

Make Your Mark on Poverty Grant Application



Please thoroughly review the grant application criteria. Then fill out this form, print, add signatures, scan and email it with the subject line "Make Your Mark on Poverty Grant Application" to amalin@myunitedway.ca

School Information

School Name(s): _____

Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____

Teacher/Staff Lead Name(s): _____

Phone Number: _____

Email Address: _____

Number of Students involved: _____

Grade(s) of Students: _____

Are you collaborating with another school/group of students? Yes No

If yes, which school?: _____



Details of Project

Title of Poverty Project _____

Please describe the project and what you hope your project will accomplish:

Is there a specific segment of the population, who are living in poverty, that your project is focused on? (For example, struggling families, children in need, people experiencing homelessness, individuals struggling with addiction or mental illness, or other.)

When will this project take place? _____

Where will this project take place? _____

How are the students involved in organizing this project?

What needs to be done to prepare for this project? Who will be responsible for each task?

You will be required to report back to United Way on the completion of your project by March 13th, 2020. How will you report back? (For example, written report, video, etc. See the Teacher Guide for more information on reporting.)

What do you hope to accomplish? How will you know this project was successful?

How will you recognize United Way's support of your project? (For example, social media, school newsletter, blog, website, or other.)

Other comments:

Project Revenue and Expense

Funding will be provided by United Way for projects up to a maximum of \$1,000. What is the amount of funding requested for this project?

Please provide an attached budget listing all expenses individually, including the dollar value. If receiving additional funds for this project, please indicate the source and amount of revenue.

Expenses and Revenue totals should balance.

Note: Honorariums for youth will not be supported through this grant.

Budget Notes:

By signing this grant application, the School Lead and the Principal have confirmed they have read the criteria guidelines and are eligible for this funding opportunity. Should the school receive funding from United Way for this proposal, the School Lead and Principal agree to support this proposal to its completion.

School Lead Name (Printed): _____

School Lead Signature: _____

School Principal Name (Printed): _____

School Principal Signature: _____

Date: _____

Thank you for your interest in assisting United Way of the Alberta Capital Region Create Pathways Out of Poverty. All proposals will be reviewed by a committee of United Way community partners. You will be notified of the outcome of your proposal in early November 2019.

Please ensure your form is complete and email it with the subject line "Make Your Mark on Poverty Grant Application" to amalin@myunitedway.ca.