

Send this completed application along with your audited financial statements, letters of reference and any supporting documents to MHF@MedavieHealthFoundation.ca. Please e-mail with any questions.

1. Contact information

Name of organization:

Contact name:

Title:

Contact phone number:

MAILING ADDRESS

Number and street:

City: Province: Postal code:

E-mail:

Website:

Social media channels:

2. Organization information

Registered Charitable Status Number:

What is the primary focus of your organization, including vision/mission? (Max 150 words)

Project title:

Focus of project: child and youth mental health post-traumatic stress disorder type 2 diabetes

Funding request: \$ x years (max of three years)

Do you have an existing relationship with Medavie Blue Cross or Medavie Health Services? yes no

If you answered yes, please describe this relationship, including the name of your contact at Medavie.

3. Supporting Documents

- Please include a PDF or Word document of your most recent audited financial statements with your submission.
- Please provide at least two letters of reference/support from organizations/associations who are able to speak to your work in the community (PDFs or Word documents).
- You may submit photos (maximum three images, jpeg or tiff format), video links or other links that are representative of your work. By submitting images and links, MHF has permission to publish these on our website or in MHF publications.

4. Request details

All sections are mandatory.

- a) Briefly describe the program you would like us to support, including goal(s), and if it addresses an unmet or identified need in the community. (Max 300 words)

- b) Briefly detail how you would use the funding, including if this program receives funding from other sources. (Max 250 words) Provide a budget breakdown and timeline – you may submit this as an attachment.

- c) Tell us about key personnel directly involved in this project. (Max 250 words)

4. Request details (continued)

- d) We track how programs help those at-risk stay in school, stay out of the hospital and/or empower people to better manage their health (reduce risk factors/change health behaviours). How will your program measure one or more of these impacts? (Max 250 words)

- e) Describe your previous experience implementing evidence-based programs with measured results. (Max 250 words)

- f) How is your program unique, innovative or transformative in engaging at-risk populations? (Max 250 words)

4. Request details (continued)

g) Describe how your program is replicable or could serve as a model for others. (Max 200 words)

h) Describe how the program brings together an array of services and community partners. (Max 200 words)

i) Describe how the program will be sustained, including what percentage of this funding will support project sustainability. (Max 200 words)

j) Describe how this program considers federal/provincial or regional health priorities/strategies. (Max 200 words)

4. Request details (continued)

k) Tell us about proposed donor recognition opportunities if we were to fund your program, including media/speaking opportunities. (Max 200 words)

l) Is there anything else we should know? (Max 200 words)

Submitting your application

Save this document under your organization's name (YourOrganization.pdf) and send it, along with your audited financial statements, letters of reference and any supporting documents/images, to MHF@MedavieHealthFoundation.ca by **March 31, 2019**.

SAVE FORM

RESET FORM

 Grant application checklist

- Completed 5-page Grant Application Form
- Audited financial statements (PDF/Word)
- Two letters of reference (PDF/Word)
- Photos (up to three, JPG/TIFF) or relevant links
- Other supporting documents (budget, timeline, etc.)

Thank you for your application.