

Chronic Disease Prevention Grant Application -- Information Sheet

Please read all the attached information before completing the application. Failure to complete the form fully will cause a delay in receiving funds. For further information or assistance please contact: Carol Schnittjer 629-3002 or Jessica Lacasse 734-6618

The Chronic Disease Prevention Committee has a limited amount of funds to allocate on an annual basis. Grants are available through two different funding programs

Northern Healthy Foods Program (NHFI)	Chronic Disease Prevention (CDP)
<ul style="list-style-type: none"> • Available only to specified communities (Crane River, Spence Lake, Waterhen, Skownan FN, Meadow Portage, Mallard, Rockridge, O-Chi-Chak-Ko-Sipi FN, Barrows, Red Deer Lake, Baden, Powell, National Mills, Camperville, Duck Bay, Pine Creek FN, Sapatoawayak Cree Nation, Pelican Rapids, Woods Creek, Salt Point, Wuskwi Sipihk • Program must promote healthy eating or food security (eg gardening, in school food programs etc) Funding is not available to provide healthy snacks at events. • Should involve partnerships from the community • Should involve volunteers • Program must be able to continue after funding is complete 	<ul style="list-style-type: none"> • Available to communities not currently receiving CDPI (Chronic Disease Prevention Initiative) Funds • Must promote one of the following: <ul style="list-style-type: none"> Health eating, for example nutritional food access/ food security or education Increased physical activity such as through access or availability of equipment or programs Tobacco reduction including cessation/quitting or promoting youth not to start using tobacco and harm reduction • Should encourage participation by a variety of community members. • Should involve partnerships within the community • Should involve volunteers. • Program must be able to continue after this funding is complete. (example: learning to swim is a skill that last a lifetime, getting equipment for the community to start a program) • Funds are provided for new projects or improvement to existing programs or increased access to existing programs or facilities.

The **deadlines for grant applications are May 15th, July 15, September 15, November 15 and January 15th** (final date based on funding). **NO LATE APPLICATIONS WILL BE CONSIDERED .** **We will consider and review the grants in the order received at Chronic Disease Prevention Initiative Regional Committee meetings held the first Tuesday of the month following intake.** A limited amount of funds are available applications will be accepted until funds have been exhausted for the year.

Please apply **only once** during the year if you have an on-going program. You may apply a second time for a different program in your community.

Project Completion: All projects must be completed within the proposed timeframe, should a project not go forward monies must be returned, **unused funds should be returned to the PRHA and may not be used for a different project.** No applicant can apply for new funds until evaluation forms have been returned for previously granted money. If application is received it will not be reviewed until evaluation is received. Copy of evaluation is included with this application. Please review prior to your event so that you understand the information that is required.

Section A – Applicant (Organization) Information

Applicant contact name and organization should be person we would contact about the program and this application. This person may or may not be the same person or organization that is dealing with the financial management, “banking” of the funds.

Funding will be provided to organizations only. Preference will be given to organizations that are incorporated – or have partner(s) that are incorporated. Audited financial statements may be required to verify funding requests. **Funds will not be given to individuals.**

Please print clearly.

1. Banking – please provide detailed information on person who will be responsible for administering the grant funds.
2. Bankers should be from an incorporated group or service club. Please specify banking organization and contact person.

Section B – Program/Project Information

1. Total Program/Project Cost – Please provide the total cost to operate Program/Project (this includes all actual costs i.e. rent, wages, supplies, materials, etc...)
2. Amount requested – **Maximum amount requested can not exceed \$1500 per application.** A limited amount of money is allocated for each screening date. 100% funding is not guaranteed and will be determined by number of applications received that meet granting criteria.
3. Program/Project start and finish date – indicate start and finish dates, or check box if program is ongoing
4. Program/Project description – Please describe the program/project in detail. Include short and long term goals of program – specifically how the Program/Project promotes the health of your community and impacts factors that will reduce chronic disease. (heart disease, stroke, cancer, diabetes etc) If the program or a similar program already exists how will this money be used to enhance the existing program. We will not fund existing programs unless there is enhancements to the program or access to the program. We provide funding only to specific projects, equipment or resources. We do not provide funds for an operational budget. See chart on page 1 for clarification.
 - a. Chronic Disease Prevention funded programs should

- i. improve nutrition and/or access to healthy foods
 - ii. Increase access to physical activity resources or ability of community members to be active
 - iii. Reduce tobacco use, including affects of second hand smoke
 - iv. Be available to the community
 - b. Northern Healthy Foods projects
 - i. Focus on improving healthy eating in a community through improved skills, access or knowledge.
5. Indicate which category best describes your Program/Project. Please check only 1 box.
 6. **List all communities that will be served** by the Program/Project.
 7. Access – please indicate how universal access to the Program/Project will be provided. Examples: age of participants, specific groups of people, sex of participants
 8. Indicate where the Program/Project will be held.
 9. List who will be responsible for Program/Project delivery. You do not need to list a specific person, but rather what kind of qualifications these persons have.
 10. Indicate whether volunteers will be involved, and how many
 11. Describe how volunteers will be involved in Program/Project delivery
 12. Describe how you will promote and advertise your Program/Project
 13. Indicate and list the partners involved in your Program/Project. One of the granting criteria is the cooperation and sharing among community organizations. Partners are a good reflection of this point. Partners can include those who donate (time, money, etc...) and those who offer services (i.e. photocopying, snacks, human resources, etc...) Examples of partners may be municipal government (Town & RM councils), Recreation Commission, Public Health, Libraries, Schools, Local Businesses
 14. All projects/programs that receive funding will be required to complete an evaluation to receive the final 25% of approved funding. The evaluation will be an activity monitoring form that will be sent out to the contact person listed on the application with each approved grant. A copy is also attached to this document.

Section C – Proposed Budget

Please include **as many details as possible related to your proposed budget.**

If you have partners that are donating money, time or supplies, be sure to add their contribution (in monetary terms) under the revenue section. In kind donations and shared resources should be included in the revenue section. Expenses should include those services donated in kind. See example on next page

C) Proposed Budget: Fruit Tree Program EXAMPLE

Expenditures	<i>Value (\$)</i>
<i>Volunteer to coordinate purchase and giving away of fruit trees, workshop and promote the program 15 hours X\$10/hour</i>	150.00
<i>Fruit Tree "Expert" to have a workshop on how to plant and grow fruit trees 3 hoursX\$10/hour</i>	30.00
<i>Fruit Trees</i>	970.00
<ul style="list-style-type: none"> • <i>Apple "Northland" 10X \$49 = 490</i> • <i>Cherry "Romeo" 20X 24=480</i> 	
<i>Taxes</i>	126.10
<i>Transportation of trees to Somewhere ville</i>	50.00
TOTAL	1326.10

Revenues:	<i>Value (\$)</i>
<i>Volunteer to coordinate purchase and giving away of fruit trees, workshop and promote the program 15 hours X\$10/hour</i>	150.00
<i>Fruit Tree "Expert" to have a workshop on how to plant and grow fruit trees 3 hoursX\$10/hour</i>	30.00
TOTAL	180.00

Expenses – Revenue = Grant request amount \$1146.10

Details allow the Chronic Disease Prevention Committee to get a more complete understanding of your Program/Project and may assist your group when considering your request. Detail allows committee members to see the community support for programs.

If you need more space, please attach additional sheets of paper.

Applications are reviewed in the order received. It will take approximately one month after approval to have funds sent to the organization that will be taking responsibility for banking needs.

Electronic copies of the grant applications are available.

Completed application forms should be mailed, faxed or emailed to:

Carol Schnittjer
 Community Health Nutritionist
 PRHA Dauphin Community Health
 625 3rd Ave SW
 Dauphin, MB R7N 1R7
 629-3002
cschnittjer@prha.mb.ca

Jessica Lacasse
 Health Promotion Coordinator
 PRHA Swan Valley Community Health
 Box 1028
 Swan River, MB R0L 1Z0
 734-6618
jlacasse@prha.mb.ca

Or faxed to: (204) 638-8622

(204) 734-6329

Need help with your program idea?

Community Health Facilitators may be available in your area.

Ste Rose and Area	Susan Denhard	447-4098
Ethelbert and Area	Pam Chetyrbuk	742-4404
Roblin and Area	Deb Wilson	937-6273
Swan River and Area	Kathy Child	734-6621
Mafeking and Area		

Chronic Disease Prevention
Grant Application Form 2011

(Please review the attached information sheet before completing this application.)

Please check which grant you are applying for (see page 1 for criteria):

NHFI CDP

A) Applicant Information (please print clearly):

Organization: _____

Contact Name: _____ Position: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email: _____

Date of Application: _____

1. Who will be responsible for your project's banking needs (ie: who will the grant cheque be written out to) The organization who will act as your banker must be incorporated. They will be asked to sign a written agreement with the Parkland Regional Health Authority.

Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

Email: _____

B) Program/Project Information: (attach additional sheets if necessary)

1. Total Program/Project Cost: _____

2. Amount requested from the Chronic Disease Prevention Fund (**maximum grant request is \$1500**): \$ _____

3. Program/Project Start date: _____

Program/Project Finish date: _____

(Check box if Program/Project is ongoing)

4. What is your project called ? _____

5. Describe your project and how it meets the criteria. Use additional paper in necessary,

6. Describe how the Program/Project will meet the Chronic Disease Prevention Goals or Northern Healthy Foods program as listed in chart on page 1.

7. Indicate which item best describes your Program/Project (check only 1 box please)

- a. New Program
- b. Program/Project Expansion
- c. Program/Project Improvement
- d. Program/Project Continuation

8. Which community/communities will be served?

9. Who will have access to the project?

10. Where will the project/program be held?

11. Who will deliver the program?

12. Will volunteers be involved? YES NO If YES, how many: _____

13. How will they be involved?

14. How do you plan to promote the Program/Project in your community/ communities?

15. Are there other partners involved in the Program/Project? YES NO

If yes, please list all involved. _____

16. How do you plan to gather feedback from Program/Project participants?

**CHRONIC DISEASE PREVENTION FUNDING
NORTHERN HEALTHY FOODS PROGRAM
EVALUATION**

Please complete all four pages and submit by email, fax or mail to the Health Promotion Coordinators after the event has been held. Evaluations are reviewed as received by the Chronic Disease Prevention Committee.

A. COMMUNITY INITIATIVE INFORMATION

INITIATIVE/ACTIVITY: _____ COMMUNITY: _____

CONTACT: _____ PHONE: _____
(the person to contact with questions about the form)

ORGANIZATION (BANKER) _____ PHONE: _____
(the person to contact with questions about the finances)

AMOUNT GRANTED \$ _____

SUMMARY INFORMATION

1. WHAT WERE THE SUCCESSES?

2. WHAT DID WE LEARN FOR NEXT TIME?

B. THE ACTIVITY (or Event)

Activity: _____ DATE: _____ (single date or range of dates)

Check only one:

NEW activity or event OR ADDING TO AND/OR IMPROVING an established activity or event.

Check only one:

ONE event OR MORE THAN ONE event IF MORE THAN ONE, number of times: _____

For example, a one day or one time "fun run", or "butt out day" would be ONE EVENT, while a series of events such as cooking classes or baseball games is MORE THAN ONE

Main purpose or focus of the activity: (Circle all that apply and check main purpose, if applicable)

Healthy Eating Physical Activity Tobacco Reduction Other _____ (specify)

Type of event/activity: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Individual or group participation (ex. Baseball game, fun run, gardening) | <input type="checkbox"/> Material or resource development |
| <input type="checkbox"/> Educational/instructional (ex. health fair, cooking class) | <input type="checkbox"/> Other _____ (specify) |
| <input type="checkbox"/> Media event (ex. Radio/TV interview) | |
| <input type="checkbox"/> Building environmental support (creating a walking trail, disability access) | |

Priority Population: List the priority population(s) for this activity (who was the event planned for? Who was invited? For example, high school girls, senior men, grade school children)

C. THE PARTICIPANTS

Planning and Implementing

Were any members of your Priority Population involved in the planning and implementation?

Yes No Unsure

Number of Volunteers _____ (volunteers includes people given "honorariums")

Number of Paid Staff _____ (people acting in their role as an employee of the region, municipality, partner or CDPI)

C. *con't*

Participating in the Activity

Total number of people who came to **participate** in activity: _____ (*do not* include staff and volunteers already listed above. Estimate as best you can if there was not a sign-up sheet or a count of participants)

Number of Priority Population Participants _____ (This number is part of your total participants above, estimate if necessary)

NOTES about participation: (for example, did you have more or less participation than expected? Did participation in multiple events increase or decrease over time? Were there factors - such as weather, competing events - that impacted your participant rate.) Use other side if necessary.

D. BENEFITS (an estimate of what you think the results were)

Range of Scale: N/A is "NOT APPLICABLE" 1 is "NO" 2 is "SOME" 3 is "YES"

Knowledge about health and wellness was increased	N/A	1	2	3
Skills of community members and/or volunteers increased	N/A	1	2	3
Helped more people to volunteer or helped volunteers feel valued	N/A	1	2	3
Helped build new partnerships, or make partnerships stronger	N/A	1	2	3
Gained new resources from supporters	N/A	1	2	3
Addressed gaps <i>provided more socializing or activity opportunities, economic advantages, etc.</i>	N/A	1	2	3
Other (identify)	N/A	1	2	3

E. BUDGET AND CONTRIBUTIONS

1. How much grant funding did you plan to spend on this event or activity? \$ _____
2. How much grant funding did you actually spend? \$ _____

Explain the difference between 1 and 2, if any.

What did you spend the grant money on?

Did partners contribute to this event? Yes No

If Yes, please list the partners and their "in kind" contributions (such as space, materials, volunteer time etc.): in the table below

List Main Partners & their Contributions <i>Examples:</i>	Estimated \$ Value or Volunteer hours	The list of contributions and estimated values is very important to show how this project has leveraged other community resources and benefited from partnership involvement. If you are unsure of the estimated value please identify the contribution and your RHA can help with the value portion. Don't forget to include support and assistance from the RHA in this table or below!!
AAA hardware store – 4 shovels	\$80.00	
CNIB – 2 volunteers, 3 hours each	6 hours total	
RHA – planning, speaking, monitoring	7 hours total	

Identify other partners that worked with you on this event or activity (helped with planning, promotion, etc):
continue on the other side if necessary

F. YOUR FEEDBACK

Would your community do this again?

Yes No Unsure

Please explain:

Did this activity lead to any benefits that were not originally planned or anticipated? (*For example, from a one day fun run, people started a running group or we created new, strong partnerships*)

Yes No Unsure

Please explain:

Keep a copy and forward completed forms to Health Promotion Coordinators