## United Way of the Lower Mainland





Submission Deadline: 5pm, January 18, 2016

| Organization Into  | rmation:  |              |                     |   |  |  |  |  |
|--|---|--------------|---------------------|---|--|--|--|--|
| Organization:  |   |              |                     |   |  |  |  |  |
| Contact Name:  |   |              |                     |   |  |  |  |  |
| Telephone:   |   | E-mail:      |                     |   |  |  |  |  |
| Address:   | -   |              |                     |   |  |  |  |  |
| City:  |   |              | Postal Code:        |   |  |  |  |  |
| BC Society No:   | ,   | Charita      | ble Registration    | 1:  |  |  |  |  |
| Please note: Agencies must have the above society/charity numbers to be eligible to apply. |   |              |                     |   |  |  |  |  |
|  | Organization's mandate ur organization is curre |              |                     | e at least two summarized examples that<br>ving food security for families with |  |  |  |  |
| Project/Program  | Information:                                    |              |                     |   |  |  |  |  |
| Please provide summar  | ized information that cons                      | iders all th | ree (3) years of th | he proposed multi-year initiative.  |  |  |  |  |
| Project/Program Ti   | tle:  |              |                     |   |  |  |  |  |
| Dagariba bayy this D   | mainat/Dua anam maata d                         | funding a    | mitamia # 1         |   |  |  |  |  |
| Describe now this P  | roject/Program meets f                          | unding c     | riteria # 1         |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
| Describe how this P  | roject/Program meets f                          | funding c    | riteria # 2         |   |  |  |  |  |
|  | <u> </u>  |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
| Describe how this P  | roject/Program meets a                          | at least fiv | ve (5) of the ot    | ther funding criteria   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
| How will your Proje  | ect/Program be evaluate                         | ed? What     | will be your i      | ndicators of success?   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |
|  |   |              |                     |   |  |  |  |  |

## Sample Budget: YEAR ONE\*

\*The annual budget provided with this Letter of Intent is considered to also apply for years 2 and 3 of the proposed initiative for the purpose of assessing the submitted letters of Intent. Please also provide budgets for years two (2) and three (3) only if you consider that your proposed work and related budget will vary substantially from year to year because of planned changes in what work will be implemented from year to year and necessary changes in related expenditures and revenue. Please Note that if your Letter of Intent is selected, you will need to provide detailed budgets for all three (3) years of your multi-year initiative with your full application.

Detailed listing of all revenue (confirmed and unconfirmed) and expenditures

| Annual Budget: Itemize all sources of Revenue and Expenses. Please note that the Total Revenue MUST equal the Total Expenditures.  |   |  |        |                             |  |  |  |  |
|--|---|--|--------|-----------------------------|--|--|--|--|
| Expenditures:  | Revenue:                                      |  |        |                             |  |  |  |  |
| Salaries/Benefits  | Request from United Way of the Lower Mainland |  |        |                             |  |  |  |  |
| Contract Fees  | Your organization's contributions Cash:       |  |        | In-kind(i.e. office space): |  |  |  |  |
| Honoraria  | List Additional Revenue Sources (specify)     |  | Conf'd | Contact                     |  |  |  |  |
| Rent/ Utilities/ Phone   |   |  |        |                             |  |  |  |  |
| Printing/ Copying  |   |  |        |                             |  |  |  |  |
| Travel to meetings and conferences   |   |  |        |                             |  |  |  |  |
| Others (specify)   |   |  |        |                             |  |  |  |  |
| Administration   |   |  |        |                             |  |  |  |  |
| Conference fee for presenters  |   |  |        |                             |  |  |  |  |
| Total Project Expenditures  Total Project Revenue (Including request from United Way)  |   |  |        |                             |  |  |  |  |
| <b>UWLM Expenditures:</b> Itemize how United Way funds will be used by listing the expense type and the amount. (Expense type could include: Salaries/Benefits, Contract Fees, Honoraria, Rent/Utilities/Phone, Printing/Copying, Travel etc.) |   |  |        |                             |  |  |  |  |
| Expense Type   | Amount  |  |        |                             |  |  |  |  |
| Salaries/Benefits  |   |  |        |                             |  |  |  |  |
| Rent/Utilities/Phone   |   |  |        |                             |  |  |  |  |
| Travel & conferences   |   |  |        |                             |  |  |  |  |
| Administration   |   |  |        |                             |  |  |  |  |
| Total (Equals total request to United Way)   |   |  |        |                             |  |  |  |  |

NEXT STEP: Applicants whose Letter of Intent is recommended for the next step of the granting process will be required to attend a mandatory Information Session in person before completing and submitting a full Application Form.