



Day of Caring

REQUEST FORM

ORGANIZATION NAME _____

ADDRESS _____

WEBSITE _____

CONTACT NAME _____

PHONE NUMBER _____

MAIN PHONE NUMBER _____

EMAIL _____

NAME OF PROJECT/EVENT _____

PROJECT LOCATION _____

PARKING INSTRUCTIONS _____

Where will the project take place? INDOORS OUTDOORS

Date: _____ FLEXIBLE Volunteer Start Time: _____ End Time: _____

Is this a one-time event or a project that can be repeated with different volunteer groups? ONE-TIME REPEATED

Number of Volunteers: MINIMUM _____ MAXIMUM _____ Minimum Age of Volunteers: _____

If applicable, will a meal/snacks be provided? YES NO

Does your liability insurance cover this project? YES NO

Are there anticipated risks with this project? YES NO If **yes**, please describe:

Please provide a brief description of your Day of Caring including volunteers' roles, what their efforts will be making possible and how it makes a difference in the lives of those accessing your agency. Attach additional pages as required.

Day of Caring Fund

United Way's *Day of Caring Fund* can provide small amounts of capital (maximum \$250) towards purchasing materials, supplies, or services that support your organization in hosting a Day of Caring project or event.

ELIGIBILITY

- Organizations* are eligible to apply for funding for one Day of Caring project per fiscal year (April-March).
- Funds must be used to support a Day of Caring project that engages volunteers in a meaningful way.

Funds will be distributed on a first-come, first-served basis (April-March). Once all funds have been used up, no more applications will be accepted.

**Organizations with multiple sites are eligible to apply for funding for one Day of Caring project per site.*

REIMBURSEMENT

If you are approved for funding, make sure you keep all receipts from associated expenses and submit them to United Way within 30 days of your Day of Caring. Expenses without receipts will not be reimbursed.

APPLICATION

Are you applying for the *Day of Caring Fund*? YES NO

If **yes**, please answer the following questions in the space below:

- How much funding is your agency applying for (max \$250)?
- How will these funds be used to support your Day of Caring project or event?
- Please provide a brief list of expenses your agency plans to use the funding for.

Please email your completed request to doc@unitedwaywinnipeg.mb.ca or fax to **204-453-6198**. If you have any questions, call **204-477-5360**.