



Grant Application for Therapeutic and/or Treatment Programs

Submission Deadline

DATE: February 15th, 2017

MindCare will make a call for grant applications to financially support Mental Health therapeutic and/or treatment programs (*formerly known as Skate to Care Funding*).

Treatment and/or therapeutic programs may include:

- Socialization
- Community integration & mobilization
- Physical wellness
- Life skills, workplace skills
- Mental Health First Aid sessions

Applications will be considered from public health professionals (i.e.: Horizon and Vitalité Health Authorities) and community-based not-for-profit or charitable organizations. Funding should be focused on end-users.

Evaluation of the proposals will take into consideration the following criteria:

- A. Relevance of the project to mental health.
- B. Target population
- C. Meaningful potential for impact
- D. Appropriate plan to promote MindCare

The Proposal – Please attach to the application

Format:

- A single Word or PDF document
- Double spaced
- 12 point font
- 8.5 x 11 inch pages with one inch margins

Content: The proposal should be well written, rich in detail yet succinct (no more than 5 pages), and should:

- **Give exact and supported details on the idea and need for the funds.**
- **Outline the proposed use of these funds.**
- **Outline the specific benefits to be derived.**
- **Describe who and how many client, patients or consumers will benefit**

- **Provide reasons these items, services and programs should be seen as a priority in the delivery of quality mental health services.**

Please fill in all fields.

Applicant(s): Please include name and contact information

Name of agency, organization or group:

Please provide descriptions:

The agency, organization or group (please note charitable #, if applicable):

The applicant(s) role:

The population served:

Summary of need:

Please check all that apply:

- Supplies (i.e. clothing, self-care items, space, DVDs):**
 - Expected outcomes (i.e. the # of supplies given to the target group).

- Support – Access to qualified people or existing services. (i.e. psychiatrist, group counselling, community physician, etc.):**
 - Expected outcomes (# of people supported by the services).

- Program to support workers or clients. This could be an existing program or a new program:**
 - For an existing program please provide as an attachment:
 - A summary of the evidence of the program's effectiveness
 - For a new program please provide as an attachment:
 - A plan to evaluate the effectiveness of the program in the target group.

- Other need not listed:**

Acknowledgment:

Please outline how the contribution of MindCare New Brunswick will be recognized if the project is accepted for funding. Please be specific.

Budget Form: Please provide a detailed estimate of the costs involved, as applicable, in the budget table below. You must also justify the budget item (i.e. explain why you need the money for that item in the budget). *Examples are provided below. Please delete examples and enter your own budget items.*

Item Description	Item Cost	Total Cost	Justification
Salaries: clinic assistant	\$22/hr	100 hrs = \$2200	This person will complete questionnaires 1 on 1 with each new patient at the clinic.
graphic designer	\$350	\$350	Designer contracted to create new patient brochure
Supplies: Binders	\$2.00	100 x \$2 = \$200	Binder for new patients
YMCA vouchers	\$10.00	100 x \$10 = \$1000	fitness voucher for new patients
Other: Brochure printing	\$125	\$125	Printing costs for program brochures
Room rental	\$50	4 x \$50 = \$200	Cost of renting session room 4 times per year
Bus rental	\$500	4 x \$500 = \$2000	Cost of 4 bus rentals for patients each year.
Grand Total		\$6075	

Other submissions: If applicable, please list other agencies you have attempted to obtain funding in whole or in part for your project (i.e. employer, other foundations)?

Funding you have received:

Name of Source	Amount Awarded	Budgeted Items

Funding agencies you've requested money from:

Name of Source	Amount Requested	Budgeted Items

Please explain if/how the project will progress if not funded by these other sources:

TERMS AND CONDITIONS OF ACCEPTANCE OF MINDCARE NEW BRUSWICK
FUNDING

By my signatures(s) below, I agree to:

- A. This grant will be spent on items included in the approved proposal.
- B. Agree to formally recognize MindCare New Brunswick for its support (as outlined above)
- C. Provide to MindCare New Brunswick a full accounting of how the money was spent, written documentation on how these monies benefited the organization and to return all unspent monies.
- D. All monies must be spent within the approved program period.

Signed:

(Name and Title)

Witness: _____

Contact Person: _____

(Name and Title)

Address: _____ City: _____

Postal Code _____ Telephone: _____ Fax: _____

Email: _____

Mail to:
MindCare New Brunswick
PO Box 2100
Saint John, NB E2L 4L2
Telephone: (506) 648-6400 Fax: (506) 648-6002
Email: SJRH.Foundation@HorizonNB.ca