

UNITED WAY CHESTERMERE PARTNERSHIP FUNDING



United Way
Calgary and Area



CHESTERMERE

UNITED WAY/CHESTERMERE PARTNERSHIP

Mid-Size Grant – Special Call for Proposals – Information Sheet

United Way Mid-Size Grant – Call for Proposals

\$10,000 - \$20,000 available for funding per project.

The United Way, in partnership with the City of Chestermere, is pleased to announce the availability of the 2026 Mid-Size Grant.

Important Dates:

Call for Proposals Opens: **Monday, January 26, 2026**

Deadline for Submission: **Monday, March 2, 2026**

Notification of Awards: **Monday, March 30, 2026**

Project Period: **April 2026 – December 31, 2026**

Focus Areas:

We invite proposals that address one or more of the following priorities:

1. **Youth Education:** Initiatives that enhance employment opportunities and skill development for young people.
2. **Men's Mental Health:** Programs that promote mental health, reduce stigma, and provide accessible support for men's wellness.
3. **Disabilities:** Initiatives that provide programming and support for individuals and families living with physical and/or cognitive disabilities, focusing on accessibility, inclusion, resources, and opportunities.

All applications must also achieve one of the following United Way objectives:

- Socioeconomic Well-being – Improving financial stability and living conditions
- Mental Health – Supporting mental health and overall well-being
- Social Inclusion – Fostering belonging and equality for all
- Healthy Relationships – Promoting positive and supportive connections

Note: *The three focus areas represent priority project types, while all projects must still align with at least one United Way objective regardless of focus area.*

Eligibility & Restrictions:

- Applicants must be registered non-profits or registered charities.
- Funding is not available for individuals, hospitals, political parties, or religious activities.
- Projects should aim to address root causes, create lasting change, and demonstrate measurable outcomes, not just temporary relief.
- Projects must take place within the City of Chestermere and directly benefit residents of Chestermere.
- All applications will be considered; however, priority will be given to proposals that align with at least one of the three focus areas listed above.

For more information on United Way, please view [Chestermere City Grant Information Package](#) or [United Way Calgary and Area](#). Click here to view the [Council Strategic Priorities](#) and current [Social Needs Assessment](#).

Questions? Please email grants@chestermere.ca

2026 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.

Name of Community Agency or Organization:	
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Application Checklist		Provide an explanation if attachments are missing

Proposal Materials		
<input type="checkbox"/>	Signed Proponent Commitment Statement	
<input type="checkbox"/>	Part A, Section 1 – 2	
<input type="checkbox"/>	Part B, Sections 1 – 6 including complete budget (additional Part B's to be completed as required)	

Appendices (one copy may be provided for all Part B submissions)		
<input type="checkbox"/>	Certificate of Incorporation, Charitable Status, and/or Business Licence	
<input type="checkbox"/>	Audited Financial Statement, Review Engagement or letter from a financial institution providing information pertaining to the financial stability of the organization.	
<input type="checkbox"/>	Board of Directors or Officers, including any vacancies and organizational chart.	
<input type="checkbox"/>	Insurance Certificate	
<input type="checkbox"/>	Proof of Practice Permit with applicable professional governing body, if applicable	
<input type="checkbox"/>	Fee Policy, if applicable	
<input type="checkbox"/>	Letter of Support (optional)	

Proposals should be concise, succinct, and must include all of the applicable attachments listed above. If an agency or organization is applying for multiple projects, one Part A section is required with corresponding Part B sections e.g. if an agency is applying for 2 projects, one Part A and two Part B sections should be submitted.

PROPOSER COMMITMENT STATEMENT

Declaration	
1. If successful, the grant recipient will execute their project/program in 2026.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If successful, the grant recipient commits to working with City of Chestermere staff on program evaluation and monitoring.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <i>Insurance Act</i> , 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 <input type="checkbox"/> No <input type="checkbox"/>

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 _____

Print Name _____

2026 FCSS & United Way / Chestermere Partnership Grant Proposal

Funding Period: April 2026 – December 31, 2026

PART A, SECTION 1: LOCATION IDENTIFICATION

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): <input type="checkbox"/> Registered Not-for-Profit <input type="checkbox"/> 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):			

PART A, SECTION 2: ORGANIZATIONAL PROFILE

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

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PART B, SECTION 1: EFFECTIVENESS AND FEASIBILITY

Name of Proposed Initiative:	
Total Amount of Grant Request:	

1. Outline what the program is. What are the main objectives/goals of this initiative?	
2. How does the proposed initiative fit within your organization's mission/vision/mandate?	
3. How will your organization assess the effectiveness or success of the program/project? <i>Based on your project intent, the following information may be requested for reporting purposes: number of individuals, families, information and referrals, volunteers, volunteer hours; community development initiatives; short stories; and outcomes.</i>	
4. 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:	

PART B, SECTION 2: ALIGNMENT WITH COMMUNITY NEEDS

1. Select the primary target population your initiative will be developed for?

<input type="checkbox"/> Children (0 to 5 years)	<input type="checkbox"/> Adults
<input type="checkbox"/> Children/Youth (6 to 12 years)	<input type="checkbox"/> Seniors
<input type="checkbox"/> Youth (13 to 18 years)	<input type="checkbox"/> Families

2. Which of the grant's priority project areas (Youth Education, Men's Mental Health, or Disabilities) does your project address, and how does it create impact in that area? If it does not, what other community priority is it addressing (please reference at least one of the following: City Council Strategic Priorities or Community Social Needs Assessment)?

3. 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 **Appendix (United Way Funding Criteria and Guidelines) of the General City Grants Information Package.**

PART B, SECTION 3: 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.

2. State what safety practices will be/are in place for participants, personnel, and volunteers.

PART B, SECTION 4: 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. Describe 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 B, SECTION 5: 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Replace the red text with 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		<u>ANNUALIZED EXPENDITURE</u>
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, mortgage/loan payment, utilities, maintenance/repairs, supplies, janitorial services, '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 B, SECTION 6: 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, MARCH 2, 2026

***Note: You will receive a confirmation of submission within 3 business days
of submitting.***