



Dear Organization,

Thank you for your interest in applying for the United Way NWT Community Investment Fund. To enable the processing of your application, please complete the information below. **Ensure all the required information has been provided.** The deadline is **December 11th, 2024.**

Should you need assistance with any of the questions, please do not hesitate to contact Amber Henry, Campaign Coordinator and Administrator, at office@nwt.unitedway.ca. We are happy to assist you through the process.

Any previously funded organizations will not be considered if they have not met all of their reporting obligations.

If your organization does not have a Charity Registration Number with the Canadian Revenue Agency (CRA) and you have found another organization willing to accept the funds on your behalf, be sure to include the organization’s name and CRA number on the application. This number will be verified before any applications will be considered.

The United Way’s Three (3) Focus Areas Are:

<p>From Poverty to Possibility: Moving people out of poverty and meeting basic human needs</p>	<p>Healthy People, Strong Communities: Improving access to social and health-related support services and supporting resident and community engagement</p>	<p>All that Kids can be: Improving access to early childhood learning and development programs, helping kids do well at school, and make the healthy transition into adulthood</p>
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Ensure that your application clearly describes how your program, project, or service clearly would deliver meaningful outcomes in one or more of the three priority areas.

Funding Eligibility Checklist – your organization must meet all criteria to be eligible to apply.

Non-profit, charity registered with Canada Revenue Agency

Direct service provider

Offers programs or services that **directly address** one or more of the United Way’s three priority areas

Operates in the NWT



United Way
Northwest Territories

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Required Information

Completed United Way NWT Application Form

Current financial statements from your last AGM but no more than 12 months old (do not need to be audited)

Current Board of Directors List: name, position, phone number, email, length of time on the board

If your project is funded, you will be required to provide a report about the success of your project which United Way can make public (along with photos of your project and photo releases)

office@nwt.unitedway.ca
(867) 669-7986
Box 1145, Yellowknife, NT, X1A 2N8

www.nwt.unitedway.ca
facebook/unitedwaynwt
@unitedwaynwt



Funding Application Form

Deadline: **December 11th, 2024**

- All boxes **must** be completed unless otherwise stated
- Any application without a Charitable Registration Number will not be considered complete
- Incomplete applications will not be considered

ORGANIZATION INFORMATION

Street Address:	Mailing Address:
Phone Number:	
Email:	Website (optional):
Charitable Registration Number:	Registration Date:
If you are using another organization's charitable registration number, please indicate the organization's name:	
Total Organizational Revenue (from most recent financial statements):	

CONTACT INFORMATION

This person will be the **only** person contacted with regards to this application. **Please ensure that they will be available.**

Name:	Position/Organization:
Email:	Telephone:

PROJECT INFORMATION

Name of project:
List of partners (if any):
Brief Project Summary (25 words or less):



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Funding Request (small, one time: maximum of \$7,500 or multi-year funding: \$15,000/year over three years):		
LIST OF REQUIRED DOCUMENTS (please make sure they are attached):		
Current Financial Statements	Project Description	Current Board List
Name of Signing Authority:		
Signature:	Date:	

ORGANIZATION INFORMATION	Admin Use Only
Mission or mandate of the applicant organization including geographic area served (territorial wide, region, remote, community(ies), town(s), and/or city): <i>Maximum of 100 words</i>	



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3	<p>Describe How and when the project will be delivered; the steps and timeline for delivery, in order; who will deliver the project; management and supervision; necessary resources; and funding required for the project elements: <i>Maximum 300 words</i></p> <p><i>This answer should tie into the budget</i></p>	
4	<p>Describe the number of volunteers, the participation of other organizations, contributions from existing community projects and activities, and contributions to complementary projects and community activities: <i>Maximum 200 words</i></p> <p><i>This measure looks at leveraging and participation. The more community volunteer involvement and the more community groups contributing to the project, the more leverage the United Way funding will have. We look for partnering and collaboration that leverages resources. We want to avoid duplication or competition.</i></p>	



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7	<p>Has this project been offered before? If so, for how long and by who? How has it improved since it started? If this project is new, are there other projects that are similar? If it has not been offered before and it is a good idea, why was it not offered?</p> <p><i>Maximum 100 words</i></p>	
8	<p>How will your community know about your project? How will you reach out to the people or groups you are trying to support with your project?</p> <p><i>Maximum 100 words</i></p>	



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9	<p>How will you acknowledge United Way NWT and how we have helped financially with the project? <i>Maximum 100 words</i></p>	
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BUDGET (please include contributions from other partners or any in-kind support valued at the actual cost)				Admin Use Only
Project Revenues		Project expenses		
Source	Amount \$	Source	Amount \$	
TOTAL REVENUES:		TOTAL EXPENSES:		
NET PROFIT/LOSS:				
AUTHORIZATION				
<p>Prior to signing, please ensure that you have:</p> <ul style="list-style-type: none"> Completed the application form for this project; Attached the organizations most recent financial statements; Attached a list of board members, with the mention of any vacant positions; Committed to providing United Way NWT with a verbal or written report of the project progress or success within 6 months of receiving funding. <p>Failure to include any of the above will affect the outcome of the application review.</p>				



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Name of Official Representative:		
I certify that to the best of my knowledge, the information provided in this application is accurate and complete and that this funding request is endorsed by the organization I represent.		
Signature:	Date:	