income is proposed or confirmed. **Use the Amount column to indicate the amount for each Income source. Do NOT use commas or dollar signs (e.g., 15000 not \$15,000).** Enter the amount you are requesting from UWGT ECSF in the final row. This amount should equal your grant request from above.

	Income Source	Status	Amount \$ (No commas, no dollar signs)
Federal Government Sources:	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
Provincial / Territorial Government Sources:	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
Municipal Government Sources:	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
Canadian Red Cross:	_____	• Proposed	_____
	_____	• Confirmed	_____
Community Foundations Canada: (Specify which)	_____	• Proposed	_____
	_____	• Confirmed	_____
United Way (not ECSF)	_____	• Proposed	_____
	_____	• Confirmed	_____
Corporate / Donor Support:	_____	• Proposed	_____
	_____	• Confirmed	_____
Other: List top 3 sources	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____
	_____	• Proposed	_____
	_____	• Confirmed	_____

All other combined _____

UWGT - ECSF (must equal total grant request above) _____

- Proposed _____
- Confirmed _____

- Proposed _____
- Confirmed _____

 Expenses


Use the Expense Description column below to describe your expenses specific to this project in each category. Be as specific as possible and ensure it aligns with the activities and interactions you have identified above (e.g., Safety consultant for staff training, etc.). **Use the Amount column to indicate the amount for each expense category. Do NOT use commas or dollar signs (e.g., 15000 not \$15,000).** Total expenses in the Amount column should equal Total income in the Amount column.

Expense Description	Amount \$ (No commas, no dollar signs)
Wages and Benefits:	
Disability Supports for Staff:	
Professional Fees:	
Travel and Accommodations:	
Materials and Supplies:	
Printing and Communication:	
Equipment Rental/Lease/Maintenance:	
Administration Costs (Includes Rent, Utilities, Insurance) maximum 15% of the Request:	
Capital Costs:	
Volunteer Costs:	
Other	


 SECTION 5 – 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

- Yes

 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

 Applicant Confirmation

Name _____

Position _____

Email _____

Not a Valid Application