



Information Session

Call for Proposals

January 14, 2026

WORKING WITH COMMUNITIES IN PRESCOTT-RUSSELL, OTTAWA, LANARK AND RENFREW COUNTIES

Land Acknowledgement



United Way East Ontario operates on the traditional, unceded territory of the Algonquin Anishinaabe Nation. We recognize and honour their enduring stewardship of these lands and waters—now known as East Ontario—and their leadership in preserving them for future generations.

We also acknowledge that this region is home to many diverse First Nations, Inuit, and Métis peoples, whose histories, cultures, and resilience continue to shape our communities. Moving forward, we remain committed centering Indigenous wisdom, teachings, and self-determination in our work. We understand that reconciliation is an ongoing journey—one that requires active listening, ethical partnerships, and a dedication to truth, equity, and mutual care.

Agenda



- 1) Welcome & Introductions
- 2) Purpose of this session
- 3) Focus Areas and Strategic Priorities
- 4) Why Results Matter
- 5) Data Collection

Our Mission, Vision & Promise



Bringing people and resources together for a strong,
safe, healthy community for all

That our community is measurably better because of the
work of United Way East Ontario and others

That we will invest resources where they are needed the
most and where they will have the greatest impact.

Focus Areas



All That Kids Can Be



From Poverty to Possibility



Healthy People, Strong
Communities

Important Update for 2026



All programs, regardless of catchment area will apply to a strategic priority.

In previous years, some programs applied to a strategic priority and others applied to the focus area, depending on their location. This change streamlines the application process for agencies as well as assessors.

Strategic Priorities



| | |
|--|---|
| School Readiness | Healthy and resilient children ready to learn |
| Critical Hours | Engaged and active children and youth |
| Youth Homelessness | Children & youth experiencing homelessness receive support |
| Mental Health & Addictions | People experiencing mental health and / or addictions challenges have access to coordinated community-based supports |
| Successful Aging | To improve the well-being of seniors by reducing the factors that lead to isolation & vulnerability while respecting their independence |
| Strong Neighbourhoods | To build healthy and vibrant communities by increasing equity social cohesion, and inclusion |
| Crisis Support | Ensure people in crisis have access to coordinated and immediate supports |
| Employment for Newcomers | Improve employment & labour market outcomes for newcomers |
| Employment for People with Disabilities | Improve employment & labour market outcomes for people with disabilities |
| Beginnings and Transitions | Community members have access to literacy and skills development to improve employment and overcome barriers |
| Agency Capacity Building | Strengthening organizations so they have a greater capacity to meet community needs and change more lives |

Examples



- After school homework club ⇒ **Critical Hours**
- Crisis hotline for adults experiencing gender-based violence ⇒ **Crisis Supports**
- Mental health counselling for children ⇒ **Mental Health and Addictions**
- Employment skills workshops (resume writing, interview skills, etc.) for rural residents ⇒ **Beginnings and Transitions**
- A skills building training for boards of directors offered to social services agencies in Ottawa ⇒ **Agency Capacity Building**



Why Results Matter

WORKING WITH COMMUNITIES IN PRESCOTT-RUSSELL, OTTAWA, LANARK AND RENFREW COUNTIES

Results Based Accountability



More kids *must be* on track to succeed

More people *must be able to* achieve financial independence and stability

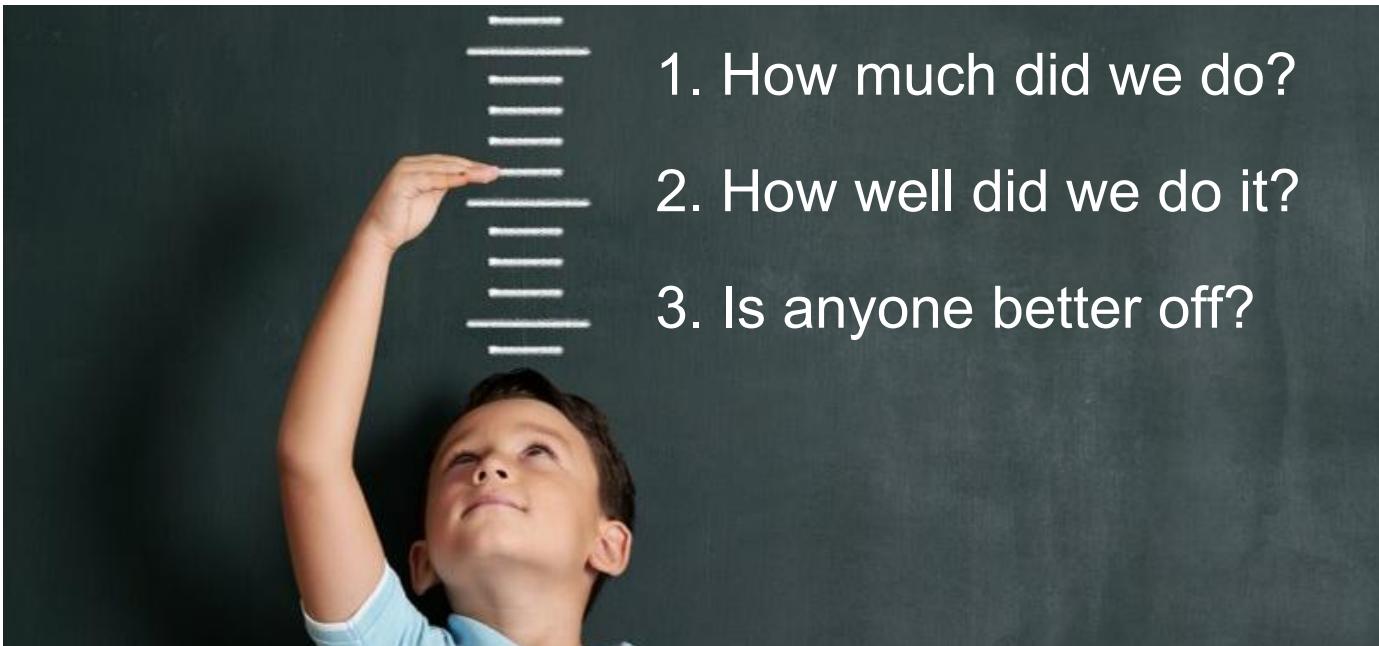
Our community *must be* great for everyone by improving equity, connections, and well-being

All That Kids Can Be

Poverty to Possibility

Healthy People, Strong Communities

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?



Focus Areas



All That Kids Can Be



From Poverty to Possibility



Healthy People, Strong
Communities

How much did we do?



More kids *must be* on track to succeed

More people *must be able to* achieve financial independence and stability

Our community *must be* great for everyone by improving equity, connections, and well-being

All That Kids Can Be

- ✓ 16 collaborations and initiatives
- ✓ 45 programs
- ✓ 42 community agencies
- 19,857 unique individuals were supported
- 1,611 people volunteered over 97,690 hours with our agency partners

Poverty to Possibility

- ✓ 49 collaborations and initiatives
- ✓ 14 programs
- ✓ 14 community agencies
- 4,912 unique individuals were supported
- 180 people volunteered over 8,814 hours with our agency partners

Healthy People, Strong Communities

- ✓ 40 collaborations and initiatives
- ✓ 56 programs
- ✓ 50 community agencies
- 77,583 unique individuals were supported
- 2,752 people volunteered over 190,232 hours with our agency partners



More kids *must* be on track to succeed



All That Kids Can Be



- > Healthy & resilient children ready to learn
- > Children successful in school
- > Engaged & active children & youth
- > Children & youth have access to mental health and addiction support to improve mental health
- > Youth housing needs are met

| THE OUTCOMES | IMPACT | | THE RESULTS | |
|--|--------|--|---|--|
| Children ready to learn | 97% | of people reported increased confidence in their parenting ability that supported the achievement of developmental milestones. | 611 | Families/caregivers served that are provided with information, resources, tools, trainings, and/or teaching skills |
| Engaged and active children and youth | 83% | of middle/high school aged youth developed soft skills like teamwork, problem-solving, and communication. | 3,294 | youth served who participate in school and/or community-based out-of-school time programs and/or receive individualized supports |
| Resilient Children and youth | 82% | Of children and youth reported improved emotional well being | 2,913 | children and youth reported improved emotional wellbeing. |
| Children and youth have improved mental health | 65% | of children and youth have improved mental health outcomes and developed positive coping strategies. | 467 | children and youth reported improved emotional wellbeing and developed positive coping strategies. |
| Youth housing needs are met | 87% | of youth living in emergency shelters or transitional housing receive supports to live independently | 132 | youth living in emergency shelters or transitional housing receive supports to live independently |
| Children and youth are successful in school | 9,700 | | 9,700 children and youth worked towards achieving academic goals outside of school. | |

POVERTY TO POSSIBILITY



More people *must be able* to achieve financial independence and stability

Poverty to Possibility

- > Improve employment for newcomers
- > Improve employment for disabled persons
- > People in financial crisis receive supports
- > Youth are supported in their transition to employment
- > Rural residents have access to literacy and skills development

| THE OUTCOMES | THE IMPACT | | THE RESULTS | |
|---|------------|---|-------------|---|
| Engagement in the labour market | 47% | Supported individuals who gain employment | 1,459 | Supported individuals who gain employment |
| Newcomers are engaged in the labour market | | 296 | | newcomers found employment |
| People with disabilities are engaged in the labour market | 47% | of job seekers with disabilities found employment | 1,172 | job seekers with disabilities found employment |
| Equity deserving groups are engaged in the labour market | | 284 | | employers increased their knowledge of barriers faced by priority populations |
| Youth are supported in their transition to employment | | 108 | | of homeless or at-risk rural youth enrolled in an education program, secondary school, or job training program. |
| People in financial crisis receive supports | | 1,791 | | people in financial crisis received financial services and supports |



Our community *must* be great for everyone by improving equity, connections, and well-being



Healthy People, Strong Communities



- > Agencies have the capacity to meet community needs
- > Healthy communities through increased equity, social cohesion, & inclusion
- > Community supports for mental health & addictions
- > Adults in crisis have access to immediate supports
- > Seniors have improved wellbeing and are less isolated

| THE OUTCOMES | THE IMPACT | | THE RESULTS | |
|--|------------|---|-------------|---|
| People in crisis have access to immediate supports | 86% | of individuals achieved their crisis counselling goals. | 39,397 | individuals received crisis supports |
| Seniors have improved wellbeing and are less isolated | 77% | of seniors reported decreased isolation | 899 | seniors reported decreased isolation |
| Neighbourhoods achieve positive change | | 3,986 | | residents coming together to engage on issues of shared importance |
| Adults have access to mental health and addiction supports | 83% | of clients saw an improvement to their mental health | 8,978 | of clients had access to mental health and addiction supports |
| Individuals have access to healthy foods and physical activity | 86% | children served who eat healthier, increase their physical activity, and/or move towards a healthy weight | 4,107 | Children and youth participating in physical activity and/or healthy food access/nutrition programs |

Measure Program Impact



- United Way East Ontario report on the wider impact of our collective work. **UWEO measures population accountability**
- Agency partners report on the impact of their program. **Agencies measure program accountability**

Three Questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?



Data Collection

WORKING WITH COMMUNITIES IN PRESCOTT-RUSSELL, OTTAWA, LANARK AND RENFREW COUNTIES

Data Collection



- The data helps to explain the impact of the program '*what works, for whom, to what extent, and in what circumstances?*'
- Your data should tell the story of how a program's activities have met its goals and fulfills its intended purpose.
- This data should help you! Previously funded agencies have used their data collection to:
 - Show program efficacy for other grant applications
 - Track client demographics and adjust programming to meet their needs
 - Provide additional tutoring in specific academic areas where children showed need

Data Collection



- We use your data locally (Impact Report), roll it up to United Way Canada, as well as for United Way Worldwide (Global Results Framework)
- Your program's story factors into our decision making, so choose indicators and collect data that accurately portrays the program that is being measured.
- **Remember:** It is not the number of indicators, but the quality of the information

Output and Outcome Indicators



- **Output Indicators**
 - Outputs measure quantities produced by the activity
 - Examples: number of clients served, number of hours of programming delivered
- **Outcome Indicators**
 - Outcomes measures broader results achieved through provision of services at the program or project level, or the value added
 - Examples: percentage of clients reporting improved mental health, percentage of students meeting academic benchmarks

Required, Optional, and Custom Indicators



- **Required Indicators**
 - The indicators are for all programs funded under the strategic priority.
 - Complete these indicators and provide any additional information noted.
- **Optional and Custom Indicators**
 - You may provide indicators in addition to the required indicators.
 - You can choose from our list of additional indicators
 - You can opt to use custom indicators if your program does not align with the provided indicators

Examples



| SP | Type | Indicator Description | Unit of Measure | Definition | Method | Required/Optional |
|------------------|---------|--|-----------------|--|---|-------------------|
| Successful Aging | Outcome | Caregivers report reduced feelings of isolation/stress | Percent | Caregivers report that their stress/isolation level has reduced by one level on the Likert Scale as a result of respite support. Data collection: survey of a representative sample of clients | Administer pre-service and mid-service (and/or post-service) questionnaires (with a 6-point Likert scale) to client. Calculation: clients demonstrating at least a 1/6 scale improvement divided by clients completing both pre-and mid/post-service surveys. | Required |
| Successful Aging | Outcome | Client ability to live independently is improved | Percent | Clients report that agency provided services improved their ability to live independently by at least one point on a Likert scale (a predetermined index set by the agency) | Administer pre-service and mid-service (and/or post-service) questionnaires (with a 6-point Likert scale) to client. Calculation: clients demonstrating at least a 1/6 scale improvement divided by clients completing both pre-and mid/post-service surveys. | Required |
| Successful Aging | Outcome | Client awareness of community, social and health resources is improved | Percent | As a result of being coached or attending presentations, clients report increased knowledge of senior support services and community, social, and health resources. | Administer pre-service and mid-service (and/or post-service) questionnaires to client. Calculation: average number of services/resources spontaneously named by participants initially/ average number of services/ resources spontaneously named mid/post-participation. An average of all clients' improvement percentages would be the result. | Required |
| Successful Aging | Outcome | Clients report improved feelings of well-being | Percent | Overall physical, health, mental, social and emotional well-being of senior participants improves by self-report. | Administer pre-service and mid-service (and/or post-service) questionnaires (with a 6-point Likert scale) to client. Calculation: clients demonstrating at least a 1/6 scale improvement divided by clients completing both pre-and mid/post-service surveys. | Required |
| Successful Aging | Outcome | Clients report reduced feelings of isolation /loneliness | Percent | Clients show improved results based on average responses to a series of questions designed to elicit feelings about loneliness/isolation. | Administer pre-service and mid-service (and/or post-service) questionnaires (with a 6-point Likert scale) to client. Calculation: clients demonstrating at least a 1/6 scale improvement divided by clients completing both pre-and mid/post-service surveys. | Required |



Examples

| SP | Type | Indicator Description | Unit of Measure | Definition | Method | Required/Optional |
|------------------|---------|--|-----------------|---|---|-------------------|
| Successful Aging | Output | Clients attending Social, recreation, fitness and/or networking activities | Number | Number of clients attending social, recreation, and networking activities. (Agency can further specify type of clients e.g. French speaking, immigrant, intellectual disabilities etc...) | Count of clients with social, recreation, and networking activities from internal records. Each client is counted maximum once per year | Optional |
| Successful Aging | Output | Clients participating in outreach programs from their homes | Number | Number of clients participating in outreach/services that are provided in their home either in person or using technology | Number of clients provided with outreach/services in their homes from internal records. Each individual is counted no more than once per year | Optional |
| Successful Aging | Output | Clients provided with caregiver respite support | Number | Number of clients provided with caregiver respite support | Number of clients from internal records. Each client is counted maximum once per year | Optional |
| Successful Aging | Outcome | Participants remain living in the home of their choice | Percent | Gaining access to quality services/ awareness of other support systems help clients maintain independence and age in place | Established by a follow up of all clients to determine their living situation after one year (or a sample of clients - minimum 30). Clients remaining in their homes / divided by all clients served (or total sample). | Optional |
| Successful Aging | Output | Unique Clients provided with transportation | Number | Number of clients provided with transportation at least one time throughout the year for shopping, dr. visits etc... (Agency can further specify type of clients e.g. French speaking, immigrant, intellectual disabilities etc...) | Number of clients provided with transportation from internal records. Each individual is counted no more than once per year. | Optional |

Examples



1. Caregivers report reduced feelings of isolation/stress (%)

Caregivers report that their stress/isolation level has reduced by one level on the Likert Scale as a result of respite support. Data collection: survey of a representative sample of clients

Annual Target

%

Frequency/Timing

Method to data collection or calculation

Administer pre-service and mid-service (and/or post-service) questionnaires (with a 6-point Likert scale) to client.
Calculation: clients demonstrating at least a 1/6 scale improvement divided by clients completing both pre-and mid/post-service surveys.

Data Source

Person(s) responsible for data collection

Post Award



- Successful applicants will have the opportunity to confirm or update their targets based on the final award amount.
- Final program report results will be compared against these updated indicators at the end of the program year.

Program Evaluation Resources



1. **The Common Approach**
<https://www.commonapproach.org/>
2. **Better Evaluation**
<https://www.betterevaluation.org/>
3. **Clear Impact**
<https://clearimpact.com/solutions/results-based-accountability-resource-library/>
4. **How to Create a Program Evaluation for Your Non-Profit**
<https://www.coursera.org/projects/program-evaluation-non-profit>



Questions?