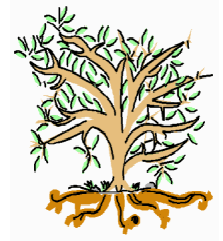


HEALTH PROMOTION FUND COVER PAGE 2006/07

| | | |
|--|------|--------|
| Organization Name: | | |
| Description of organization: | | |
| Project Title: | | |
| Contact Name: | | |
| Mailing Address: | | |
| Telephone: | Fax: | Email: |
| Topic Areas: (✓check all those that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Active Living and Healthy Eating <input type="checkbox"/> Healthy Pregnancies, such as FASD Prevention <input type="checkbox"/> Tobacco Harm Reduction and Cessation <input type="checkbox"/> Injury Prevention | | |
| How much funding do you need to run your project: | | |
| \$ _____ (Note: <u>maximum</u> \$10,000.00/project) | | |
| Checklist:have you.....check ✓ <ul style="list-style-type: none"> <input type="checkbox"/> Attached your proposal? <input type="checkbox"/> Attached your budget? <input type="checkbox"/> Reviewed your proposal/budget with your Health and Social Services Authority and your sponsoring organization? <input type="checkbox"/> Attached an endorsement from the Health and Social Services Authority? <input type="checkbox"/> Kept a copy for your files? | | |
| Date: _____ Signed: _____ | | |

HEALTH PROMOTION FUND PROPOSAL 2006/07



Step 1 - DESCRIBE YOUR PROJECT AND WHAT YOU WILL DO

Project Title: _____

Please provide an overall summary description of your project:

(Refer to of the Health Promotion Fund Guidelines and Criteria for more information.)

Is this a new project (check one):

Yes

No

Did you apply for funding last year?

Yes

No

1. Why do you want to do this project?

- 2. What changes do you want to see happen because of your project (goal)?**
Some examples: fewer children will start smoking; more children will be active; more children will eat better because they know the importance of good nutrition, more parents will have smoke-free homes, children will have fewer injuries, etc.

Your project goal(s) is:

- 3. What kinds of objectives will help you reach your goals?**
Some examples: to promote smoke-free homes, to offer nutritional promotion and education for children; to provide training; to promote activities that improve the fitness levels of kids; etc.

Objective 1:

Objective 2 (if applicable):

Objective 3 (if applicable):

(use additional paper if required)

4. **Provide a detailed description of your project activities:**
(use additional paper if required)

5. **Evaluation: how will you know if your project is a success - what will you measure to find out, and how will you report on your project:**

Describe how you will evaluate your project (for assistance, contact one of the health promotion specialists, who can help you).

6. **Who will coordinate your project? Check all those that apply** ✓
- Volunteers are going to run this project
 - You will need a person for a few hours a day to help with this project
 - Trainer costs are needed for this project
 - Other, please describe, e.g. a project you are doing as part of your regular work or...

7. **Do you need any additional health promotion information or resources? If so, what kind:**

8. **When will your project start _____ and end _____?**
Note: All funding must be spent between April 1, 2006 and March 31, 2007.

9. **How often will you have your activities, (e.g. 2hrs/day, once a week, twice a month, other)?**

10. **List all locations where you will you hold your program:**

11. **How many people will take part in your project activities? _____**

12. **Groups/Organizations involved - list your supporting partners and the roles they will play:**

Who? _____ What will they do? _____

Who? _____ What will they do? _____

Who? _____ What will they do? _____

Who? _____ What will they do? _____

13. **Who will handle the funding, reporting and evaluation requirements?**

Please provide detailed cost information on the budget form provided. This information will assist us in processing your application quickly.

Step 2:

Health Promotion Funding Budget 2006/2007

| BUDGET (use extra paper/forms if needed) | Health Promotion Fund | Other Funding Sources | Explanation: describe all costs, where applicable. |
|---|--------------------------|-----------------------------|---|
| Project Title(s): | | | |
| A. Materials and Supplies | \$ | \$ | Comments: Describe the kinds of materials your are buying/producing: |
| | \$ | \$ | |
| | \$ | \$ | |
| A. Total Materials and Supplies Costs: | \$ | \$ | |
| B. Training and Coordination Costs | \$ | \$ | Comments: Describe training & coordination costs:. |
| | \$ | \$ | |
| | \$ | \$ | |
| B. Total Training and Coordination Costs | \$ | \$ | |
| C. Travel | \$ | \$ | Comments: Describe travel accommodation, meal costs: |
| | \$ | \$ | |
| C. Total Travel Costs | \$ | \$ | |
| D. Other | \$ | \$ | Comments: Describe any "other" costs for your project. |
| | \$ | \$ | |
| D. Total Other Costs | \$ | \$ | |
| E. Subtotal (A. - D.): | \$ | \$ | |
| F. Administration Fee: | \$ | \$ | Maximum funding available: \$10,000.00 |
| G. TOTAL Funding Needed E + F = G | \$ | \$ | |

Deliverables

At year-end, the deliverables will be as follows, please check all that apply ✓:

The year-end Health Promotion Funding deliverables include:

_____ The Semi-Annual and Year End Activity and expenditure reports, which were sent with your signed contribution agreement.

Year-end reports are due April 15, 2007.

_____ A sample of all materials produced, with recognition of the Department of Health and Social Services for the funding

_____ Photos or materials of any activities (if available)

_____ Total # of participants

_____ An evaluation of the activities completed and the success, or what you learned, from these activities.

