



United Way
Maritimes

2026 - 2027 Expression of Interest Program Funding (2 years)

United Way Maritimes has chosen to focus its community impact efforts on addressing the root causes of poverty and the priority needs of people most vulnerable to poverty in the communities we serve. We do this by strengthening the social infrastructure that supports and uplifts each community so that everyone has access to the skills, resources, and opportunities they need to thrive - economically, socially, and inclusively.

Expression of Interest Deadline: Friday September 5, 2025, at 12:00 pm

We are requesting only Expressions of Interest at this stage of the funding process. A member of our team will notify you by Monday September 15 to advise you if you will be invited to submit a full funding application. We currently expect that full **Program funding** applications will be available Wednesday September 24, 2025, and due by Friday October 10, 2025, at 4:00 pm.

We want to assist you in submitting a strong Expression of Interest and encourage you to contact us early to allow staff the time needed to fully respond to all inquiries.

If you have contact questions about the Expression of Interest, please contact:

Alexya Heelis at alexya.heelis@unitedwaymaritimes.ca

ELIGIBILITY CRITERIA

- Be a **Registered Charity** in good standing with the Canada Revenue Agency, an **Indigenous Governing Body** or an **Incorporated Non-Profit** in good standing with a provincial registry or applicable regulatory body
- The organization's primary focus and mandate must be within the social and community services sector in Central and Southwestern New Brunswick, Prince Edward Island and Mainland Nova Scotia
- Provide services to communities in Central and Southwestern New Brunswick, Prince Edward Island and Mainland Nova Scotia
- Have a governance structure in place with at least three people on the board, management committee, or other type of governing body
- Have internal accountability measures such as practices and procedures for internal controls and accountability
- Have a bank account in the name of the organization and a financial management system to effectively track the income and expense transactions of the organization



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INELIGIBLE ORGANIZATIONS

The following organizations are ineligible for funding:

- For-profit organizations
- Business non-profit institutions, including business associations, chambers of commerce and condominium associations
- Provincial/territorial entities, including hospitals, medical centres, private schools, universities, colleges, parent teacher associations, health authorities, public health authorities, educational institutions, health/social services institutions
- Municipalities and entities controlled by a municipality including municipal governments, regional governments, and regional districts
- Core government services and or programs
- Individuals
- Faith-based organizations that require an adherence to or promotion of a religious faith as a condition of receiving supports or services
- Political parties
- Organizations whose policies or practices contravene the Human Rights Act (Nova Scotia, Prince Edward Island and New Brunswick)

INELIGIBLE ACTIVITIES

- | | |
|--|---|
| • Major capital projects | • Projects that benefit only private interests |
| • Purchase of land and buildings | • Projects that promote a for-profit entity or its products and service |
| • Partisan, political or election related activities | • Sub-granting projects / activities |
| • Publication of books or research | • Sponsorship, endowment funds, and donations |
| • Projects and activities that generate a profit | |
| • Direct fundraising activities or events | |

[Expression of Interest Follows on the Next Page]



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ORGANIZATION DETAILS:

Who is the contact person for this application:

First Name:	
Last Name:	
Title or Position held with the Organization:	
Email:	
Phone Number:	

ORGANIZATIONAL INFORMATION:

Organization Name:	
Legal Name (if different from above):	
Street Address or P.O. Box:	
City:	
Province:	
Postal Code:	
Website URL:	
Registration, incorporation, band number or society number of the organization:	
Organization Mission (max. 50 words):	

How many full-time staff does your organization currently have [insert number] :	
How many volunteers, including board members, does your organization currently have [insert number] :	
Does your organization conduct vulnerable sector checks for staff and volunteers, where applicable:	☐ Yes ☐ No



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What is the annual revenue of your organization?

- ☐ \$49,999 and under
- ☐ \$50,000 to \$149,999
- ☐ \$150,000 to \$499,999
- ☐ \$500,000 to \$1,499,999
- ☐ \$1,500,000 to \$4,999,999
- ☐ Other

Which jurisdiction(s) is your organization submitting an Expression of Interest for (check all that apply):

- ☐ **Colchester and Cumberland County**
- ☐ **Lunenburg County**
- ☐ **Pictou County**
- ☐ **Halifax Regional Municipality**
- ☐ **Central New Brunswick**
- ☐ **Saint John, Kings and Charlotte**
- ☐ **Prince Edward Island**

AREAS OF IMPACT:

Please check the **primary** area of impact that the program funding you are requesting aligns with:

- ☐ **Housing and Homelessness**
- ☐ **Food Security**
- ☐ **Education and Employment**
- ☐ **Wellbeing and Safety**
- ☐ **Social Inclusion and Access**

IMPACT APPROACHES:

Please check the **primary** impact approach that the program funding you are requesting aligns with:

- ☐ **Prevention and Intervention:** investing in programs and early intervention efforts to increase resilience and reduce the impact of the structural factors that put individuals at a higher risk of poverty. As well as interventions that empower individuals with skills and support to overcome barriers and create lasting change.
- ☐ **Immediate Needs:** responding to the emergency needs of the community by supporting programs and initiatives that provide basic necessities such as food, shelter and income to those most in need.



PROGRAM INFORMATION:

Please answer the questions within 150 words or by using bullet points.

Program name:	
Is this a new or existing program:	
Briefly provide a program description:	
How many unique participants does your program anticipate serving over the course of the funding period [insert number] :	
Briefly describe the need, issue or gap your funding request intends to address:	
How will your program address the need as described above (include how it aligns to the impact approach chosen i.e. immediate need or prevention and intervention) ([max. 300 words]) :	
Briefly describe how your organization will ensure that those most affected are represented and included:	

POPULATIONS AND GEOGRAPHIC AREA SERVED:

Please **select a maximum of three** priority populations your organization serves from this list below:

☐ African Nova Scotian persons and/or Community	☐ Persons with developmental disabilities
☐ Black persons and/or Community	☐ Persons with disabilities
☐ Children	☐ Persons with hearing loss
☐ Children and Youth in care	☐ Persons with justice system involvement or formerly incarcerated (detained, incarcerated, transitioning to community etc.)
☐ Families living on low incomes	☐ Persons with learning disabilities
☐ First Nations persons and/or Community	☐ Persons with physical disabilities
☐ Indigenous persons and/or Community	☐ Persons with speech impairment
☐ Inuit persons and/or Community	☐ Persons with substance use disorders
☐ LGBTQ2SIA+ (Lesbian, gay bisexual, transgender, queer, two spirit, intersex, asexual)	☐ Persons with visual impairment
☐ Lone parent families	☐ Persons without a bachelor's degree or an advanced educational qualification
☐ Men	☐ Racialized persons and/or Communities
☐ Métis persons and/or Community	☐ Recent immigrants



☐ Newcomers	☐ Refugees
☐ Persons at risk of homelessness	☐ Seniors
☐ Persons experiencing homelessness or housing insecurities	☐ Veterans
☐ Persons susceptible to or with a history of violence perpetration	☐ Women
☐ Persons experiencing intimate partner or gender-based violence	☐ Youth
☐ Persons living alone and on low income	☐ Official language minority community
☐ Persons living with cognitive or mental health related issues	☐ Other (Please specify below)
☐ Persons suffering from terminal or chronic illness/diseases	

Other Comment Box

Which locations does your organization primarily serve, check all that apply:

- ☐ **Indigenous reserves, and/or communities**
- ☐ **Urban:** High density population centres, including suburbs. Generally, urban areas have a population of over 50,000 people.
- ☐ **Rural:** Low density population centres.
- ☐ **Remote:** Population centres that have limited access to services and transportation. Typically, remote communities are further than 350km from a service centre.

Which geographic area(s) is served by your organization:



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FUNDING REQUESTED:

United Way Maritimes funding year is April 1 to March 31. Please indicate the amount of program funding that your organization is requesting from **Saint John, Kings and Charlotte**.

Program Funding is from \$20,000 to \$100,000

** If you are submitting **two** EOI's, the combined total cannot exceed the maximum amount.

YEAR	FUNDING REQUESTED
2026	\$
2027	\$

Expression of Interest must be received no later than **12:00 pm (noon) on Friday September 5, 2025.**

Please note that Expression of Interest submissions received after the deadline will not be considered as part of the current EOI process. All Applicants will receive an acknowledgement of receipt for their electronic proposal via return email.

TIMELINE:

TASK	DATE
Launch expression of interest (EOIs)	Monday August 11 2025
Close expression of interest (EOIs)	Friday September 5 2025
All agencies notified	Wednesday September 17 2025
Launch application – available only to agencies invited to submit a funding application	Wednesday September 24 2025