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# HEPATITIS C PREVENTION, SUPPORT & RESEARCH PROGRAM

PREVENTION & COMMUNITY-BASED SUPPORT

REGIONAL PROJECT FUNDING

APPLICATION FORM

For more information, visit  
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maintain and improve their health.*

Health Canada

Également disponible en français sous le titre  
*Programme de prévention, de soutien et de recherche pour l'hépatite C  
Prévention et Soutien communautaire  
Financement régional de projet  
Formulaire de demande*

May 2001

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## 1. INTRODUCTION

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- 1.1 Please use this application form to apply for project funding from the Prevention and Community-Based Support components of the ***Hepatitis C Prevention, Support and Research Program***. Funding is available for **time-limited**, specific activities that address hepatitis C needs and priorities, as identified through regional community consultations.

**Before you begin, please:**

- **obtain a copy of the Hepatitis C Prevention, Support and Research Program (Prevention & Community-Based Support) Regional Project Funding Guidelines (see *Annex A* for a complete listing of regional offices);**
- **talk to the hepatitis C program consultant at your Health Canada regional office (Population and Public Health Branch), who can answer your questions and help you work through the application form.**

- 1.2 Your request for funding will not be considered unless you complete this application form. Please be sure to provide all the information requested, and attach all necessary supporting documents.

- 1.3 To apply, you may:

- fill in this application form (using extra paper if needed), **or**
- create your own application form, following the same format and question order, **or**
- request an electronic version of the application form from your regional Health Canada office.

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## 2. YOUR APPLICATION

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### 2.1 Information About Your ORGANIZATION

#### a. General Information

Name (Organization):

Street address:

Mailing address (if different):

City and province:

Postal code:

Telephone: (    )

Fax: (    )

E-mail:

#### b. Board Chair/President, or Other Board Contact

(person most responsible for the project)

Name:

Title:

Street address:

Mailing address (if different):

City and province:

Postal code:

Telephone: (    )

Fax: (    )

E-mail:

#### c. Staff Contact

(day-to-day work)

Name:

Title:

Street address:

Mailing address (if different):

City and province:

Postal code:

Telephone: (    )

Fax: (    )

E-mail:

#### d. If your organization is **incorporated**, please provide the following information:

Date of incorporation:

Incorporation number:

Attach a copy of your most recent **Annual Report** with a list of **Board Members**. If the Board has changed since the report was published, please provide a list of current Board members.

**e. Mandate**

What is your organization's mandate? (e.g., what was it created to do?)

How does hepatitis C fit into this mandate?

**f. Area Served**

Describe the region or area which your organization serves: (e.g., Is it rural or urban? How is the population made up in terms of age, culture, income, education, etc.? What are the health trends? etc.)

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**g. Previous Health Canada Funding**

Has your organization ever received Health Canada funding?

**Yes**       **No**

If **yes**, please provide details: (date, reason, amount, etc.)

## 2.2 Information About Your PROJECT

### a. Project Summary

In one page, please use your own words to summarize the project you propose to carry out – e.g., which group(s) do you intend to help/work with? what will you do? what partners will be involved? what results do you expect to achieve by the time the project ends?

### b. The Project

Title:

Start date for project:

End date for project:

### c. Priority Population(s)

Describe the population(s) you plan to reach in your project: (e.g., street youth, persons infected with hepatitis C, pharmacists, community developers, etc.)

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Approximately how many people will your project reach (and/or benefit)?

– (reach)

– (benefit, if different)

Explain how you will involve your priority population(s) in a meaningful way: (e.g., defining needs; designing and carrying out activities; evaluating results)

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#### d. Statement of Need

How do you know that your project is needed? Do you have any evidence (formal or informal) to back this up? (consultation or survey results, information from interviews, statistical data, “expert” opinion, etc.)

What grounds do you have to believe that your activities will help to meet the need identified? (e.g., have similar activities helped before, in other settings, or with other groups? are you testing a theory?)

### 2.3 Determinants of Health

**If you would like to refresh your understanding of the determinants of health before completing this section, please refer to *Annex A* of the Guidelines document).**

a. Which determinants of health do you propose to address in your project? (check up to three)

- |  |  |
|--|--|
| <input type="checkbox"/> income and social status      | <input type="checkbox"/> social support networks           |
| <input type="checkbox"/> education                     | <input type="checkbox"/> employment and working conditions |
| <input type="checkbox"/> physical environments         | <input type="checkbox"/> social environments               |
| <input type="checkbox"/> biology and genetic endowment | <input type="checkbox"/> personal health practices         |
| <input type="checkbox"/> coping skills                 | <input type="checkbox"/> healthy child development         |
| <input type="checkbox"/> health services               | <input type="checkbox"/> gender                            |
| <input type="checkbox"/> culture                       |  |

b. Why are the “checked” health determinants especially important?

Determinant 1 (explain relevance)

Determinant 2 (explain relevance)

Determinant 3 (explain relevance)

c. In what way(s) will your project address each of these health determinants?

Determinant 1

Determinant 2

Determinant 3

## 2.4 Work Plan

This section enables you to explain your project in detail.

**If you need help, please contact your Health Canada - Population and Public Health Branch (PPHB) hepatitis C program consultant (see *Annex A* for a complete listing of regional offices).**

### 2.4(1) Key Terms and Definitions

Before you begin, it may be helpful to review the following key terms and definitions:

- ▶ **Goals:** broad, general statements of what the project is *intended* to do (e.g., to raise



awareness among street workers of the nature and effects of hepatitis C).

- ▶ **Objectives:** time-limited, specific, realistic and measurable *changes* which you hope will occur as a result of the project (e.g., by the end of the project, to *increase* the hepatitis C-related information available to street workers in Vancouver's Downtown Eastside on risk factors and community resources).
- ▶ **Activities:** the specific *actions* you will take to achieve your objectives (e.g., *develop* a resource manual, *organize* training sessions to introduce the manual's contents).
- ▶ **Outputs:** the products and events that will *result* from your project (e.g., manual, training sessions, information brochure).
- ▶ **Outcomes:** the changes/improvements which you expect to occur as a result of your project. For example:
  - improvements in health status, behaviours, knowledge/awareness
  - changes at the level of the determinants of health – e.g., in the social environment (more tolerant attitudes), the physical environment (safer conditions – e.g., clean needles), or the service environment (increased availability/accessibility of services, increased worker sensitivity), etc.
- ▶ **Person(s) responsible:** the individual(s) who will take primary responsibility for seeing that particular activities are carried out.
- ▶ **Partner:** a person or organization who makes a contribution to the project (funds, time, expertise, services, space, publicity, equipment, materials, etc.).

## 2.4(2) Work Plan Details

In this section, you must show that your activities are logically connected to your goals and objectives, and to your expected results. Please complete the following work plan with respect to your project:

**Goal** (broad)

**Objective I** (specific)

**Expected outcomes**

**Activity 1:**

**Expected outputs**

**Time frame** (from/to)

**Person(s) responsible**

**Partner(s) involved**

**Activity 2:**

**Expected outputs**

**Time frame** (from/to)

**Person(s) responsible**

**Partner(s) involved**

**Objective 2**

**Expected outcomes**

**Activity 1:**

**Expected outputs**

**Time frame** (from/to)

**Person(s) responsible**

**Partner(s) involved**

**Activity 2:**

**Expected outputs**

**Time frame** (from/to)

**Person(s) responsible**

**Partner(s) involved**

## 2.5 Job Descriptions

Briefly describe each project position and the skills required to fill it. Say whether the position is full-time or part-time.

1. Position: (what will the person do?)

Skills required: (knowledge, training, experience)

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Is the position full-time or part-time?

2. Position: (what will the person do?)

Skills required: (knowledge, training, experience)

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—  
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Is the position full-time or part-time?

3. Position: (what will the person do?)

Skills required: (knowledge, training, experience)

—  
—  
—

Is the position full-time or part-time?

## 2.6 Evaluation Plan

Evaluation is an ongoing process, not to be saved for the end. Its aims are to determine:

- ▶ whether your project is following/followed your work plan
- ▶ whether your project is meeting/met its objective(s)
- ▶ what is helping/helped you achieve your objectives, and what is making/made it difficult.

How will you know whether your project objectives have been achieved? For each objective, you should be prepared to answer the following questions in your evaluation report:

1. Are we doing/did we do what we said we would?
2. What are we learning/have we learned (about what works and what does not work?)
3. Does/did our work make a difference? How?
4. What can/could we do differently?
5. How can we use our evaluation findings for continuous learning?

**Please include your evaluation costs in your detailed budget, bearing in mind that they should not exceed 10% of your total expenditures. You may wish to hire an outside evaluator.**

As project sponsor, you will be responsible for tracking performance. If you have concerns, contact your program consultant for assistance.

## 2.7 Detailed Budget

- ▶ **complete** the Budget section of this application form (*Annex B*);
- ▶ remember that capital costs (e.g., purchase of land, buildings, vehicles, equipment) are not funded under this program;
- ▶ in your budget, show which costs relate to which project activities;
- ▶ list any contributions – financial or other – that your organization or a partner will make (services, office space, equipment, time, etc.);
- ▶ include your evaluation and dissemination costs.

**Reminder:** Health Canada's fiscal year runs from April 1 to March 31.

## 2.8 Partnerships

List all the organizations, groups and coalitions you plan to work with on this project. Say how each will contribute – e.g., what they will be responsible for (training, evaluation, outreach, etc.) and in what way (funding, expertise, etc.). Refer to section 2.11.

### Partner 1

Name of organization:

Areas of responsibility (and form of contribution): e.g., training (provide expertise and space for workshop), funding (pay printing costs for educational brochure)

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### Partner 2

Name of organization:

Areas of responsibility (and form of contribution): e.g., training (provide expertise and space for workshop), funding (pay printing costs for educational brochure)

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### Partner 3

Name of organization:

Areas of responsibility (and form of contribution): e.g., training (provide expertise and space for workshop), funding (pay printing costs for educational brochure)

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## 2.9 Sharing Knowledge

With whom do you plan to share the results of your project? How will you do this?  
(workshop, brochure, article, conference, etc.)

Results will be shared with:

–  
–  
–  
–

by means of:

- 
- 
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- 

Don't forget to cost these activities in your detailed budget.

## 2.10 Sustainability

Do you expect your project to continue after the funding ends?     **Yes**     **No**

If **yes**, explain how it will continue: (volunteers, fundraising, another organization taking over, etc.)

## 2.11 Letters of Commitment

You **must** include with this application:

- ▶ a letter of commitment from your organization, agreeing to sponsor the project (*Annex C*);
- ▶ letters from your partner organizations, saying how they will contribute to the project.

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## **ANNEX A POPULATION AND PUBLIC HEALTH BRANCH (PPHB) REGIONAL CONTACTS**

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Contact your Health Canada (Population and Public Health Branch) regional office, and ask for the program consultant working on hepatitis C. (Please note: If you are calling long distance, the program consultant will call you back.)

### **BC/YUKON**

Health Canada  
PPHB Regional Office  
440F-757 West Hastings Street  
Vancouver, B.C. V6C 1A1  
Tel.: (604) 666-2729  
Fax: (604) 666-8986

### **ONTARIO**

Health Canada  
PPHB Regional Office  
4<sup>th</sup> Floor  
25 St. Clair Avenue East  
Toronto, Ontario M4T 1M2  
Tel.: (416) 973-0007  
Fax: (416) 973-0009

### **ALBERTA/NWT**

Health Canada  
PPHB Regional Office  
Suite 815, Canada Place  
9700 Jasper Avenue  
Edmonton, Alberta T5J 4C3  
Tel.: (780) 495-2754  
Fax: (780) 495-7842

### **QUEBEC**

Health Canada  
PPHB Regional Office  
Guy Favreau Complex  
East Tower, Suite 210  
200 René Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4  
Tel.: (514) 496-9627  
Fax: (514) 283-3309

### **MANITOBA and SASKATCHEWAN**

#### **Manitoba contact**

Health Canada  
PPHB Regional Office  
Suite 420, 391 York Avenue  
Winnipeg, Manitoba R3C 0P4  
Tel.: (204) 983-2833  
Fax: (204) 983-8674

### **ATLANTIC**

Health Canada  
PPHB Regional Office  
18<sup>th</sup> Floor, Maritime Centre  
1505 Barrington Street  
Halifax, Nova Scotia B3J 3Y6  
Tel.: (902) 426-2700  
Fax: (902) 426-9689

#### **Saskatchewan contact**

Health Canada  
PPHB Office  
18<sup>th</sup> Floor, 1920 Broad Street  
Regina, Saskatchewan S4P 3V2  
Tel.: (306) 780-5355  
Fax: (306) 780-6207

For more information, visit Health  
Canada's Hepatitis C Web site at:  
**[www.healthcanada.ca/hepc](http://www.healthcanada.ca/hepc)**

## ANNEX B DETAILED BUDGET FORM

1. PERSONNEL	RELATIONSHIP TO PROJECT ACTIVITY	Fiscal Year 1	Fiscal Year 2	Fiscal Year 3
SALARY				
BENEFITS				
CONTRACTUAL (specify)				
	<b>SUB-TOTAL</b>			
<b>2. TRAVEL (provide details)</b>				
TRANSPORTATION				
FACILITIES & RENTALS				
MEALS				
	<b>SUB-TOTAL</b>			
<b>3. MATERIALS</b>				
SUPPLIES				
PRINTING/PHOTOCOPYING				
	<b>SUB-TOTAL</b>			
<b>4. EQUIPMENT</b>				
EQUIPMENT RENTAL (specify)				
	<b>SUB-TOTAL</b>			
<b>5. EVALUATION &amp; DISSEMINATION</b>				
EVALUATION				
DISSEMINATION				
	<b>SUB-TOTAL</b>			
<b>6. OTHER (provide a breakdown of items and costs)</b>				
	<b>SUB-TOTAL</b>			
<b>AMOUNT REQUESTED from the Hepatitis C Program</b>	<b>BUDGET TOTAL</b>			



Do you have other sources of funding?       **Yes**       **No**

If **yes**, please describe them: (amount, where from, what for, etc.)

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**ANNEX C SPONSOR INDICATION OF COMMITMENT**

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By my signature, I am submitting this proposal with the full authority necessary to make the application, and I am doing so with the full support of the organization that will sponsor the project.

Name of Project Representative (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

Name of Organization Sponsoring the Project \_\_\_\_\_

Name and Title of Delegated Authority (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Witnessed By \_\_\_\_\_

