

United Way of Greater Moncton and  
Southeastern NB Region Inc.



Fall 2011  
Community Building Grant  
Application

DEADLINE for submitting applications:  
4:30 p.m. Friday **August 5th**, 2011

DATE: \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
PROGRAM TITLE: \_\_\_\_\_  
CHARITABLE NUMBER: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
  
PHONE: \_\_\_\_\_  
  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

United Way of Greater Moncton and Southeastern NB Region Inc.  
P.O. Box 768  
Moncton, NB E1C 8M9  
(506) 858-8600  
[office@moncton.unitedway.ca](mailto:office@moncton.unitedway.ca)

**PART I**  
**PROJECT INFORMATION AND DESCRIPTION**

Project start \_\_\_\_\_ Estimated completion \_\_\_\_\_  
date: \_\_\_\_\_ date: \_\_\_\_\_

**PLEASE SEE APPLICATION CRITERIA IN APPENDIX A  
OF THE FUNDING GUIDE BEFORE COMPLETING THIS SECTION.**

In addition to answering the questions below, please include the following documents.

- List of current board members for 2010/2011
- Most recent AGM report
- Previous year's audited or reviewed financial statements (2010)

**Please complete the following three questions:**

**This part should be no more than **two (2) pages**, typed, double-spaced.**

**1. Project Description**

- Identify the opportunity, problem or need addressed by the proposal, including the population(s) to be served and the principal geographic area of the services.
- Describe the project/activity/service for which funds are being requested.
- Describe the staffing plan for the proposed project, the role of volunteers and the role of participants in the project, activity or service.

Who are your partners in this project? How do you work together to meet the objectives for this program and make the best use of resources. Are these partnerships formal or informal?

## PART I PROJECT INFORMATION AND DESCRIPTION CONT'D

### 2. Aligning with United Way Focus Areas

Please indicate which **one** of the United Way Focus Areas your program is addressing.

**Healthy relationships and individual well-being**

We support programs that build healthy relationships and individual well-being – emotionally, mentally, spiritually and physically.

**Opportunities for individuals and families**

We help increase access to opportunities for individuals and families so that everyone can develop to their full potential.

**Engaged community**

We help build community engagement.

**Build Capacity in the NP Sector**

We help strengthen the capacity of the non - profit sector to deliver on its missions.

**PLEASE SEE APPENDIX B  
IN THE FUNDING GUIDE TO COMPLETE THIS SECTION.**

### 2. Outcomes and Indicators

- Please state the **outcomes** you have chosen for the project.
- Please state the **indicators** your organization has established to track the progress made towards achieving your project's outcomes.

Please follow the example as shown in Appendix C.

**PART II:  
PROJECT BUDGET**

**AMOUNT REQUESTED: \$ \_\_\_\_\_**

Sources of Revenue other than United Way		AMOUNT CONFIRMED	
		YES	NO
Donations			
Organization's contribution			
Government			
Other sources (if applicable)			
Fee for Service			
<b>TOTAL REVENUE</b>	<b>\$</b>		

<b>EXPENSES</b> (example categories only)	
Office Supplies/Printing	
Program Supplies	
Salaries/Benefits	
Rent	
Telephone	
Utilities	
Other	
<b>TOTAL EXPENSES</b>	<b>\$</b>

Revenue less expenses	
United Way funding request	
<b>Total after United Way funding request</b>	<b>\$</b>

\* If your audited financial statements show a large surplus please explain the reason for this surplus in detail.

**PART III:  
SIGNATURE BLOCK**

**Conditions for funding and signatures.**  
*Please read and sign below.*

- 1. The information provided in this application is accurate and complete.
- 2. Our agency has read, understood and agreed to the information in Appendices B and C of the Application Guide.
- 3. If funding is approved, our agency agrees to use the funds to support only the project(s) / initiative(s) listed within this application.
- 4. If funding is approved, our agency agrees to provide United Way of Greater Moncton & Southeastern NB Region Inc. with a Final Outcome Report and Budget Report at project completion. Any updated annual audited and reviewed financial statements (different from the ones submitted with this proposal) must be made available to United Way upon request.

\_\_\_\_\_  
Executive Director Name

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board Member Name

\_\_\_\_\_  
Board Member Signature

\_\_\_\_\_  
Date

Please forward the **original** plus **TWO (2)** copies of the application to the mailing address below and **ONE (1)** electronic copy to the email address below.

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