

2020 Grant Application

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| **Part A: Who, where and when** | | | | | | |
| **Name of Organization** | **Mailing Address:** | | **City:** | | **Postal Code:** | |
| **Primary Contact Person:** | **Primary Contact Phone Number:** | | **Primary Contact Email:** | | | |
| **Secondary Contact Person(s):** | **Secondary Contact Phone Number(s):** | | **Secondary Contact Email(s):** | | | |
| **\*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** | | | | **Project start date** | | **Project end date** |
| **\*Please Note: Funds from this intake must be spent no later than November 1, 2020** | | | | | | |
| **Has your organization/group received IMAGINE grant funding in the past?**  Yes No If yes, please list the name of project(s) and the year(s): | | | | | | |
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| **Part B: What, why and how** | | | | | | |
| **Please describe in detail the goal(s) of your IMAGINE grant project. Tell us what you want to achieve, share your vision:** | | | | | | |
| **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?** | | | | | | |
| **What are your plans to sustain (continue) the impacts, effects, and value of this project beyond this one-time grant funding?** | | | | | | |
| **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:** | | | | | | |



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| **Part B: What, why and how** | | |
| **Where will your project take place (Select ONE):**  One community (identify): | | |
| Two communities (identify): | |  |
| Multiple communities (identify): | | |
| **Where appropriate, have steps been taken to ensure partnership with the communities that your project will affect? If yes, please explain:** | | |
| **Please estimate the number of people who will be affected by this project. (Select ONE):**  0 - 100 people 101 - 1000 people Over 1,000 people | | |
| **Please describe any 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:** | | |
| **What will the PRIMARY focus area of your project be? (Select ONE):**  Healthy Eating Community Food Security Injury Prevention Positive Mental Health Prevention of Substance Harms Healthy School Action  Road Health Physical Activity/Active Living Smoke & Vape-Free Communities  Healthy Aging Healthy Early Childhood development Other (specify): | | |
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| **Please identify any SECONDARY focus areas that will be addressed by your project. (Select all that apply):**  Healthy Eating Community Food Security Injury Prevention Positive Mental Health Prevention of Substance Harms Healthy School Action  Road Health Physical Activity/Active Living Smoke & Vape-Free Communities  Healthy Aging Healthy Early Childhood development Other (specify): | | |
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| **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 Individuals with chronic disease Frail Elderly Low Income LGBTQ2S+  New immigrants & refugees Indigenous peoples All Community Members Other  If other, please list: | | |
| **Please describe, as specifically as possible, how your project will affect each identified population group:** | | |



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| **Part C: Project budget** |

**Please Indicate all expenses for your project in the table below, as well as all sources of funding. Complete this section as follows:**

* **For expenses, please include only items with a set cost such as materials, equipment, fees, or other fixed expenses.**
* **For funding, please identify first your requested amount of funding from the IMAGINE Community Grants Program, and then identify any other sources of funding required to cover project expenses. For funding beyond IMAGINE, please indicate whether the funds are confirmed or not.**
* **Do not include items with non-specific costs or values, such as monetized volunteer hours or labor expenses to be covered by volunteer hours.**
* **When completed, your total expenses MUST match your total funding.**

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| **Project Expenses** | | **Project Funding** | | |
| **Expense** | **Amount** | **Funding Source** | **Amount** | **Confirmed (Y/N)** |
|  |  | **Requested IMAGINE Funding** |  | **N/A** |
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| **Total Project Expenses** |  | **Total Project Funding** |  | **N/A** |

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| **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** |
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| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |



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| **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 years 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:** |
| **Phase 2:** |
| **Phase 3:** |
| **Phase 4:** |
| **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:** |
| **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.** |



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| **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 Scotia Bank  1488 4th Avenue Suite 400 Prince George, BC V2L 4Y2 **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!  **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.*