



File No.: 1070-20/WKWA

April 7, 2000

Keitha Patton and Katya Hayes, Chairpersons
West Kootenay Women's Association
420 Mill Street
Nelson, British Columbia V1L 4R9

Dear Keitha Patton and Katya Hayes:

Re: 2000/2001 OPERATIONAL FUNDING AGREEMENT

The Operational Funding Agreement that the Ministry of Women's Equality has with your organization expires on June 30, 2000. As you are aware, the Ministry is in the process of establishing a Provincial Reference Group with Women's Centres to consult on the draft Component Schedule in preparation for establishing Continuing Agreements. We anticipate this process to commence in the Spring of this year, therefore we are suggesting that we renew your Operational Funding Agreement to ensure that services remain stable throughout this process.

The new Operational Funding Agreement needs to be in place by July 1, 2000. To facilitate the renewal process, the Ministry requests that you **forward the following documentation by May 15, 2000:**

- A **letter** requesting renewed operational funding for 2000/2001;
- A **budget** for the year 2000/2001 using the enclosed format. The operational funding period is from July 1, 2000 to June 30, 2001; and
- A **schedule** (on the enclosed form) outlining the activities of your organization, related specifically to Women's Equality operational funding, planned for the 2000/2001 funding period. **Please remember that this list will become the Schedule of Activities in your Operational Funding Agreement with the Ministry of Women's Equality. As such, it needs to:**
 - i) clearly identify the activities which will be funded by the Ministry of Women's Equality Women's Centre funding. (Do not include activities funded by other sources. If you have a major project co-funded by Status of Women Canada, show that event as co-funded);
 - ii) present your activities in a way which makes them concrete and measurable; and
 - iii) include information about your agency's hours of operation.

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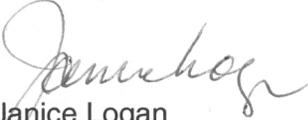
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Please send these documents directly to our office. We will process your request and forward two copies of the Operational Funding Agreement to you for your signature.

In addition, please forward financial statements for your organization to this office no later than three months following your fiscal year-end. Please note that failure to submit this information on time may affect future payments.

If you need further clarification, please call me at 250/354-6768.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janice Logan".

Janice Logan
Regional Program Coordinator

Encl.

SCHEDULE OF ACTIVITIES

SERVICES/PROGRAM INFORMATION

1. Accessibility of Services

The Ministry of Women's Equality maintains the principle that all services and activities should be available and accessible to all women who choose to use them. Women with disabilities, visible minority and immigrant women, First Nations women, lesbians, adolescent and senior women have unique needs and face additional barriers. Please describe what you will do in the coming year to increase inclusion of and accessibility for the above groups of women to your services.

2. Operational Funding: Objectives for the Funding Period

Under the following Service Categories, please indicate, in point form, the specific measurable objectives planned by the Centre towards meeting the overall goals of your organization during the next year.

2.1 Community Coordination and Leadership

This category refers to linking with government and community services to facilitate an effective community response to women's needs and leading or participating in shared leadership on initiatives to improve services for women in the community.

2.2 Information and Outreach Services

This category involves identifying and sharing information on services and resources for women (particularly those women who are victims of violence), promoting them locally, and operating additional information programs, as needed.

2.3 Awareness and Prevention Services

This category involves developing and implementing:

- strategies to raise the level of community commitment to eliminating violence against women, and
- awareness/public education programs in other areas related to the social, economic and legal equality of women.

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BUDGET INFORMATION
Proposed Annual Budget for Operation of a Women's Centre

Revenues - Indicate revenue sources confirmed with an asterisk(*)

Ministry of Women's Equality Operational Funds		<u>\$42,778.04</u>
Other Provincial Ministries: Specify	_____	_____
	_____	_____
Federal Government: Specify Department	_____	_____
Contributions/Donations		_____
Fees		_____
Other Fundraising: Specify:	_____	_____
	_____	_____
Total Revenues		<u>\$ _____</u>

<u>Expenses</u>	<u>Other Funders</u>	<u>MWE Portion</u>	<u>Total</u>
1. Personnel: Salaries**	\$ _____	\$ _____	\$ _____
2. Benefits	_____	_____	_____
3. Contractors	_____	_____	_____
4. Rent	_____	_____	_____
5. Utilities	_____	_____	_____
6. Maintenance	_____	_____	_____
7. Telephone/Fax	_____	_____	_____
8. Equipment Rental/Lease	_____	_____	_____
9. Office Supplies	_____	_____	_____
10. Postage	_____	_____	_____
11. Photocopying	_____	_____	_____
12. Other Materials/Resources	_____	_____	_____
13. Publicity/Promotion	_____	_____	_____
14. Audit/Accounting	_____	_____	_____
15. Travel	_____	_____	_____
16. Professional Development	_____	_____	_____
17. Organizational Support	_____	_____	_____
18. Child Care	_____	_____	_____
19. Special Projects	_____	_____	_____
20. Other: Specify _____	_____	_____	_____
	_____	_____	_____
Total Expenses	<u>\$ _____</u>	<u>\$42,778.04</u>	<u>\$ _____</u>

Surplus (Deficit)

** Please itemize individual positions and salaries on the next page.



Schedule of Salaries

<u>Position Title</u> (No names please)	<u>Hourly Wage</u>	<u>No. Hours/Week</u>	<u>Annual Salary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hours of Operation

The Centre is opened and accessible to the public for _____ hours per week/month.

Certification

We, the undersigned directors, certify on behalf of the organization that all of the information stated above is true and correct and that the submission of this application has been approved by the Board of Directors.

Director #1

Director #2

(Both directors should have financial signing authority)

Name:

(PLEASE PRINT)

(PLEASE PRINT)

Title:

Address:

Phone (b):

Phone (h):

Signature:

Date:
