Grant Application
2025-26 Aging in Motion (AIM):
Transportation Supports & Innovations

The following one-year grant application covers the period from April 1, 2025 to March 31, 2026.

Before completing the application form, we strongly recommend that you and your team read the entire application first.

Please note that the application must be completed and submitted **electronically** in the Salesforce granting platform, by **March 7, 2025**. All sections of the application are required unless marked as "Optional". Please double-check that all your documents have been submitted. **Once submitted, any further edits will not be updated unless specifically requested.**

Please note that the information that you provide on this form and supporting documents may be used to share information with others outside of United Way British Columbia such as funders, government, and the sector for purposes related to reviews, evaluations, research, advocacy, and other works of United Way British Columbia.

For details on the Aging in Motion: Transportation Supports & Innovations Enhancement Grant, including background, guiding principles, funding summary, and criteria, please visit the [CORE BC Funding Opportunity](#).

If you have any questions regarding this grant, please contact your UWBC Healthy Aging Specialist:

Vancouver, North Shore, Richmond, Sea to Sky & Sunshine Coast
Dr. Beverley Pitman
beverleyp@uwbc.ca
604.969.8331

Burnaby, New Westminster, Tri-Cities, Surrey, Langley, Maple Ridge & Fraser Valley
Dr. Indira Riadi
indirar@uwbc.ca
604.268.1342

Vancouver Island & Gulf Islands
Cheryl Baldwin
cherylb@uwbc.ca
250.591.8731

Interior BC
Lisa Cyr
lcyr@uwbc.ca
250.860.2356

Northern BC
Sarrah Storey
sarrahs@uwbc.ca
250.699.1681

For technical inquiries, please contact Mai Nguyen, Coordinator, Impact & Granting, at main@uwbc.ca.

Reporting and Granting Requirements	Deadline	Period
2025-26 Grant Application	**March 7, 2025**	April 1, 2025 – March 31, 2026
Quarterly Report 1	**July 31, 2025**	April 1 – June 30, 2025

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Quarterly Report 2	**October 31, 2025**	July 1 – September 30, 2025
Quarterly Report 3	**January 30, 2026**	October 1 – December 31, 2025
2025-26 Final Outcome Report	**May 8, 2026**	April 1, 2025 – March 31, 2026

GRANT APPLICATION

SECTION 1: ORGANIZATION INFORMATION

1.1 GENERAL ORGANIZATION INFORMATION

Organization name: *Pre-population*
Organization website: _____
Street address: _____
City: _____
Province: *Pre-population*
Postal code: _____
Region:
- [ ] Central & Northern Vancouver Island
- [ ] Lower Mainland, Sea to Sky, & Fraser Valley
- [ ] Northern British Columbia
- [ ] Southern Interior
- [ ] Southern Vancouver Island
- [ ] Thompson-Nicola-Cariboo

Health authority:
- [ ] FHA
- [ ] FNHA
- [ ] IHA
- [ ] NHA
- [ ] VCH
- [ ] VIHA

Telephone: _____
Fax: _____
BC Society # (Leave blank if not applicable): _____
Charitable registration # (Leave blank if not applicable): _____
First Nations Band # (Leave blank if not applicable): _____
Indigenous governing body? Y/N
Indigenous-led organization: Y/N
If you do not have a Charitable Registration number, a BC Society number or a First Nations Band number, please identify what your legal organization status is (Leave blank if not applicable): _____
Year organization was founded (Leave blank if not applicable): _____
Is your workplace unionized?
- [ ] Yes
- [ ] No

   If yes, what local? _____

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Executive Director: _____
Executive Director Email: _____
Organization Description / Mandate:

_____

_____

1.2 APPLICANT INFORMATION

Name of primary contact for this grant application: _____
Title: _____
Primary contact telephone: _____
Primary contact email address: _____

1.3 TWO DESIGNATED LOA SIGNEES

Please note, if your application is successful, these are the two people we will be reaching out to for signatures on the LOA.

First Signee: Board President/Chair, Chief, or designate
Name:
Title:
Telephone:
Email address:

Second Signee: CEO, Executive Director, Senior Administrator, or designate
Name:
Title:
Telephone:
Email address:

SECTION 2: PROGRAM INFORMATION

2.1 GENERAL PROGRAM INFORMATION

Please select the proposed approach you are applying for:
- o Enhanced Service
  Strengthen an existing local/regional transportation service by adding new elements and/or increasing service levels.
- o New Service
  Design/Implement a new program/service or start new.
- o Innovation
  Design, testing &/or scaling of promising approaches.
  - Name of the promising approach(es) already demonstrated in community/region (if applicable): _____

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Program name: _____
Program website (if applicable): _____
Program social media links and handles:
- Facebook (if applicable): _____
- Instagram (if applicable): _____
- Twitter (if applicable): _____
- YouTube (if applicable): _____
- LinkedIn (if applicable): _____
- Other (please describe, if applicable): _____

Program Description / Mandate: Please provide a brief description of the program. Include who the program will benefit and how (150 words max):
_____
_____

Please list key deliverables of the program (150 words max):
_____
_____

Please list all the program sites (addresses) where the program will take place.
_____
_____

2.2 PROGRAM RATIONALE & TARGETS

Please see the [Healthy Aging Theory of Change (TOC) diagram](#) and accompanying narrative. This TOC is a visual depiction of the how the Community-Based Seniors' Services (CBSS) sector and Healthy Aging programs can collectively achieve Key Outcomes, Vision, and Impact.

Please describe how your program will address Healthy Aging stated objectives/goals/key outcomes, how your program will address each goal, and the estimated timeline/milestones. Please provide **3 or more** goals/objectives, per the list below:

Objective/Goal/Key Outcome	How will your program address each goal?	Estimated timelines/milestones	Additional Information (leave blank if not applicable)
Enhanced collaboration and coordination within the CBSS sector			
Enhanced collaboration and			

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coordination with the health care system			
Holistically meet the needs of seniors, Elders, and their caregivers			
Improvements made in the Determinants of Healthy Aging (see TOC)			
Reduced health inequities (i.e. serving priority populations)			
More seniors and Elders age safely and independently at home, in community			
Reduced healthcare utilization and associated costs (i.e. seniors self report fewer doctor visits etc.)			
Other goal(s) - please describe your other goal(s) and plan to address each goal in the text box on the right (repeatable field)			

Is this program being delivered through a funding partnership with other agencies? (e.g. flow-through funding to another organization providing Transportation services within your Community Collaborative, etc.) - Yes or No

If yes:
Please indicate ALL organizations/groups where there is funding committed from this grant. Please indicate the organizations' contact name, contact email, purpose of collaboration/partnership, and funding amount. **Please note: United Way BC will collect and store signed Memorandums of Understanding (MOUs) for the agencies and amounts identified below.**

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Organization Name	Organization Contact First Name	Organization Contact Last Name	Organization Contact Email	Funding Amount	Collaboration Types/Purpose of Collaboration.
Partnership Organization Address	City	Province	Postal Code	Country	

If no:
Please provide a description of how your program will encourage new partnerships.

_____
_____

If your organization is new to United Way Healthy Aging funding, you will be asked to identify your Community Collaborative partners in an upcoming Outcome Report.

Who will be the main individuals (by role/function) involved in overseeing the program, including the budget?

_____
_____

All funded programs will be required to participate in United Way BC's Learning & Evaluation (L&E) activities, including but not limited to outcome reports, participation in Communities of Practice (COPs), participant satisfaction surveys, etc. In addition to these, does your agency have existing methods you use to measure the success of your programs?

_____
_____

How frequently will services be provided? (e.g. four community shuttle rides per month)
_____

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Please provide an estimate for participants, volunteers, and services you will track during the funding period by indicating a target in the boxes provided below. Note that United Way BC will be working in collaboration with funded agencies to set benchmark targets for all funding streams in the 2025-26 fiscal year. *You may be asked to revisit these if your application is successful.*

Number of <u>unique</u> individuals served: ＿＿＿
Number of volunteers recruited: ＿＿＿

Grant-specific targets:
Transportation Supports & Innovations Counts
Retrofits completed: ＿＿＿
Transit passes provided: ＿＿＿
Gas cards provided: ＿＿＿
Under-utilized vehicles mobilized/refurbished: ＿＿＿
Number of goods provided *(This is the total of all counts in the counts section)*: ＿＿＿

Transportation Supports & Innovations Services
Transportation medical: ＿＿＿
Transportation non-medical/social: ＿＿＿
Other grant specific targets (Please input total of all other services): ＿＿＿
Number of <u>unique</u> services provided *(This is the total of all services in the services section)*: ＿＿＿

2.3 HEALTHY AGING INTENDED PRIORITY POPULATIONS

Services will be aimed at <u>community-dwelling seniors living in BC</u>, and funded agencies should prioritize the delivery of services to seniors who are experiencing <u>two or more of the following priority seniors' populations</u>:

***Healthy Aging Intended Priority Populations
☐ Low to modest income
(Seniors who have challenges affording items like (i) adequate food, (ii) monthly mortgage/rent, (iii) sufficient home heat, (iv) prescribed medication, (v) transportation, (vi) other required prescribed health care.)
☐ Low to moderate frailty
(People who need help with finances, transportation, heavy housework and similar tasks of daily living. Typically, mild frailty progressively impairs shopping, and walking outside alone, meal preparation, taking medications and begins to restrict light housework. Those with moderate frailty may need assistance with some aspects of personal care from the healthcare system or family/friend caregivers (adapted from the Clinical Frailty Scale (Rockwood)).)
☐ Socially isolated/lonely
(A socially isolated senior is one who describes themselves as alone, disconnected from life and community, with reduced ability to participate and enjoy life as they have in the past. Challenges can include physical or mental health issues, mobility challenges (using a walker or cane), loss of a driver's license, a recent move, challenges with digital literacy, or loss of a partner, friends, community members, etc.)
☐ Members of underserved/equity deserving groups
   ☐ Caregivers
   ☐ Cultural and/or linguistic barriers
   ☐ Deaf and Hard of Hearing

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☐ Experiencing elder abuse
☐ Experiencing mobility barriers
☐ 2SLGBTQIA+
☐ Newcomers: Temporary Residents
☐ People with disabilities
☐ Permanent Residents (immigrants and refugees)
☐ Risk of homelessness
☐ Risk/experiencing mental health issues
☐ Risk/experiencing physical health issues
☐ Women
☐ Workers in the informal labour market
Other:

Briefly describe your strategies in serving Healthy Aging's priority populations, as described above (250 words max):

_____
_____
_____

Please indicate the age range(s) of the populations you intend to serve in this program:

☐ <55
☐ 55-64
☐ 65-74
☐ 75-84
☐ 85+

Please select all the following sub-populations you plan to serve:

***Indigenous Peoples:
☐ Indigenous: First Nations
☐ Indigenous: Inuit
☐ Indigenous: Métis
☐ Indigenous: On-Reserve
☐ Indigenous: Off-Reserve and away-from-home

***Represented Communities:
☐ Black
☐ East Asian (e.g. Chinese, Japanese, or Korean)
☐ Latin, Central, or South American
☐ South Asian
☐ Southeast Asian (e.g. Vietnamese, Filipino)
☐ West Asian/Middle Eastern (e.g. Iranian, Afghan)
☐ White

Groups not otherwise mentioned: _____

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2.4 GEOGRAPHIC SERVING REGION(S)

Please select the service delivery area(s) – please select all that apply:
- ☐ Urban
- ☐ Rural
- ☐ Remote

Please select <u>all the regions</u> you plan to serve in this program:

Central & Northern Vancouver Island
- ☐ Alert Bay
- ☐ Campbell River
- ☐ Comox
- ☐ Courtenay
- ☐ Cowichan Valley
- ☐ Denman Island
- ☐ Duncan
- ☐ Gibsons
- ☐ Gold River
- ☐ Hornby Island
- ☐ Ladysmith
- ☐ Nanaimo
- ☐ Parksville
- ☐ Port Alberni
- ☐ Port Alice
- ☐ Port Hardy
- ☐ Port McNeill
- ☐ Powell River
- ☐ Qualicum
- ☐ Royston
- ☐ Sayward
- ☐ Sointula
- ☐ Tahsis
- ☐ Tofino
- ☐ Ucluelet
- ☐ Union Bay
- ☐ Woss
- ☐ First Nation Reserves/Treaty Settlement Lands
  - If selected, please specify in the open text box below.
- ☐ Towns/Villages not listed
  - If selected, please specify in the open text box below.

Lower Mainland, Sea to Sky, & Fraser Valley
- ☐ Abbotsford
- ☐ Burnaby
- ☐ Chilliwack

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☐ Coquitlam
☐ Delta
☐ Langley City
☐ Langley Township
☐ Maple Ridge
☐ New Westminster
☐ North Vancouver City
☐ North Vancouver District
☐ Pitt Meadows
☐ Port Coquitlam
☐ Port Moody
☐ Richmond
☐ Squamish
☐ Surrey
☐ Vancouver
☐ West Vancouver
☐ Whistler
☐ White Rock
☐ First Nation Reserves/Treaty Settlement Lands
      If selected, please specify in the open text box below.
☐ Towns/Villages not listed
      If selected, please specify in the open text box below.

Northern British Columbia
☐ Burns Lake
☐ Chetwynd
☐ Dawson Creek
☐ Fort Nelson
☐ Fort St. James
☐ Fort St. John
☐ Fraser Lake
☐ Granisle
☐ Hazelton
☐ Houston
☐ Hudson's Hope
☐ Kispiox
☐ Kitimat
☐ Mackenzie
☐ McBride
☐ New Hazelton
☐ Prince George
☐ Prince Rupert
☐ Quesnel
☐ Smithers
☐ Terrace
☐ Tumbler Ridge

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☐ Valemount
☐ Vanderhoof
☐ First Nation Reserves/Treaty Settlement Lands
      If selected, please specify in the open text box below.
☐ Towns/Villages not listed
      If selected, please specify in the open text box below.

Southern Interior
☐ Armstrong
☐ Castlegar
☐ Cranbrook
☐ Enderby
☐ Fernie
☐ Grand Forks
☐ Greenwood
☐ Kelowna
☐ Keremeos
☐ Kimberley
☐ Nelson
☐ Oliver
☐ Osoyoos
☐ Penticton
☐ Princeton
☐ Revelstoke
☐ Rossland
☐ Salmon Arm
☐ Trail
☐ Vernon
☐ West Kelowna
☐ First Nation Reserves/Treaty Settlement Lands
      If selected, please specify in the open text box below.
☐ Towns/Villages not listed
      If selected, please specify in the open text box below.

Southern Vancouver Island
☐ Esquimalt
☐ Galiano Island
☐ Pender Island
☐ Saanich
☐ Salt Spring Island
☐ Saturna Island
☐ Sooke
☐ Victoria
☐ First Nation Reserves/Treaty Settlement Lands
      If selected, please specify in the open text box below.
☐ Towns/Villages not listed

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If selected, please specify in the open text box below.

Thompson-Nicola-Cariboo
- ☐ 100 Mile House
- ☐ Ashcroft
- ☐ Barriere
- ☐ Clearwater
- ☐ Kamloops
- ☐ Lillooet
- ☐ Logan Lake
- ☐ Lytton
- ☐ Merritt
- ☐ Williams Lake
- ☐ First Nation Reserves/Treaty Settlement Lands
  - If selected, please specify in the open text box below.
- ☐ Towns/Villages not listed
  - If selected, please specify in the open text box below.

Please specify all communities (cities, towns, villages, municipalities, regional districts, First Nations Reserves, and Treaty Settlement Lands) that fall within your program's service delivery area. Please be as detailed as possible:

_____

_____

_____

SECTION 3: FINANCIAL INFORMATION

All number fields should include numbers only. No commas or $ symbols should be entered.

PROPOSED BUDGET – USE OF UWBC FUNDS

Proposed Budget – 2025-2026 Transportation Supports & Innovations - Use of UWBC Funds (account of UWBC funds only)
• Minimum $10,000 – Maximum $100,000

Line	Item	Description	Proposed amount ($)	Actual amount ($)	Side
50	UWBC funds	Amount requested and approved from UWBC.	Data validation		Income
102	UWBC funds remaining from prior year (2024-25)	Include the entire amount of UWBC Transportation Supports & Innovations funds that your program is carrying forward from 2024-25.			Income

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		For details, please refer to the applicable year's LOA and corresponding schedule.			
108	Participant fees	Participant fees that contribute towards your AIM program.			Income
150	Administration	Include any amount **up to 12% of Line 50.**	Data validation		Expense
200	Salaries/benefits	May include: • Program staff – coordinators • Program staff - service providers			Expense
300	Volunteer costs	May include: • Recognition activities/events • Volunteer training/capacity building • Criminal record checks for volunteers • Honoraria **Note:** Travel reimbursement for volunteers should be listed under 'Travel – staff & non-staff' **Line 600**.			Expense
350	Honoraria	Non-volunteer honoraria			Expense
400	Contractor/consultant fees	Contractor fees for service delivery.			Expense

500	Program expenses*	May include:
		• Gas
		• Insurance
		• Meeting supplies
		• Capacity building/training for program staff
		• Marketing/public awareness
		   o Design and printing/copying brochures
		   o Paid advertisements (print, radio, televised, online)
		   o Community resource guides and distributions
		   o Presentations and events in community
		   o Host organization newsletters, websites, social media
		   o Mail-outs
		
		Note: Do not include capital costs such as acquisition of
					Expense

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		physical assets such as vehicles, databases, property, buildings, and/or equipment.		
600	Travel – staff & non-staff	May include: • Volunteer mileage/travel reimbursements • Contractor travel		Expense
640	Vehicle maintenance or enhancement	May include: • Vehicle maintenance and/or inspection costs • Equipment costs for retrofits/refurbishment of existing vehicle		Expense
700	Other expenses*	***Provide breakdown in the Comments section below**		Expense
	Total Income		Auto-calculation	
	Total Expenses		Auto-calculation	
	Surplus/Deficit	**Note:** This proposed budget **must balance**.	Auto-calculation	
	Comments: PLEASE PROVIDE A DETAILED BREAKDOWN OF YOUR ADMINISTRATION (including rent, if applicable), PROGRAM EXPENSES AND OTHER EXPENSES HERE.			

SECTION 4: SUPPLEMENTAL INFORMATION

4.1 ADDITIONAL COMMENTS – OPTIONAL

_____
_____
_____

4.2 ADDITIONAL ATTACHMENTS (ATTACH DOCUMENTS) – OPTIONAL
Upload any other documents you wish to append to your application.

Please use this naming protocol for your file: (Variable) GrantName Year_Your Agency Name

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