

**Funding Application**

**Year 2024**

**Applications accepted from October 1, 2023 to December 15, 2023**

**Please download and complete application and send to:**

 **United Way**

**PO Box 758**

**Morden MB R6M 1A7**

**Or email:**

**unitedwaypembinavalley@gmail.com**

**United Way Pembina Valley Funding Application**

|  |  |
| --- | --- |
| Organization name |  |
| Organization mission |  |
| Address |  |
| Phone number |  |
| Email |  |
| Website |  |
| Charitable registration number |  |
| Number of clients |  |
| Number of volunteers |  |
| Number of paid staff |  |

**Note: Please attach a copy of your organization’s latest “audited” financial statement or “review engagement” financial statement.**

Contact Information

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number |  |
| Email |  |

|  |  |
| --- | --- |
| Amount requested |  |
| Description of project or program that will be supported  |  |
| Is this a new program or project? |  |
| Number of people supported by the program |  |
| Impact of receiving donation |  |
| Impact if only partial funding can be provided |  |

Would your organization be willing to allow United Way to publish photos of your program(s) in action (subject to necessary photo releases/permissions)? A United Way staff member will be able to take photos if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

1. List the programs, including a short description, which your organization currently provides.

|  |  |
| --- | --- |
| **Program** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |

1. How does your organization evaluate the success of its programs? How often are these evaluations completed?

|  |
| --- |
|  |

1. Record the number of clients you serve from each of the communities listed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Winkler |  | Morden |  | Rural Pembina Valley |  |

1. How does your organization promote the partnership with the United Way? For example: Display UW logo, social media mentions,

|  |
| --- |
|  |

1. How does your organization support the United Way?

|  |
| --- |
|  |

1. Would your organization be willing to provide volunteers to support United Way fundraising events?

|  |
| --- |
|  |

**This application has been reviewed by the board of the organization.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Signature |  | Signature |  |
| Date |  | Date |  |