

**Lakeland United Way**  
**Application for Funding – YEAR -----**

Applications are to be post-marked no later than November DATE ----- YEAR -----, **Faxed Applications not accepted.**

E MAIL [ajaz@telus.net](mailto:ajaz@telus.net)

Charitable Organization Name:	_____
Mailing Address:	_____ _____
Contact Person:	_____
Position in Organization:	_____
E-Mail Address:	_____
Phone:	_____
Fax:	_____
Year End for your Organization:	_____ (Month/Day)

“I certify that _____ (Name of Organization)	
a.	Is a registered charity (Provide Revenue Canada Charity Number) _____ R R _____; OR <input type="checkbox"/> Is a “Qualified Donee” as defined by Canada Revenue Agency
b.	Services people in the Cold Lake/Bonnyville geographical area;
c.	Does not exclude persons from participation in agency affairs or programs by virtue of race, ethnicity, colour, disability or religion;
d.	Offers its services in the most effective and efficient manner possible; and
e.	The information contained in this application is accurate.”
_____	_____
Authorized Signature	Date

<b>For Lakeland United Way Use Only</b>	
Date Postmarked: _____	Program Category Assigned: _____
Board Approval: \$ _____	Date: _____

LAKELAND UNITED WAY  
APPLICATION FOR FUNDING

Name of Program: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Is this a new program/project/initiative?     Y             N

Which of the following issue areas does this program primarily address?

- |   |   |
|---|---|
| <input type="checkbox"/> Affordable Housing                       | <input type="checkbox"/> Seniors              |
| <input type="checkbox"/> Basic Needs                              | <input type="checkbox"/> Youth                |
| <input type="checkbox"/> Transportation                           | <input type="checkbox"/> Education            |
| <input type="checkbox"/> Social Service Collaboration & Promotion | <input type="checkbox"/> Aboriginal Community |
| <input type="checkbox"/> Disabilities & Mental Health             | <input type="checkbox"/> Addictions           |
| <input type="checkbox"/> Families & Stress                        | <input type="checkbox"/> Sense of Community   |
| <input type="checkbox"/> Other (please explain) _____             |   |

Estimate the number of people using this program: \_\_\_\_\_

What is the average age range of the participants? \_\_\_\_\_

Estimate the percentage of people using this program that live in:

Cold Lake: \_\_\_\_\_                      Bonnyville: \_\_\_\_\_

Are user fees involved for this program?     Y             N

If "yes", how much and for what length of program? \_\_\_\_\_

List any/all other sources from which you are seeking funding for this program.

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Will you be fundraising for part of the operating expenses, and if so, how much?

Y     N \_\_\_\_\_



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<b>INCOME</b>	<b>Year BUDGET</b>	<b>ACTUAL (Projected 12 months)</b>
Lakeland United Way (amt requested for ----, amt received for-----)		
Please list the source and amount of all <b>committed</b> grants from other funders: (FCSS, Municipal, Provincial etc.)		
Please list the source and amount of all <b>pending</b> grants from other funders:		
Cash on Hand		
User Fees		
Donations		
Fundraising		
Other Income: (Please specify)		
<b>TOTAL INCOME</b>		

<b>EXPENSES</b>	<b>Year BUDGET</b>	<b>ACTUAL (Projected 12 months)</b>
Administration Expenses: (salaries, rent, office, phone, copies etc)		
Program Expenses: (advertising, supplies, equipment etc.)		
Other Expenses: (please specify)		
<b>TOTAL EXPENSES</b>		

**PLEASE ENCLOSE A COPY OF YOUR MOST RECENTLY AUDITED/INDEPENDENTLY REVIEWED FINANCIAL STATEMENTS.**