

United Way Centraide Canada: Emergency Community Support Fund (ECSF) Community Program Application



COVID-19 is top of mind for everyone and is affecting the way we all support those who are vulnerable in our communities. This pandemic has created an increase in demand for local services, shortages in supplies, and disruption in service.

United Ways and Centraides in Canada are pleased to provide support to local community service organizations that provide **rapid**, emergency community support to vulnerable community members. Applications are made available and reviewed locally. Our aim is to make this application process simple. The application should take 15-30 minutes to complete.

These funds are being distributed as part of Employment and Social Development Canada's (ESDC) Emergency Community Support Fund (ECSF). Before you begin, we encourage you to read the Frequently Asked Questions to fully understand what activities and expenses are allowable under this emergency funding for qualified donees.

INSTRUCTIONS: This application has five sections

- Section 1 – Eligibility
 - Section 2 – The qualified donee (your organization)
 - Section 3 – Service information
 - Section 4 – Grant request, budget and financial information
 - Section 5 – Authorization and confirmation
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- Application Open Date: May 19th, 2020
 - Applications Due: Rolling applications, from May 19, 2020 to July 15, 2020
 - Applications Decisions: Applications will be reviewed and decisions made as they are received

If you have questions or need support in completing this application, **please contact:**

- Randi Kehler, Executive Director
executivedirector@unitedwaycentralplains.ca
(204) 857-4440

SECTION 1 - ELIGIBILITY

1.1 Organizations are eligible to complete this application if the organization (please check):

- is a registered charity in Canada, or other qualified donee,
- maintains a volunteer Board of Directors that meets regularly,
- hosts a public Annual General Meeting,
- has financial statements that have been audited by a licensed public accountant (or financial review for charities or not-for-profits with annual revenues less than \$100,000),
- commits to providing eligible emergency supports to one or more groups of vulnerable people, as defined by ESDC, with funding used in full by March 31, 2021,
- has not already received funding for the same activities from the Government of Canada or other source (i.e. the organization is not receiving funding for the same activity from more than one source),
- commits that government funding for the activities proposed in this application will not exceed more than 100% (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 Has the organization applied to any other funder (i.e. Canadian Red Cross or Community Foundations Canada) for this specific request?

Yes No

If yes, please state which funder:		and the amount:	\$
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If yes, please indicate if this application covers different expenses within this service.

Yes No

SECTION 2 – THE QUALIFIED DONEE (Your Organization)

2.1 Who is the contact person for this application?

Contact Name:

Contact Position Title:

Email:

Phone Number:

2.2 Which organization is the qualified donee?

Organization Name
(legal name):

Street Address or P.O. Box:

Community/Region Name:

Province or Territory:

Postal Code:

Agency Website:

Other Social Media:

Charitable Number /
Incorporation Number:

Organization Mission
(maximum 25 words):

SECTION 3 – SERVICE INFORMATION

Service Name:

One-Line Description
(max 25 words):

3.1 Vulnerable Populations Served

Use the columns to select Primary (up to three) and All who apply:

PRIMARY (max 3)	ALL WHO APPLY
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Populations by Children, Youth, or Elderly

PRIMARY (max 3)	ALL WHO APPLY	
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: all
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ageing out of care
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ages 0 to 18
<input type="checkbox"/>	<input type="checkbox"/>	Children and youth: ages 19 to 29
<input type="checkbox"/>	<input type="checkbox"/>	Seniors and Elders: not in care
<input type="checkbox"/>	<input type="checkbox"/>	Seniors and Elders: living in care

Populations Requiring Specific Care or Supports

PRIMARY (max 3)	ALL WHO APPLY	
<input type="checkbox"/>	<input type="checkbox"/>	People experiencing homelessness
<input type="checkbox"/>	<input type="checkbox"/>	People with low income or living in poverty
<input type="checkbox"/>	<input type="checkbox"/>	People living with mental illness
<input type="checkbox"/>	<input type="checkbox"/>	People struggling with addiction
<input type="checkbox"/>	<input type="checkbox"/>	Persons with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	People experiencing domestic or gender-based violence
<input type="checkbox"/>	<input type="checkbox"/>	People living in group homes or supportive living (under the age of 55)
<input type="checkbox"/>	<input type="checkbox"/>	Prison populations (detained and incarcerated)
<input type="checkbox"/>	<input type="checkbox"/>	Veterans

Indigenous People

PRIMARY (max 3)	ALL WHO APPLY	
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: All
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: First Nations
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: Inuit
<input type="checkbox"/>	<input type="checkbox"/>	Indigenous: Metis

Racialized Communities

PRIMARY (max 3)	ALL WHO APPLY	
<input type="checkbox"/>	<input type="checkbox"/>	All
<input type="checkbox"/>	<input type="checkbox"/>	South Asian
<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Black
<input type="checkbox"/>	<input type="checkbox"/>	Filipino

<input type="checkbox"/>	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	<input type="checkbox"/>	Arab
<input type="checkbox"/>	<input type="checkbox"/>	Southeast Asian
<input type="checkbox"/>	<input type="checkbox"/>	West Asian
<input type="checkbox"/>	<input type="checkbox"/>	Korean
<input type="checkbox"/>	<input type="checkbox"/>	Japanese
<input type="checkbox"/>	<input type="checkbox"/>	Groups not otherwise specified

Gender, Sexual Identity, and Newcomers

<input type="checkbox"/>	<input type="checkbox"/>	Members of LGBTQS+ communities
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: All
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: Permanent Residents (immigrants and refugees)
<input type="checkbox"/>	<input type="checkbox"/>	Newcomers: Temporary Residents
<input type="checkbox"/>	<input type="checkbox"/>	Women and Girls

Vulnerable Workers

<input type="checkbox"/>	<input type="checkbox"/>	Essential Workers
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Foreign Workers
<input type="checkbox"/>	<input type="checkbox"/>	Workers in the informal labour market

Linguistic Minorities

<input type="checkbox"/>	<input type="checkbox"/>	Official Language Minority Communities (OLMCs)
<input type="checkbox"/>	<input type="checkbox"/>	Other linguistic minorities

Other

<input type="checkbox"/>	<input type="checkbox"/>	Caregivers
<input type="checkbox"/>	<input type="checkbox"/>	Students (post-secondary)
<input type="checkbox"/>	<input type="checkbox"/>	Specify:

3.2 Service Types and Outputs Tracking

Select all of the services that apply and a minimum of three outputs for tracking:

Type of Service	Output Tracking
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Food Security

<input type="checkbox"/>	<input type="checkbox"/>	# of meals provided (please identify source i.e. groceries, food bank, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	# of food baskets/hampers provided
<input type="checkbox"/>	<input type="checkbox"/>	# of essential items provided (please describe the essential items)
<input type="checkbox"/>	<input type="checkbox"/>	# of deliveries made
<input type="checkbox"/>	<input type="checkbox"/>	# of volunteers trained
<input type="checkbox"/>	<input type="checkbox"/>	# of staff trained
<input type="checkbox"/>	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Financial Wellness	
	<input type="checkbox"/>	# of individual or families connected to income support programs
	<input type="checkbox"/>	# of information or financial counselling sessions provided
	<input type="checkbox"/>	# of referrals made
	<input type="checkbox"/>	# of volunteers trained
	<input type="checkbox"/>	# of staff trained
	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Home Care or Personal Support	
	<input type="checkbox"/>	# of essential items provided (please describe the essential items)
	<input type="checkbox"/>	# of homecare visits provided/enabled
	<input type="checkbox"/>	# of volunteers trained
	<input type="checkbox"/>	# of staff trained
	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Health & Hygiene	
	<input type="checkbox"/>	# of health information sessions provided
	<input type="checkbox"/>	# of medical item deliveries made
	<input type="checkbox"/>	# of hygiene item deliveries made (please describe the hygiene items)
	<input type="checkbox"/>	# of volunteers trained
	<input type="checkbox"/>	# of staff trained
	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Information & Navigation	
	<input type="checkbox"/>	# of calls (longer than 1 minute)
	<input type="checkbox"/>	# of remote contact sessions with unique individuals
	<input type="checkbox"/>	# of referrals made with unique individuals
	<input type="checkbox"/>	# volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Legal Support	
	<input type="checkbox"/>	# of calls (longer than 1 minute)
	<input type="checkbox"/>	# of remote contact sessions with unique individuals
	<input type="checkbox"/>	# of referrals made
	<input type="checkbox"/>	# volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

<input type="checkbox"/>	Mental Health & Wellness	
	<input type="checkbox"/>	# of calls (longer than 1 minute)
	<input type="checkbox"/>	# of unique calls

	<input type="checkbox"/>	# of remote counselling sessions with unique individuals
	<input type="checkbox"/>	# volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

Shelter

	<input type="checkbox"/>	# of remote contact sessions with unique individuals
	<input type="checkbox"/>	# of nights of shelter provided
	<input type="checkbox"/>	# of individuals sheltered
	<input type="checkbox"/>	# volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

Personal Safety

	<input type="checkbox"/>	# of remote contact sessions with unique individuals
	<input type="checkbox"/>	# of safety referrals made
	<input type="checkbox"/>	# of safety assessments made
	<input type="checkbox"/>	# volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

Social Inclusion & Learning

	<input type="checkbox"/>	# of calls (longer than 1 minute)
	<input type="checkbox"/>	# of remote contact sessions with unique individuals
	<input type="checkbox"/>	# of virtual social activities provided
	<input type="checkbox"/>	# of learning aids provided
	<input type="checkbox"/>	# of learning activities offered
	<input type="checkbox"/>	# of learners engaged
	<input type="checkbox"/>	# of volunteers trained
	<input type="checkbox"/>	# of staff hired
	<input type="checkbox"/>	Other; # and detail:

Transportation

	<input type="checkbox"/>	# of persons transported
	<input type="checkbox"/>	# of errands run
	<input type="checkbox"/>	# of volunteers trained
	<input type="checkbox"/>	Other; # and detail:

Other, Specify:

3.3 Types of Activities

Select all which apply

<input type="checkbox"/>	Community outreach and engagement
<input type="checkbox"/>	Delivering new models, tools, programming, services or resources
<input type="checkbox"/>	Developing new models, tools, programming, services or resources
<input type="checkbox"/>	Disseminating information and knowledge
<input type="checkbox"/>	Volunteer engagement and recruitment
<input type="checkbox"/>	Other, Specify:

3.4 Geographic Areas of Service

Select all which apply

<input type="checkbox"/>	urban areas (population over 1,000 people)
<input type="checkbox"/>	rural and remote areas (population under 1,000 people)

3.5 Service Dates:

Start Date
(for which funding applies): DD/MM/YY

End Date
(for which funding applies): DD/MM/YY
(final end date, 31/03/21)

3.6 Service Description:

Who the service will help
(max 250 words):

And, how it will help them,
or what the activities are
(max 250 words):

And, the difference, benefit,
it will make in lives (max
250 words):

How many unique
individuals do you anticipate
serving?

How many service interactions do you anticipate providing?

Optional: How do you know this is needed, in relation to COVID-19 (Answer with statistical, story, or anecdotal evidence as you see fit. Max 250 words):

3.7 Is this an existing service?

Yes No

If yes, how many additional people does the service anticipate reaching as a result of this application?

3.8 Is this program/project being delivered by a coalition of agencies or through a partnership table in your community?

Yes No

If yes, please provide details about the coalition (e.g. lead agency, member agencies, roles. Max 200 words)

3.9 Will this service engage the support/involvement of Canadians/Businesses?

Yes No

How many volunteers:

How many Businesses:

How many Donors:

SECTION 4 – GRANT REQUEST, BUDGET, AND FINANCIAL INFORMATION

Grant Requested:

What is the total grant request from United Way Centraide?

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

Service Budget:

Please complete the following budget table for the service.

Budget Instructions:

- Please ensure that your budget accounts for the full income and expenses of your service, including 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, capital costs, and disability support for staff. Ineligible expenditures include purchase of real property.
- Please 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, please add lines to the table to detail each.

Budget Table

	Proposed	Confirmed	Amount
Income:			
Federal Government Sources (specify):			
1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
Provincial / Territorial Government Sources (specify):			
1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
Municipal Government Sources (specify):			
1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
Canadian Red Cross:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Community Foundations Canada (specify which):	<input type="checkbox"/>	<input type="checkbox"/>	\$
United Way / Centraide (specify which):	<input type="checkbox"/>	<input type="checkbox"/>	\$
Corporate / Donor Support:	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (list top 3 sources)			

	Proposed	Confirmed	Amount
1.	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	<input type="checkbox"/>	<input type="checkbox"/>	
All other combined	<input type="checkbox"/>	<input type="checkbox"/>	\$
		Total Income:	\$
Proposed Expense:			
Wages and Benefits:			\$
Disability Supports for Staff:			\$
Professional Fees:			\$
Travel and Accommodations:			\$
Materials and Supplies:			\$
Printing and Communication:			\$
Equipment Rental/Lease/Maintenance:			\$
Administration Costs:			\$
Capital Costs:			\$
		Total Expense:	\$
		Balance:	

SECTION 5 – AUTHORIZATION AND CONFIRMATION

I/We 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

I /We declare that the organization is not insolvent

Yes No

Signatures

I/we declare that I/we have the ability to legally bind the organization:

Yes No

Person One:

Person Two:

Name

Name

Signature

Signature

Position

Position

Email

Email