

IMAGINE

Healthy Northern Communities

HEAL * HEAL For Your HEART * HIV Prevention * Injury Prevention * RoadHealth* True North Strong & Tobacco Free

Grant Application 2012

PART A: WHO, WHERE & WHEN

Name of Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Contact Phone: _____

Contact Email: _____

What grant funding are you applying for? (CHOOSE ONLY ONE BOX)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> HEAL | <input type="checkbox"/> HEAL for your HEART | <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> HIV Prevention |
| <input type="checkbox"/> RoadHealth | <input type="checkbox"/> Childhood Obesity | <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Youth & Elder Collaboration |
| <input type="checkbox"/> True North Strong & Smoke Free | <input type="checkbox"/> BP Awareness | <input type="checkbox"/> Seniors | <input type="checkbox"/> Building Youth Resilience |
| <input type="checkbox"/> General | <input type="checkbox"/> Men | <input type="checkbox"/> Men | <input type="checkbox"/> Preparing Communities |
| <input type="checkbox"/> Men/Industry | | | <input type="checkbox"/> Promotion of Testing |
| | | | <input type="checkbox"/> Promotion & Education |

Project Name: _____

Project Location: _____ Start Date: _____ End Date: _____

Provide a brief description of your organization:

If you are partnering or working on partnering with any other groups or organizations for this project, please provide details:

PART B: WHAT, HOW AND WHY (Project Details)

Please describe your project goal:

How did you determine there is a need?

Describe in detail the activities you have planned to reach your goal:

How does the project goal and activities match the grant funding you are applying for? (I.e. HEAL, Heal for Your HEART, Healthy Minds Healthy Youth, HIV Prevention, Injury Prevention, RoadHealth, True North Strong & Tobacco Free)

What is (are) the target group(s) for your project? (Check all that apply)

- | | | | | |
|--------------------------------------|--------------------------------------|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Families | <input type="checkbox"/> Men | <input type="checkbox"/> Seniors | <input type="checkbox"/> Women |
| <input type="checkbox"/> Children | <input type="checkbox"/> Immigrant | <input type="checkbox"/> Multi-Generation | <input type="checkbox"/> Schools | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Communities | <input type="checkbox"/> Other _____ | | | |

What lasting impact do you see this project making in your community?

What are the plans to sustain (continue) this project beyond this grant funding?

What would this project look like if this application is not selected for grant funding?

PART C: BUDGETTING FOR YOUR PROJECT

Use this Budget Worksheet to provide details of the cost for your project.

What you are going to spend on this project?	
<i>(i.e. provide specific details on all anticipated costs)</i>	

Money you will receive from other sources.	
<i>(i.e. service clubs, government agencies, NGOs, private donations)</i>	

Free (in-kind) things you won't have to pay for.	
<i>(i.e. volunteer hours, donated space, equipment, supplies, use of vehicle)</i>	

How will the grant funding from Northern Health be spent?	

Total Cost of Project		Expected Money from Other Sources		Expected Free (in-kind) Contributions		Imagine Grant Money Requesting
<input style="width: 100px; height: 30px;" type="text"/>	-	<input style="width: 100px; height: 30px;" type="text"/>	-	<input style="width: 100px; height: 30px;" type="text"/>	=	<input style="width: 100px; height: 30px;" type="text"/>

PART D: ADDITIONAL INFORMATION

Attach any additional information you would like us to review in consideration of your application. This can include diagrams, PowerPoints, reports, letters of support, pictures, stories, etc.

PART E: SUBMITTING GRANT APPLICATION

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

Email

imagine.grants@northernhealth.ca

Fax or Mail

IMAGINE Grants
Centre For Healthy Living
1788 Diefenbaker Drive
Prince George, BC V2N 4V7
Phone: 250-645-6407
Fax: 250-612-0810

Questions

We have done our best to create an application that is easy to fill out and assists IMAGINE Grant partners in learning from their projects. If you have any questions, need information to submit your application, or don't understand terms or expectations, please do not hesitate to contact us by email or phone and one of us will be happy to help.

Please be advised that a signed contract letter between Northern Health and successful applicants will be required before release of funds.

