



# Day of Caring

REQUEST FORM

ORGANIZATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WEBSITE \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAIN PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

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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:

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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.

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Please email your completed request to [engagement@unitedwaywinnipeg.ca](mailto:engagement@unitedwaywinnipeg.ca) or fax to 204-453-6198. If you have any questions, call 204-477-5360.