Northern Health Grant Application 2019



IMAGINE: Community Grants

“Health Happens in Communities”

**PART A: WHO, WHERE & WHEN**

**Name of Organization:** Click here to enter text.

**Mailing Address**: Click here to enter text.

**City:** Click here to enter text. **Postal Code**: Click here to enter text.

**Primary Contact Person:** Click here to enter text.

**Primary Contact Phone Number:** Click here to enter text.

**Primary Contact Email:** Click here to enter text.

**Secondary Contact Person(s):** Click here to enter text.

**Secondary Contact Phone Number(s):** Click here to enter text.

**Secondary Contact Email(s):** Click here to enter text.

**\*Please Note: Only primary contacts will receive communication regarding this application. Should the primary contact change following submission, please contact us at** [**Imagine.Grants@northernhealth.ca**](mailto:Imagine.Grants@northernhealth.ca)**.**

**PROJECT NAME**: Click here to enter text.

**Project Start Date**: Click here to enter text. **Project End Date:** Click here to enter text.

**\*Please Note: Funds from this intake must be spent no later than June 1, 2020**

**Has your organization or group received IMAGINE grant funding in the past?** YES NO

If yes, please list the name of project(s) and the year(s): Click here to enter text.

**Please provide a brief description of your group/organization:**

Click here to enter text.

**PART B: WHAT, WHY & HOW**

**Please describe in detail the goal(s) of your IMAGINE grant project. Tell us what you want to achieve, share your vision:**

Click here to enter text.

**Please describe in detail how you plan to reach your goal(s), including any specific activities and steps you will take to achieve your goals. What exactly are you going to do?**

Click here to enter text.

**What are your plans to sustain (continue) the impacts, effects, and value of this project beyond this one-time grant funding?**

Click here to enter text.

**Projects supporting health in communities should be as inclusive as possible. The BC Centre for Disease Control defines Health Equity as follows:**

*“Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance.”*

**For example, a person with low income is more likely to live in unsafe housing and experience food insecurity.**

**Based on this definition, does your project seek to break down barriers to health that people in your community face? If so, please explain how. Be as detailed and specific as possible:**

Click here to enter text.

**Where will your project take place? (Select ONE):**

One Community (Identify): Click here to enter text.

Two Communities (Identify): Click here to enter text.

Multiple Communities (Identify): Click here to enter text.

**Where appropriate, have steps been taken to ensure partnership with the communities that your project will affect? If yes, please explain:**

Click here to enter text.

**Please estimate the number of people who will be affected by this project. Exact numbers are not required, a rough estimate is sufficient. (Select ONE):**

☐ 0 – 100 People ☐ 101 – 1000 People ☐ Over 1,000 People

**Please describe and partners, and what their roles in your project will be. Partners cannot be part of your organization. Example: If a teacher is applying they cannot list another teacher in another department as a partner. Please include letters of support if possible:**

Click here to enter text.

**What will the PRIMARY focus area of your project be? (Select ONE):**

Healthy Eating  Road Health

Community Food Security  Physical Activity/Active Living

Injury Prevention Smoke & Vape-Free Communities

Positive Mental Health  Healthy Aging

Prevention of Substance Harms  Healthy Early Childhood Development

Healthy School Action  Other (specify): Click here to enter text.

**Please identify any SECONDARY focus areas that will be addressed by your project. (Select all that apply):**

Healthy Eating  Road Safety

Community Food Security  Physical Activity / Active Living

Injury Prevention (Safety) Smoke & Vape-Free Communities

Positive Mental Health  Healthy Aging

Prevention of Substance Harms  Healthy Early Childhood Development

Healthy School Action  Other (specify): Click here to enter text.

**Please identify the target population(s) that your project aims to DIRECTLY affect. *(Select all that apply):***

Pre-Natal & Maternal Health Early Years (0-6)

Youth (7 – 18) Men

Women Older Adults / Elders

Families / Multigenerational Substance Users

Persons with Disabilities Persons with Chronic Conditions

Frail Elderly  Low Income

LGBTQ2S+  New Immigrants & Refugees

Indigenous Peoples  All Community Members

Other

If other, please list: Click here to enter text.

**Please describe, as specifically as possible, how your project will affect each identified population group:**

Click here to enter text.

**PART C: PROJECT BUDGET**

**1. Total cost of project:** Click here to enter text.

**2. Expected funding from other sources:** Click here to enter text.

**3. Expected in-kind (free) contributions:** Click here to enter text.

**Total IMAGINE grant money requested for project ($5,000 max):** Click here to enter text.

|  |  |
| --- | --- |
| **1. What will you spend on this project?**  ***(Please provide specific details on ALL anticipated costs for the ENTIRE project, including IMAGINE funds, other funding sources, in-kind donations, etc)*** | |
| **EXPENSE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **2. What funding will you receive from sources other than the IMAGINE Community Grants program? Please indicate if any funds are unconfirmed.**  ***(i.e. government agencies, NGO’s, donations, other granting funds)*** | |
| **SOURCE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **3. What in-kind (free) supports will you receive from other sources?**  ***(i.e. volunteer hours, donated space, equipment, use of vehicles, etc.)*** | |
| **SUPPORTS** | **VALUE** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **4. How will the grant funding from Northern Health be spent on this project?**  **(Please be specific and keep in mind our funding criteria and limitations. Please note that honorariums will be considered on a case-by-case basis)** | |
| **BREAKDOWN** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

**PART D: MULTI-PHASE PROJECTS**

IMAGINE will consider support for multi-phase projects. Projects can have up to 4 phases, over a maximum of 4 years. We will not fund the same set of activities more than once. Multi-phase projects must have specific goals and activities in each phase, building to a larger overall project. Please note, funding for one phase of a project **does not** guarantee funding for all phases**:** applications for each stage of funding will be considered separately. **This section applies ONLY to multi-phase projects.**

**How many phases are planned to complete your project? Please select one:**

2 Phases  3 Phases  4 Phases  More than 4 Phases

**How long will it take to complete all phases of your project? Please select one:**

1 Year  2 Year  3 Years  4 Years  More than 4 Years

**Please describe, in as much detail as possible, all phases of your project. Complete only for applicable phases, EG: If your project has 2 phases, complete only Phase 1 and Phase 2:**

**Phase 1:** Click here to enter text.

**Phase 2:** Click here to enter text.

**Phase 3:** Click here to enter text.

**Phase 4:** Click here to enter text.

**Have you received funding for previous phases of this project from IMAGINE? If yes, please identify the phases and the year and season that the funding was approved, EG Fall, 2018:**

Click here to enter text.

**PART E: ADDITIONAL INFORMATION**

Please provide any additional information you would like us to review in consideration of your application and ensure you attach it to the email when you submit. This can include diagrams, articles, PowerPoint presentations, reports, pictures, stories, etc. **Letters of support from project partners or community members and cost quotes for items to be purchased are strongly encouraged.**

Click here to enter text.

**PART F: SUBMITTING YOUR GRANT APPLICATION**

If submitting this application electronically or by fax, you will receive an email confirmation within 48 hours. Please contact us by phone or email if you do not receive confirmation.

**Email:**

[Imagine.grants@northernhealth.ca](mailto:Imagine.grants@northernhealth.ca)

**Contact information:**

Healthy Community Development - Community Granting

Centre for Healthy Living

1788 Diefenbaker Drive

Prince George, BC V2N 4V7

Phone: 250-565-2131

Fax: 250-612-0810

**What can we do better?**

Please take a second to tell us about your experience applying for an IMAGINE Community Grant. We want IMAGINE to work for you, so if any part of the process didn’t work, let us know so we can try to fix it!

Click here to enter text.

**Any Questions?**

We have done our best to create an application that is easy to fill out and assists Northern Health and our IMAGINE Community Grant recipients to learn from their projects. **Please ensure that the application is fully completed, and that your project is explained as clearly as possible.** In order to fairly evaluate your application, it is very important that the screening committee can fully understand your proposal. If you have any questions or need more information prior to submitting your application, please do not hesitate to contact us by email or phone and we will be happy to help.

**Please be advised that a signed contract letter between Northern Health and each successful applicant will be required before release of funds. A final evaluation report will be required upon completion of the project (date will be determined and shared with all applicants). If you have been successful for previous grant funding, please be sure that all past evaluation reports have been submitted, otherwise your current application may not be accepted for grant funding.**

*Northern Health collects, stores and shares your personal information under the authority of the Freedom of Information and Protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially and stored securely. If you have any questions, please contact Northern Health’s Privacy Office at 250-565-5822.*