



MEDAVIE



community food centres
CANADA good food is just the beginning

Medavie Food Skills Grant Application Form

Complete the following application and submit it electronically, along with the required attachments, to MHF@MedavieHealthFoundation.ca by September 30, 2019. Late submissions will not be considered.

1. Contact Information

Name of organization:

Contact name:

Title: PREFIX

Contact phone number:

Contact e-mail:

MAILING ADDRESS

Number and street:

City: Province: Postal code:

Website:

Social media channels:

2. Organization Information

Charitable Registration Number:

Organization's Mission / Vision:

Describe your organization's scope of work (Max 150 words):

Describe your organization's target population and the community you operate in (Max 150 words):



2. Organization information (cont.)

Describe the Food Skills programs your organization has offered in the past. If you have not offered Food Skills programs previously, please explain why you are planning to begin now (Max 200 words):

Are you a Good Food Organization or a Community Food Centre? (Indicate which.) Briefly describe your relationship with Community Food Centres Canada (Max 150 words):

3. Project Outline

Project title:

Describe your proposed project, including how it addresses an unmet or identified need in the community and the goals you hope to achieve (Max 350 words):

Describe key staff involved, along with their roles and responsibilities (Max 250 words):



3. Project Outline (cont.)

Tell us how the program encourages collaboration and brings together an array of community partners (Max 200 words):

[Empty text box for project outline]

Using the chart below, please outline the project’s key objectives, activities, outputs and outcomes and submit as a separate attachment:

Project Objectives	Activities	Outputs	Outcomes
	The major activities involved in running the program. Collectively, these activities should work to achieve the listed outcomes.	Outputs are the numbers we count to track and measure the level of activity taking place (e.g. number of meals served).	Outcomes are the short- to medium-term changes in knowledge, skills, awareness, behaviour, etc. that the program aims to bring about with participants.
<i>EXAMPLE: To increase healthy food knowledge, skills and behaviours</i>	<i>Offer hands-on educational programming related to cooking and choosing healthy foods (54 days of distinct programming = 3 days/week for 18 weeks, twice per year)</i> <i>Assign food-related homework projects</i>	<i>Number of unique participants</i> <i>Number of program sessions</i> <i>Number of skills taught</i> <i>Number and types of recipes shared</i> <i>Number of meals shared</i> <i>Number of activities led/co-led by participant</i>	<i>Increased knowledge and skills (cooking, nutrition, food purchasing)</i> <i>Healthier attitudes and behaviours around food (e.g. helping parents to cook at home, more confidence in the kitchen)</i> <i>Increased consumption of healthy foods</i> <i>Leadership and confidence increased</i>

4. Evidence and Evaluation

Describe the research, evidence or best-practices that inform your project, including your previous experience implementing evidence-based programs with measured results (Max 350 words):

[Empty text box for evidence and evaluation]



4. Evidence and Evaluation (cont.)

How is your project unique, innovative or transformative in engaging at-risk populations (Max 250 words):

Describe how you plan to evaluate your project and how you will measure success (Max 250 words):

5. Sustainability

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

Do you anticipate developing any shareable tools as part of this project (Max 200 words):

Describe how the project will be sustained beyond the granting period (Max 200 words):



6. Budget and Timeline

Complete the following budget template and submit as a separate attachment. You will also need to submit a project timeline as a separate attachment.

EXPENSES	TOTAL
PERSONNEL/STAFFING	
PROGRAM COSTS (please itemize the program costs – eg. materials, food)	
OTHER (please note overhead expenses cannot be greater than 5% of the total budget. Capital costs are not eligible.)	
TOTAL	

Submitting your Application

Save this document under your organization’s name (YourOrganization.pdf) and send it, along with your supporting documents, to: MHF@MedavieHealthFoundation.ca by **September 30, 2019.**

SAVE FORM

RESET FORM



Grant application checklist

- Completed Grant Application Form
- Audited financial statements (PDF)
- Two letters of support for your project (PDF/Word)
- Completed Objectives/Activities/Outputs/Outcomes table
- Project timeline
- Completed budget template

Thank you for your application.