



Funding Request – Under \$10,000

DISBURSEMENT PROGRAM – MENTAL HEALTH FOUNDATION (MHF)

To be eligible for funding you must either be connected to AHS or Recovery AB or be a **Qualified Donee** (able to issue official donation receipts)

Send your completed and signed application to: Funding@mentalhealthfoundation.ca

We will advise the status of your application within 6 weeks of receiving it.

Part A – Applicant Information

Name of requesting organization		
Organization address		
Website		
If not connected to AHS or Recovery AB, Provide your CRA Reg #	<input type="checkbox"/> AHS <input type="checkbox"/> Recovery AB	If not connected, provide your CRA #
Contact Person Name and Title (This is the person we will connect with for funding and reporting)		
Phone		
Email		

Part B – Project Summary & Funding Request Information

Project Title		
Total amount requested from MHF		
Location of program operation		
Is this project applying for funding from the "Co-op Communities in Mind" campaign? (For eligibility, please refer to our website)	<input type="checkbox"/> YES <input type="checkbox"/> NO	



Project Summary: In 3-4 sentences written in plain language, please provide a summary of your project.			
MHF Funding Summary: Describe specifically what the funds from MHF will be used for:			
Project timeline this funding will support (start and duration)	Start date:		
	End date:		
	Duration:		
Project Lead(s) and Collaborators (key people accountable for this project)	Name:	Title:	Email:
Sponsoring Organization(s): Indicate what organization(s) is supporting your funding application (AHS, Recovery AB and/or a community-based organization) and describe how they are supporting it (e.g. financial support, in-kind support – such as staffing release of time, etc.)			
Part C – Alignment with MHF priorities			
Indicate the primary MHF priority that your project will address (check ONE only)	<input type="checkbox"/> Integrated Systems of Care <input type="checkbox"/> Research & Innovation <input type="checkbox"/> Education & Awareness		
	<input type="checkbox"/> Children & Youth Care Systems <input type="checkbox"/> Adult Care Systems <input type="checkbox"/> Innovation & Technology in Mental Health and/or Addiction <input type="checkbox"/> Patient Support & Family Engagement		



How does your project align with MHF priorities?	
Part D – Detailed Project Description	
Is this a new project or a continuation of an existing project?	
If a continuation, please indicate when the project started.	
Project Description: Please provide an in-depth description of the project, including information on your organization or area of AHS/Recovery AB.	
Need and Opportunity:	
What mental health and/or addiction need will your project address?	
Does this project demonstrate innovation or act as a catalyst for change? If so, how.	
Activities, Target Group & Deliverables:	
What activities will be undertaken to achieve the project goal?	
What target group(s) will the activities focus on?	
Capital Projects	
If your funding request is for a Capital Project, clearly describe how the proposed renovation or purchase fits into a larger strategy to improve mental health and/or addictions care.	
Research Project or Project with a Research Component	



If your funding request is for a Research Project or Project with a Research Component, please provide details below						
Describe the main research question(s) that will be answered, research methodology and data analysis plan.						
Describe how the research results will improve mental health and/or addictions care.						
Describe how the research findings will be presented for integration into mental health and/or addiction care policy and practice						
If ethics approval is required, has it been obtained?						
<p style="text-align: center;">Part E - Budget Overview</p> <p style="text-align: center;">Please provide the category breakdown of the funding requested for this project. Attach a separate list showing details of specific funding.</p>						
	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Staff salaries	\$	\$	\$	\$	\$	\$
Physician salaries	\$	\$	\$	\$	\$	\$
Equipment >5K/item	\$	\$	\$	\$	\$	\$
Equipment <5K/item	\$	\$	\$	\$	\$	\$
Renovation	\$	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$	\$
Materials/supplies	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$



Detailed budget is attached to this application: YES <input type="checkbox"/>		
If applicable, how will this project be sustained after MHF funding ends?		
Have you applied for MHF funding in the past for this or a similar project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following:	Application Number:	
	Project Name:	
	Application Date:	
	Amount Requested:	
	Amount Funded:	
Part F - Intended Outcomes and Measurement Please complete all that apply.		
Changes in learning: (awareness, knowledge, attitude, skill, opinion, aspiration and motivation)		
Describe how this outcome will be measured:		
Changes in action: (behavior, clinical practice and treatment protocols, program design and delivery, decision-making, policy change)		
Describe how this outcome will be measured:		
Changes in condition: (access to care, quality of life, integration of health care services and programs)		
Describe how this outcome will be measured:		
Project governance: Please provide a brief overview of who will be accountable for decision-making, project management, and monitoring and reporting.		
How will funding from the Mental Health Foundation be recognized? Note: If the funding application is approved, the Mental Health Foundation must be publicly recognized for its support.		



Part E – Declaration		
As Project Lead(s), I (we) confirm that the information provided in this application is accurate and consistent with my sponsoring organization's policies and approval processes:		
Project Lead	Signature	Date
If the project has a sponsoring organization (like AHS or Recovery AB), Please have the lead sign and date: I can confirm that this project has followed our policies and approval processes:		
Name, title & Org Name	Signature	Date

Attach other supporting documents that you wish to provide here: