



United Way Halton & Hamilton’s Seed Grant Pilot 2023 Application Sample



United Way
Halton & Hamilton

About

Our Seed Grant application process involves two required steps: registration and submitting the application. Registration provides basic information that UWHH will use to check some eligibility criteria and to set up an agency in our application portal.

This document outlines the questions that will be asked on our application portal. It also identifies special notes related to accessibility and non-qualified donee applicants **in blue**, and the associated evaluation category **in orange**.

The format or wording may appear slightly different on the portal. An application navigation guide will be added to our website to help applicants navigate this portal.

[Click here to visit our Seed Grant website for more resources.](#)

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Application Registration Questions

1. Organization Name
2. Applying for: Seed Funding (checkbox)
3. Address
4. BN/Registration Number
5. Organization description or mission statement
6. Contact Name
7. Contact Phone
8. Contact Email
9. Comments: Note: if you are a fiscal sponsor, please indicate the name of the organization you are sponsoring here.

SAMPLE

Application Questions

1. AGENCY OVERVIEW

- Organizational

*Accessibility: This section must be completed using text/survey selections. If you need assistance completing through an interview format, please contact communityinvestment@uwhh.ca

**Note: If applicant is a non-qualified donee applying with a charitable fiscal sponsor, this section is to be completed with the information of the non-qualified donee.

- 1.1. Please describe your agency's mission (Written only - maximum 100 words)?
- 1.2. Which of UWHH's focus areas does your organization most closely align with? (choose only one)
 - From poverty to possibility (priority areas include employment and financial security; and food security)
 - All that kids can be (priority areas include youth supports; and family supports)
 - Healthy people, strong communities (priority areas include mental health and safety; and community inclusion)
- 1.3. Please indicate which communities your organization services (select all that apply):
 - Burlington
 - Hamilton
 - Halton Hills
 - Milton
 - Oakville
 - Another: [enter information]
- 1.4. How many staff and volunteers are involved in the operation of the agency?
 - Full time staff:
 - Part time staff:
 - Volunteers:
- 1.5. Is your organization affiliated with a provincial or national body?

If yes, what is the name of the provincial/national body? Please describe the nature of the affiliation:

2. AGENCY DIVERSITY, EQUITY AND INCLUSION

- Diversity, equity and inclusion

*Accessibility: This section must be completed using text/survey selections. If you need assistance completing through an interview format, please contact communityinvestment@uwhh.ca

**Note: If applicant is a non-qualified donee applying with a charitable fiscal sponsor, this section is to be completed with the information of the non-qualified donee.

- 2.1. How has your agency committed to diversity, equity and inclusion? Select all that apply.
- Internal policy
 - Internal committee
 - Staff training and education
 - DEI audit
 - Other: [Please describe]
- 2.2. Does your agency service any of the following equity deserving populations **intentionally** (i.e., do you specifically target them through outreach and addressing their specific interests, needs and barriers)? Select all that apply.
- Indigenous Peoples
 - People identifying as Black
 - Other racialized communities
 - Language minority populations
 - People with Disabilities
 - 2SLGBTQIA+
 - Women
 - Another: [please describe]
 - None
 - Prefer not to say/unsure
- 2.3. Does your agency's executive leadership (CEO and leadership staff) include representation from any of the following equity deserving populations? Select all that apply.
- Indigenous Peoples
 - People identifying as Black
 - Other racialized communities
 - Language minority populations
 - People with Disabilities
 - 2SLGBTQIA+
 - Women
 - Another: [please describe]
 - None
 - Prefer not to say/unsure

- 2.4. Does your agency's Board of Directors include representation from any of the following equity deserving populations? Select all that apply.
- Indigenous Peoples
 - People identifying as Black
 - Other racialized communities
 - Language minority populations
 - People with Disabilities
 - 2SLGBTQIA+
 - Women
 - Another: [please describe]
 - None
 - Prefer not to say/unsure
- 2.5. Please share any other capacity building commitments and/or gaps you're examining, related to diversity, equity, and inclusion.

SAMPLE

3. GOVERNANCE AND FINANCIAL ACCOUNTABILITY

- Governance/Financial Accountability

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- 3.1. The Board of Directors or local advisory group meets (check one, or drop down)
 - Monthly
 - Quarterly
 - Semi-annually
 - Other
 - If you answered "other". Please explain.
- 3.2. Attach a list of your Board of Directors.
- 3.3. Has the agency ever had its charitable status revoked by the CRA in the last 10 years?
 - Yes
 - No
 - If yes, please explain.
- 3.4. Does the agency submit the T3010 annual information return to CRA within 6 months after the end of its fiscal period/year end?
 - Yes
 - No
- 3.5. Does the agency have a minimum of two million dollars Commercial General Liability insurance?
 - Yes
 - No
- 3.6. Does the agency have a policy regarding reserves and investments?
 - Yes
 - No
 - Please describe the policy including the designation/use of funds
- 3.7. Does the agency have a purchasing policy or process for approving purchases?
 - Yes
 - No
 - At what dollar value is your agency required to obtain multiple quotes?
- 3.8. Upload your latest annual report, donor report, annual general meeting report, or report to stakeholders on activities (such as a newsletter).

4. FINANCIAL STATEMENTS

– Governance and Financial Accountability

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- 4.1. Financial statements are presented to and reviewed by the Board (check one)
 - Monthly
 - Quarterly
 - Semi-Annually
 - Other: [please describe]

- 4.2. Did your agency have a surplus or deficit in the last fiscal year? (check one)
 - Surplus
 - Deficit
 - Balanced budget
 - If the agency had a surplus indicate the source and how it will be used; if it had a deficit, indicate how it is being addressed.

- 4.3. Upload your most recent audited financial statement for your agency. Note: United Way has the right to request interim financial statements if needed. An agency with an annual income of less than \$200,000 is exempt from providing annual audited financial statements, however it must attach the most recent Board approved financial statements.

- 4.4. Optional: Reviewers will be evaluating statements including balance of net assets; asset to liability ratio; cash reserves; significant variances; and diversity of revenues. Please disclose any additional information you think might be necessary in evaluating the statements.

5. PROJECT OVERVIEW

*Accessibility: Some questions allow you to upload a video link, but others require text/survey selections. If you need assistance completing through an interview format, please contact communityinvestment@uwhh.ca.

**Note: If applicant is a non-qualified donee applying with a charitable fiscal sponsor, this section is to be completed with the information of the non-qualified donee.

- 5.1. Name of Project/Initiative (Text only) **General Information**
- 5.2. How much funding are you requesting? (Maximum \$100,000)(Text only) **General Information/eligibility**
- 5.3. Timeframe (must be a maximum one year in length between July 2023 and October 2024)(Text only) **General information/eligibility**
 - Anticipated start date:
 - Anticipated end date:
- 5.4. Please select which best describes your initiative: **Feasibility**
 - We anticipate this to be a time-bound initiative that is fully achievable within one year.
 - We anticipate this initiative will lead to additional insights or opportunities that require more funding to continue development.
- 5.5. Please provide a summary of your proposed social innovation and/or capacity building initiative. (Text option maximum 300 words, or video link option of maximum 3 minutes). **Impact**
- 5.6. What evidence, conditions, or experiences have prompted your agency to pursue this approach? (Text option maximum 300 words, or video link option of maximum 3 minutes). **Feasibility**
- 5.7. If applicable, please describe any partnerships or collaborations involved in the delivery of the initiative. (Text option maximum 300 words, or video link option of maximum 3 minutes). **Feasibility**
- 5.8. How is the principle of “nothing for us, without us,” being considered in this initiative? (Text option maximum 300 words, or video link option of maximum 3 minutes) **Diversity, Equity and Inclusion**
- 5.9. Please describe the connection between this initiative and your organizational strategy. (Text option maximum 300 words, or video link option of maximum 3 minutes). If you have a strategic plan, please attach. **Organizational/Impact**

6. PROJECT OBJECTIVES AND EVALUATION

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**Note: for agencies applying with a fiscal sponsor, this section requests information about the agency implementing the project

- 6.1. What is your implementation plan? Please identify key activities and timelines. Maximum 12 lines. (Text only) **Feasibility**

| Key Activities | Timeline |
|----------------|----------|
| | |
| | |
| | |

- 6.2. List any expected deliverables or outputs, such as new tools, strategies, or approaches. (Text option only, maximum 100 words) **Impact**
- 6.3. How will this initiative potentially empower your agency to serve community in more effective, efficient, sustainable, and/or equitable ways? Please describe any outcomes you hope to achieve (these might relate to clients, staff, community, processes, operations, or something else). (Text option maximum 300 words, or video link option of maximum 3 minutes) **Impact**
- 6.4. What tools and/or practices will you incorporate to regularly inform your team about how the project is developing in order to course correct if necessary? (Text option maximum 300 words, or video link option of maximum 3 minutes) **Impact**
- 6.5. What approaches will you take to ensure the outcomes and/or learnings from this initiative are embedded and/or sustained within your organization? (Text option maximum 300 words, or video link option of maximum 3 minutes) **Impact**
- 6.6. This Grant Stream aims to support broader sector capacity building, and expects grantees to share some learnings externally; UW HH hopes to support this process. What external stakeholders could benefit from knowing about your work and what you are learning? In what ways might learnings be shared with them? (Text option maximum 300 words, or video link option of maximum 3 minutes) **Impact (Sector)**
- 6.7. Optional: Please share any other information you feel is important to convey how this initiative will help your organization to cultivate new ideas and grow through capacity building and innovation focused on amplifying impact and transformation. (Text option maximum 300 words, or video link option of maximum 3 minutes) **Impact**

7. PROJECT BUDGET

*Accessibility: This section must be completed using text/survey selections. If you need assistance completing through an interview format, please contact communityinvestment@uwhh.ca.

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- 7.1. Detail how you intend to use the requested budget, in the table provided. Provide a description for each budget line, in the comments section. Total expense = total amount should equal the total amount requested. **Feasibility**

| Item | Amount |
|--|--------|
| Staff Costs (e.g., new or maintained staff positions specifically focused on project) | |
| Consultants and/or service providers | |
| Rental Costs (e.g., for workshops meetings or convening space) | |
| Supplies, materials and/or equipment required for the project | |
| Participant accessibility supports and honorariums (e.g., travel, childcare, honorariums to participants of research or co-design activities; gift cards may not exceed \$500) | |
| Administration (Maximum 15% of budget; overhead related to administration, staffing and rent) | |
| Other: Include other project expenses that may not be covered by the above categories | |
| Total Amount (should equal total amount requested) | |

- 7.2. If you have or are seeking any other funding sources for this initiative, please complete the following table. Please note if any confirmed funding or funding requests overlap with your Seed application. Reviewers may follow up about any overlap. (Text option only) **Feasibility**

| Funding amount | Source of funding | Status of funding (confirmed or unconfirmed) | Overlap with request to UWHH's Seed Fund? (Y/N) |
|----------------|-------------------|---|--|
| | | | |

- 7.3. Can your initiative be completed if not funded to the full amount? Select 'yes' if your initiative can continue if you are not approved the full amount requested. (Text option only) **Feasibility**
- No
 - Yes
 - What is the minimum amount required to achieve meaningful progress?

8. ACKNOWLEDGEMENT AND APPROVAL

*Accessibility: This section must be completed using text/survey selections. If you need assistance completing through an interview format, please contact communityinvestment@uwhh.ca.

This section must be completed by someone who is legally authorized to bind the agency.
(Check boxes)

- ✓ I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this application is supported by the agency I represent.
- ✓ I certify that I have read the sample funding agreement, and understand that my agency will need to sign and comply with an agreement if funding is approved.
- ✓ I certify that I have read the Investment Operating Policy, and understand that my agency will need to comply with this policy if funding is approved.
- ✓ I certify that The Board of Directors is aware of its responsibilities as dictated by the Ontario Corporations Act; the Income Tax Act; the Ontario Human Rights Code, if applicable; the Charities Accounting Act, PIPEDA and Charitable Gifts Act.
- ✓ I certify that this application was approved by the agency's Chair, Board of Directors
- ✓ I certify that this application was approved by the agency's CEO/Executive Director
- ✓ I understand that by submitting this application, my agency is authorizing United Way to use the information provided as they deem appropriate.

Name of the person legally authorized to bind the applicant agency:

Title:

Date:

If using a fiscal sponsor, name of the person legally authorized to bind the fiscal sponsoring agency:

Title:

Date: