2027 United Way Mid Size Grant

PROPOSAL COVER PAGE

Please ensure that you **provide full, complete, concise and clear answers** to the questions on this form. Failure to provide the required information may result in your application being ineligible. Missing or unclear information may result in the application being delayed or rejected.

If you have attachments (e.g. insurance certificate), please label your attachments according to the section on this form to which you are including.

City of Chestermere Grant Overview

The City offers multiple funding streams designed to support a wide range of initiatives. While the application questions are similar, each grant serves a different purpose.

Community Grant	FCSS or United Way Grant
Applications should enhance local amenities in sports and recreation, arts, culture, history and the social well-being of the residents of Chestermere. Project applications should provide benefit to Chestermere residents and facilitate local activities which engage a broad section of the community.	The City of Chestermere has an application process for the administration of United Way & Chestermere Partnership Funding and Family and Community Support Services (FCSS). These streams contribute to effectively allocating resources and achieving desired social outcomes through social prevention programs.
Previously Funded Examples • Art Workshops • Senior's Programs • Family Activities • Cultural Celebrations • Recreational Activities	**Previously Funded Examples** • Afterschool Children program • Outreach Program for Women in Crisis • Volunteer Mentorship program • Teen Leadership program

Still Unsure?

City staff are available to assist applicants in determining the most appropriate grant program **before submission**.

Staff Contact Information

grants@chestermere.ca

(403) 207-7050 ext. 7063

Name of Community Agency or Organization:	

Application Checklist		**Provide an explanation if attachments are missing**
Proposal Materials		
☐	Signed Proponent Commitment Statement	
☐	Section 1 – 2	
☐	Sections 1 – 6 including complete budget	
Appendices		
☐	Certificate of Incorporation, Charitable Status, and/or Business Licence	
☐	Audited Financial Statement, Review Engagement or letter from a financial institution providing information pertaining to the financial stability of the organization.	
☐	Board of Directors or Officers, including any vacancies and organizational chart.	
☐	Insurance Certificate	
☐	Proof of Practice Permit with applicable professional governing body, if applicable	
☐	Fee Policy, if applicable	
☐	Letter of Support (optional)	

Proposals should be concise, succinct, and must include all of the applicable attachments listed above. If your organization is applying for multiple projects, you **must** complete separate applications.

PROPONENT COMMITMENT STATEMENT

Declaration	
1. If successful, the grant recipient will execute their project/program in 2027.	**Yes** ☐ **No** ☐
2. If successful, the grant recipient commits to working with City of Chestermere staff on program evaluation and monitoring.	**Yes** ☐ **No** ☐
3. The grant recipient will maintain the following insurance requirements for the full term of the grant: 'General liability insurance, in accordance with Alberta's *Insurance Act*, in an amount not less than TWO MILLION DOLLARS ($2,000,000.00) inclusive per occurrence, insuring against bodily injury, personal injury and property damage, including loss of use thereof and shall include a standard form cross liability clause (naming the City as an additional insured on the policy).'	**Yes** ☐ **No** ☐

Certification

I hereby certify that the responses I have made to all of the 'Proponent Commitment Statement' on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, if any of the information I provide is inaccurate, or if I have indicated 'No' to any of the above statements I will not have met all of the mandatory requirements for this proposal and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I hereby acknowledge that I have the authority to make this certification on behalf of the organization referenced below.

Signature _____

Date Click or tap to enter a date.

Print Name Click or tap here to enter text.

2027 United Way / Chestermere Partnership Grant Proposal

Funding Period: January 2027 – December 31, 2027

PART A: Organizational Profile

Name of Applicant (Service Provider):			
Legal Name of Applicant (if different):			
Mailing Address:	City/Town:	Province:	Postal Code:
Primary Project Contact (include Name and Position):	Telephone Number:	Fax Number:	
	E-mail Address:		
Organization type (please check all that apply): ☐ Registered Not-for-Profit ☐ Charitable Organization			
Business / Charitable Number (Canada Revenue Agency):	GST Rebate Number: / Rebate Percentage:		Incorporation Number:
Location of Project (if different from mailing address of applicant):			

1. Provide a brief description (vision, mandate, values, etc.) and history of your organization. (*max. 300 words*).

PART B: PROJECT OVERVIEW

Name of Proposed Initiative:	
Total Amount of Grant Request:	

1. Program Description

Provide as many relevant details as necessary in the appropriate boxes for the proposed project.

(a) Description *What is the project and what will be delivered through this funding?*	
(b) Key Activities *What are the main activities or actions that will be carried out to deliver the project?*	
(c) Outcomes *What is the intention of the project and what change does it aim to achieve?* *EX: Improve participant access to support as measured by referral follow-through rates*	
(d) Location(s) *Where will the project or activities take place (including specific facilities, neighbourhoods, or community spaces)?*	

2. What measurable results or benefits are expected for participants or the community as a result of this project? How will your organization assess the effectiveness or success of the program/project?

Describe how outcomes will be measured, including method of collecting data and quantitative indicators where applicable (e.g., number of individuals/families served, changes in skills, behaviours, or access to support). Reporting on outcomes and participation data will be required (max. 300 words).

3. Client Capacity refers to the total number of unique program participants that are expected to be served. In the section below, indicate (where applicable) the projected number of Chestermere program participants this initiative may support.

# of Unique Individuals:	
# of Unique Families:	

How will you collect unique participant data? *(Max. 50 words*

PART C: ALIGNMENT WITH COMMUNITY NEEDS

Applicants are encouraged to build on information provided in earlier sections and do not need to restate details already described unless new information is being introduced. Responses in this section should support and reinforce the program outcomes and evaluation measures described in Section 2.

1. Select the primary target population your initiative will be developed for?	
☐ Children (0 to 5 years) ☐ Children/Youth (6 to 12 years) ☐ Youth (13 to 18 years)	☐ Adults ☐ Seniors ☐ Families
2. Are there projects of a similar nature being offered in the community?	**Yes** ☐ **No** ☐
If yes, describe how your program differs and fills a gap (Max. 150 words): • *What similar services exist?* • *What is missing or insufficient?* • *How is your program different (target group, delivery model, accessibility, prevention*	
3. United Way Mandate Priority (Select at LEAST 1) How does the proposed project fit within the United Way mandate.(Socioeconomic Well-being, Mental Health, Social Inclusion, and/or Healthy Relationships). Refer to the Appendices I and II of the Information Package.	

☐ Socioeconomic Wellbeing
☐ Mental Health
☐ Social Inclusion
☐ Healthy Relationships

4. Explain HOW your program fits the mandate(s) selected above *(Max. 300 words).*

5. Describe the local community need this project responds to, how participants and/or the broader community will benefit (Max. 300 words).

Please reference at least one of the City Social Strategic documents listed in the Information Package (Appendices III and IV). Where applicable, reference relevant priorities or findings.

Evidence sources (check at least one):	☐ Social Wellbeing Framework (2025) ☐ Council Strategic Plan (2026–2029)

PART D: SAFETY, EQUITY AND INCLUSION

1. Please describe how your program will actively promote inclusivity, ensuring broad access and removing barriers for marginalized or underrepresented groups. Please include specific examples. *Examples include how your project is addressing physical or formatting accessibility, cost barriers, cultural barriers, etc.*
2.State what safety practices will be/are in place for participants, personnel, and volunteers. Please include specific examples. *Examples include staff screening, training, incident protocols, supervision, etc.*

PART E: COMMUNITY ENGAGEMENT AND EMPOWERMENT

1.List formal and informal collaborative partnerships and describe how they would contribute to the successful service delivery of this initiative. *escribe any complementary efforts, including other multi-sector collaborations in the community that could potentially enhance or align with the proposed project. (Add additional lines as required)*	
Name of collaborative partner	Description

2. Volunteers	
Projected number of volunteers specific for **this project.**	
Projected number of volunteer hours specific for **this project**.	
How will you recruit, train and recognize volunteer contributions to this project?	

PART F: ORGANIZATIONAL CAPACITY AND ACCOUNTABILITY

If you were not awarded the total amount of your grant request, would you still be able to run this initiative?	☐ Yes ☐ No
If **yes**, indicate the minimum amount of grant funding that would allow you to still be able to run this project and how you would adjust programming. Please note that you will be required to submit a revised budget sheet for the amount of the awarded grant.	$

Please list any other funding planned for <u>this project</u>, secured, unsecured and including in kind contributions. (Add additional lines as required)

Proposed Funding Source (i.e. grants, fundraising, membership fees, etc.).	Amount	Secured, unsecured, or in kind

Please complete the below budget outline. Include a detailed breakdown for all expenditures related to the funding requested through this proposal. Do not include expenditures that will be applied to alternate funding sources. Amounts should be broken down separately within the Expenditure Category column and an overall total listed within the Annualized Expenditure column.

Service/Program Name:		
EXPENDITURE CATEGORY	**ANNUALIZED EXPENDITURE**	**ADDITIONAL DETAILS** *Use this space to provide explanations for certain expenses, if necessary.*
SERVICE DELIVERY STAFFING COSTS		
Direct Service Delivery Staffing Salaries (please include benefits and list positions separately including proposed funded FTE per position)	**$**	
'OTHER' SERVICE DELIVERY COSTS		
Supplies and services associated directly with services, supports, and programming provided to clients including supplies and materials, program staff training, program staff travel, etc.	**$**	
PROGRAM COSTS		
Insurance (i.e. general liability, errors and omissions, automotive, board liability, employer liability, property), advertising/promotion, space rental fees, equipment rental, etc.	**$**	
FACILITY COSTS		
Rental/lease, supplies, 'other'	**$**	
ADMINISTRATIVE EXPENSES (Not to exceed 10% of overall funding request)		
Administrative Staffing Salaries (please include benefits and list positions separately including proposed funded FTE per position)	**$**	

Include office expenditures (supplies, telecommunications, IT support), legal fees, advertising, staff recruitment, accounting/ audit fees, bank charges, consultant fees, organizational memberships, shared support service costs, etc. (**Please refer to DEFINITIONS in the information package for eligibility details**)			
'OTHER' COSTS NOT IDENTIFIED (please specify)			
	$		
	$		
	$		
	$		
TOTAL BUDGET (total amount of grant request)	**$**		

PART G: ADDITIONAL INFORMATION *(optional)*

Please provide any additional information you deem relevant to the delivery of your initiative. This can include, but is not limited to, information on the following:

- Sustainability
- Innovation and creativity
- Other relevant information

By submitting this Proposal, I/We agree to comply with the requirements stated in this proposal.

DECLARATION

The Service Provider further declares that it has complied in every respect with all the instructions, that it has received and read all addenda, and that it has satisfied itself fully relative to all matters and conditions with respect to the general conditions of the agreement and all relevant information to which this proposal pertains.

Respectfully submitted,

Signature of Authorized Employee / Board Member	Printed Name
Signature of Board Chair / Chief Signing Officer	Printed Name
Firm/Service Provider/Organization	Telephone #
Address	Fax #
	Email
	Date

Congratulations - your proposal is now complete.

Please do not forget to add required attachments prior to submission.

PROPOSAL DEADLINE: 4:00 p.m., MONDAY, September 21, 2026

Note: You will receive a confirmation of submission within 5 business days of submitting.