



United Way
Northumberland

United Way Northumberland

Program Investment Allocation Application Guide

For Community Partners and Agencies

1. Introduction

Welcome to the United Way Northumberland Program Investment Allocation Application Guide. This guide is designed to support community partners and non-profits in preparing and submitting a successful funding application to support impactful, locally driven programs.

2. Eligibility Criteria

Applicants must meet the following requirements:

- Be a registered charity
- Deliver services within Northumberland County.
- Operate a program aligned with United Way Northumberland's values.
- Demonstrate strong governance, financial transparency, and community impact.

3. Funding Priorities

United Way Northumberland invests in programs aligned with the following pillars:

- **Poverty Reduction & Basic Needs:** Programs addressing food insecurity, emergency shelter, housing stability, and income support.
- **Healthy People, Strong Communities:** Programs promoting mental health, social inclusion, and access to care.

- **All That Kids Can Be:** Programs that support child and youth development, education, and well-being.

Programs that promote equity, accessibility, and community collaboration are strongly encouraged. We are asking applicants to apply for a specific program/project. This can include the agency's operational costs to run the program/project as part of the request.

4. Application Timeline

Phase	Date
Application Opens	July 28, 2025
Submission Deadline	August 25, 2025 (5:00 p.m.)
Review Period	September 2025
Notification of Decisions	No later than September 20, 2025
Funding Period Begins	September 30, 2025 to March 31, 2026

5. Required Documents

Once your application is received, we will be doing an initial review for eligibility and completion. All incomplete applications will be disqualified. If your application moves forward, we will require that you to provide us with the following information:

- Organizational Budget
- Most Recent Audited Financial Statements
- CRA Registration Number or Incorporation Documents
- Board of Directors List with Roles

6. Step-by-Step Application Instructions

Complete all sections of the application form. Below are the application sections, questions, and tips for how to answer effectively:

A. Organization Information

• Organization Name and CRA Number

Tip: Ensure your CRA number is active and accurate. Verify on the CRA website.

- **Primary Contact Name, Title, Email, and Phone Number**

Tip: Provide contact details for the main contact or agency representative.

- **Organization Mission and Mandate**

Tip: Summarize your mission in 1-2 sentences. Highlight community impact and alignment with United Way's focus.

B. Program Information

- **Program Name**

Tip: Use a clear, relevant title that reflects the program's purpose.

- **Program Description**

Tip: Summarize the program's main activities and who it serves.

- **Community Need**

Tip: Describe the problem your program addresses. Use data where possible.

- **Target Population**

Tip: Be specific—e.g., youth ages 12–18, seniors 65+, low-income families.

- **Number of Individuals Served**

Tip: Estimate direct and indirect beneficiaries.

- **Program Location(s)**

Tip: Include all service locations within Northumberland County.

C. Program Impact

- **Goals and Objectives**

Tip: Provide 2–3 SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound).

- **Intended Outcomes**

Tip: Describe positive change for individuals or the community.

- **How You Will Measure Success**

Tip: List indicators like attendance, survey results, client feedback, etc.

- **Alignment with United Way's Priorities**

Tip: Clearly explain how your work supports one of United Way pillars.

D. Financial Information

- Amount Requested from United Way**

Tip: Ensure this is realistic and justified by your program plan.

- Other Sources of Funding**

Tip: Include both confirmed and pending sources to show sustainability.

E. Organizational Capacity

- Experience Delivering Similar Programs**

Tip: Share your success stories or impact data.

- Partnerships**

Tip: List organizations that support or collaborate on your program.

F. Reporting and Accountability

- Use of United Way Funds**

Tip: Explain oversight processes and how you'll ensure transparency.

- Responsible Contact for Reporting**

Tip: Include the name and title of the individual managing this.

G. Additional Information

- Other Information**

Tip: Optional. Share any success stories, client testimonials, or unique strengths.

7. Evaluation Criteria

Applications will be evaluated based on:

- Relevance to community needs
- Alignment with United Way priorities
- Clarity of outcomes and impact
- Financial sustainability and planning
- Organizational capacity and partnerships

- Being innovative, collaborative or operational

8. Reporting and Accountability

Funded partners will be required to:

- Sign a funding agreement after meeting to go over terms of agreement
- Submit interim (December) and final reports (April)
- Participate in check-ins or site visits
- Acknowledge United Way Northumberland in promotional materials, social media, press releases, etc.

9. Frequently Asked Questions (FAQs)

Can we apply for more than one program?

Yes. A separate application must be submitted for each program.

Can multiple agencies collaborate on one application?

Yes. Clearly outline roles, responsibilities, and budget contributions for each partner.

Can funding be used for equipment or capital expenses?

Generally, no. Exceptions may be made if equipment is essential to program delivery.

10. Contact Information

For help with your application, contact:

Erin Besso-McDonald

Program and Administrative Assistant
United Way Northumberland

 905-372-6955

 impact@nuw.unitedway.ca

 <https://mynuw.org>



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Northumberland United Way is dedicated to fostering a strong, healthy, and inclusive community by supporting local initiatives that address urgent social needs and create meaningful, lasting change. Through our **Program Investment Allocation**, (formally known as Community Impact Fund or Annual Allocation, with changes, we invite registered charities and qualified donees to apply for funding to support a specific **program or project** that aligns with our mission and priority areas.

Each year, we receive more applications and requests for funding than we are able to support. The need in our community continues to grow, and in response, the **Program Investment Allocation has adapted to become more targeted**. We are specifically seeking applications that help us advance our three focus areas, or pillars:

- **All That Kids Can Be** (Help children and youth reach their potential)
- **From Poverty to Possibility** (Meet basic human needs and move people out of poverty)
- **Healthy People, Strong Communities** (Improving opportunities for people to access local resources, programs and services)

To ensure broader impact and equitable access to funding, this program now provides a **maximum investment of \$15,000 per program or project, per application**.

This is a **competitive process**, and all applications are carefully reviewed by a **Community Investment Committee** made up of **Northumberland United Way Board members and community representatives**. This committee evaluates each proposal based on alignment with our pillars, potential for impact, and organizational capacity.

This application is designed not only to help us understand your program/project's goals, the community it addresses, and the outcomes you aim to achieve, but also to give us a clearer picture of your organization—its mission, capacity, and the role it plays in our community. We encourage proposals that are innovative, collaborative, and community-driven, with a clear plan for measurable impact and sustainability.

Thank you for your commitment to making Northumberland County a better place for everyone. Together, we can create opportunities for a brighter, more connected future.

*** Section 1 - Information About Your Organization**

1.1 - Contact Information for the Application

Contact Name:

Title:

E-mail

Phone Number:

*** 1.2 Organization Information**

Organization (Legal Name):

Address:

Postal Code:

Website:

Facebook Account Address (write n/a if your agency does not have an account)

Instagram Account Address (write n/a if your agency does not have an account)

X - Account Address (write n/a if your agency does not have an account)

You Tube Account Address (write n/a if your agency does not have an account)

Other social media addresses (write n/a if your agency does not have an account)

Charitable Registration Number:

If you are using a charitable number that is not registered to your legal name, please explain the collaboration and the name of the agency with the charitable number provided.

*** 1.3 Information About Your Organization**

What is your Organization's Mission, Vision and Values

* Please outline for us the programs and projects that your organization operates?

* Does your organization maintain a volunteer Board of Directors that meets regularly and ensures effective governance and risk management over the organization?

Yes
 No

* How many volunteers does your organization have at any given time?

* Does your organization have Directors & Officers and General Liability Insurance coverage?

* Does your organization have a current strategic plan?

Yes
 No

* Does your organization comply with the Ontario Not-for-Profit Corporations Act (operations and governance procedures)?

Yes
 No

*** Section 2 - Service Information**

How many clients does your organization serve?

* What are their age groups? (Should equal the total number of clients?)

Children (0-12)

Youth (13 - 19)

Adults (20 - 54)

Seniors (55+)

* In percentages, where do your clients live:

Alderville First

Nations

Alnwick - Haldimand

Township

Cramahe Township

Hamilton Township

Municipality of

Brighton

Municipality of Trent

Hills

Town of Cobourg

Town of Port Hope

* Does your organization have Diversity, Equity and Inclusion policies and procedures?

* How many staff members does your organization employ?

Full Time

Part Time

Contract

Casual

* Are you a living wage employer? Yes, No (All employees are paid at least \$21.65 per hour)

Yes

No

* Do you provide services in both official languages?

Yes

No

*** 3.2 - Project / Program and Its Clients/Participants**

Name of your project / program (remember be specific):

* How does your proposed project/program fit into one of our three pillar areas?

- All that Kids can Be (Help children and youth reach their potential)**
- From Poverty to Possibility (Meet basic human needs and move people out of poverty)**
- Healthy People, Strong Communities (Improving opportunities for people to access local resources, programs and services)**



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All That Kids Can Be

If selected All That Kids Can Be then which of our outcomes does your project/program align with: (only one choice)

- Engagement in learning (children and youth are ready to learn, do well at school or youth make a healthy transition into adulthood)
- Connectiveness and Community Involvement (navigation, information and or referrals, children and youth get along and care about others, they get involved in community, or they take on responsibility or take the lead)
- Emotional and Physical Well-being (Improve children and youth's mental health, help children and youth make healthy choices, improve access to children and youth's ability to be physically active)



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Poverty to Possibility

If selected Poverty to Possibility then which of our outcomes does your project/ program align with (only one choice)

- Fight Housing Insecurity (Improve access to shelter or housing supports, promote and or provide affordable housing, or diversion from shelter for those who are precariously housed)
- Fight Food Insecurity (Improve access to food)
- Provide training for better employment opportunities or provide supports that allow clients to access training programs/services.



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Healthy People, Strong Communities

If selected Healthy People, Strong Communities ---- which of our outcomes does your project / program align with (only one choice)

- Personal Well-Being or Safety (mental health and wellness programs, personal safety, health and hygiene)
- Connected to supports (transportation, subsidies for supports, information, navigation or referral, legal support, financial wellness, home care or personal support)
- Neighbourhood & Community Engagement (social inclusion and learning, promotion of community engagement, working towards a common goal to better the community or neighbourhood)



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* Please describe your one project/or one program:

* What are the intended outcomes of your project? Think about our pillar outcomes and how your program or project will accomplish these along with any other additional outcomes.

* How will you measure the success of your program?

Please describe any evaluation methods, indicators, or tools you will use to assess outcomes.

* Provide information and/or statistics that show there is need for your program /project – tell us why it is important in Northumberland County:

* How have individuals with lived or living experience informed or shaped the design of this program or project?

This could include input in planning, delivery, or evaluation.

* How does your program or project address barriers faced by equity-deserving groups (e.g., Indigenous, racialized, newcomers, 2SLGBTQ+, people with disabilities, etc.)?

* What makes this program/project innovative or uniquely responsive to a local challenge or need?

* Is this project/program (choose one):

- Pilot (new, innovative, never operated by your organization or in Northumberland County before)
- Operational (Has been part of your organization's ongoing operations)
- Collaborative (Working with at least 2 other organizations to ensure outcomes are achieved)
- If collaborative, please list partners and describe how you are working together under your leadership:

* How will your organization sustain this program/project beyond the funding period?

Include any future funding sources, internal strategies, or partnerships that will support continuity.

* How many people will receive service through this program/project?

* What are their age groups? (Should equal the total number of clients who will receive support through your program/project?)

Children (0-12)

Youth (13 - 19)

Adults (20 - 54)

Seniors (55+)

* As a percentage, how many of your above clients identify as:

Indigenous	<input type="text"/>
Racialized Communities	<input type="text"/>
Newcomers	<input type="text"/>
Vulnerable Workers	<input type="text"/>
Members of the LGQTQS+ communities	<input type="text"/>
Veterans	<input type="text"/>
Persons with Disabilities	<input type="text"/>
n/a	<input type="text"/>

* Tell us about your operations and reach within Northumberland County. Check all that are applicable

	Alderville First Nations	Alnwick - Haldimand Township	Craham Township	Municipality of Brighton	Municipality of Port Hope	Municipality of Trent Hills	Town of Cobourg
Your Office on Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Outreach Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Service Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 3.3 Request for Funding/Budget, and Financial Information

How much funding are you requesting for your project/program (maximum is \$15,000.00)

* Will United Way be your only source of revenue for this project or program?

Yes
 No

* If we are unable to provide the full amount of the funding requested, how will this affect your services?

* Please provide your project/ program's complete budget. Please include all sources of revenue (if you have other funding requests pending, please list along with their status) and list all expenses related to the delivery of this project or program (don't forget any staffing costs or operational costs associated to the delivery of this program/project)?

* How will you recognize any investment that United Way makes in your program/ project?

* If selected, we ask our funded partners to do a workplace campaign or fundraising event with us that is at least of the investment. Do you agree to do this?

- Yes
- No
- Unsure

Section 4 - Other Documentation.

Once your application is received, we will be doing an initial review for eligibility. If your application moves forward we will require that you to provide us with the following information:

- Complete Project/Program Budget
- Current List of Board of Directors, with contact information
- Financial statements for the last 2 years (in the form of audited statements or review engagements for smaller organizations)
- Most recent Annual Report and Impact Report
- Any other information that you feel will help us understand your organization, your program/project or clients served

We will reach out to you by e-mail to request this information. Do you agree?

- Yes
- No

* I/We declare that the information provided in this application to be accurate and complete

- Yes
- No

* I /We declare that the organization is not insolvent

- Yes
- No

* I / We declare that I have the ability to legally bind the organization

- Yes
- No

* Person 1

Name:

Position:

E-mail:

* Person 2

Name:

Position:

E-mail: