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.

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

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

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

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

**Community where project will take place:** Click here to enter text.

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

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

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

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

Click here to enter text.

**Who will be responsible for your grant funding?**

Click here to enter text.

**Please list the external partners (not from your group/organization) that will be involved in this project, including roles and responsibilities:**

Click here to enter text.

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

**Please describe the goal(s) of your IMAGINE grant project:**

Click here to enter text.

**Why is this project needed in your community? What will be the benefit(s) to community members?**

Click here to enter text.

**What is (are) the target population groups that you aim to reach through your project efforts? *(Please check all that apply)***

[ ] Indigenous People [ ] Early Years (0-5) [ ] Families [ ] Men

[ ] Multi-Generational [ ] New Immigrants [ ] Seniors/Elders [ ] Women [ ] Youth[ ] Other

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

**What will your project focus on to improve the health and wellness of your community? (Please check all that apply):**

[ ]  Healthy Eating and Food Security [ ]  Physical Activity/Active Living

[ ]  Injury Prevention [ ] Tobacco-Free Communities

[ ]  Positive Mental Health [ ]  Healthy Aging

[ ]  Prevention of Substance Harms [ ]  Healthy Early Childhood Development

☐ Healthy School Action

**Please describe in detail the activities you have planned to reach your goal(s):**

Click here to enter text.

**What are the plans to sustain (continue) this project beyond this one-time grant funding?**

Click here to enter text.

**PART C: PROJECT BUDGET**

|  |
| --- |
| **1. What will you spend on this project?*****(Please provide specific details on anticipated costs for the entire cost of the project)*** |
| **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 other sources?*****(i.e. service clubs, 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. |

**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.

**PART D: 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 E: 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

**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

**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. 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.