

2018/19 Community Addictions Prevention and Mental Health Promotion Fund

Application Form



Community Addictions Prevention and Mental Health Promotion Fund Application Form

The Community Addictions Prevention and Mental Health Promotion Fund is an initiative of the Newfoundland and Labrador Department of Health and Community Services. The fund is administered by the Department in partnership with the four regional health authorities: Labrador-Grenfell Health, Western Health, Central Health and Eastern Health.

Background

In June 2017, the Department of Health and Community Services released *Towards Recovery*, a mental health and addictions action plan. The plan outlines 54 recommendations, many of which support positive mental health and wellness. The Community Addictions Prevention and Mental Health Promotion fund specifically supports the promotion, prevention and early intervention priority areas of the action plan.

Applying for funding

All individuals, not for profit community groups, and organizations in the four health regions of Newfoundland and Labrador, who are interested in preventing addictions issues and promoting positive mental health, are eligible to apply for project funding through their regional health authority.

To receive funding, a project must act on at least one of the priority areas listed below and identify the priority area in their application:

- Supporting young families (parenting skills, parent/child mental wellness, etc...)
- Preventing substance use related risks and harms
- Suicide prevention, specifically with respect to stigma reduction
- Supporting positive mental health and wellness

There is a maximum grant amount of \$10,000 per applicant. Applications above \$10,000 will not be considered for funding.

Eligible expenses include but are not limited to:

- Resource material (e.g. educational / instructional materials)
- Honoraria, speaking fees, travel expenses for resource people
 - Honorarium fees are small gestures of thanks or appreciation; they are capped at \$25.00 per honoraria.
 - Speaking fees support a speaker or content expert from the private sector; speaking fees are capped at half of the total project request, to a maximum of \$5000.00. Some exceptions may be considered for evidence-based program training.
- Meals, travel or accommodations
- Advertising, publicity, printing

Ineligible expenses include:

- Projects which are a clear duplication of existing activities in your community
- Activities that can be completed by regional health authority staff
- Contributions to annual fundraising drives
- Core operating expenses (e.g. heat, light, staff/salary, etc.)
- Capital expenditures (e.g. building renovations, office furniture, etc.)
- Individual scholarships or bursaries
- Membership fees

Letters of support are not required and will not be used for proposal evaluation.

All successful funding recipients are required to return a completed activity tracking form upon completion of the project that was funded. The tracking form will be provided to successful applicants by their regional health authority contact.

Applications are to be submitted to your regional health authority contact listed on page 4.

Deadlines for fund applications is close of day December 21, 2018.

Please send applications to the contact in your region:

Labrador-Grenfell Health:

Tina Coombs

Regional Addictions Prevention
and Mental Health Promotion
Consultant

Mental Health and Addictions Services

Labrador-Grenfell Health

Curtis Memorial Hospital

178-200 West Street

St. Anthony, NL A0K 4S0

Tel: (709) 454-0521

Fax: (709) 454-4041

Email: tina.coombs@lghealth.ca

Western Health:

Tara Welsh

Regional Mental Health Promotion

Consultant

Western Health

133 Riverside Drive, Noton Building

P.O. Box 2005

Corner Brook, NL A2H 6J7

Tel: 634-4171/634-4927

Fax: 634-4888

Email: tarawelsh@westernhealth.nl.ca

Central Health:

Lauren Josselyn

Regional Addictions Prevention

Consultant

Mental Health and Addictions Services

Central Health

36 Queensway c/o 50 Union Street

Grand Falls-Windsor, NL A2A 2E1

Tel: 709-489-4389

Fax: (709) 489-0114

E-mail:

lauren.josselyn@centralhealth.nl.ca

Eastern Health:

ST. JOHN'S METRO - Wayne Bishop

Addictions Prevention Consultant

Mental Health and Addictions Services

Eastern Health

Building 532, 80 Charter Avenue

P.O. Box 13122

St. John's, NL A1B 4A4

Tel: (709) 752-4030

Fax: (709) 752-6852

E-mail: wayne.bishop@easternhealth.ca

RURAL AVALON & PENINSULAS -

Tracey Sharpe-Smith

Regional Addictions Prevention

Consultant

Mental Health and Addictions Services

Eastern Health, Rural Avalon &

Peninsulas

P.O. Box 719, Bay Roberts, NL

A0A 1G0

Tel: (709) 786-5230

Fax: (709) 786-5221

E-mail:

tracey.sharpesmith@easternhealth.ca

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Mental Health Promotion Fund**

Application Form

SECTION 1: APPLICANT INFORMATION – PLEASE FILL IN ALL FIELDS

Applicant:	Date:
Contact Information	Co-Applicant Information
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Email:	Email:

SECTION 2: PROJECT DESCRIPTION

Project/Program name:

Date of Activity:

Priority Areas Covered: (please mark 'X' to all that apply)

Priority Area	Covered by project?
Supporting young families (parenting skills, parent/child mental wellness, etc...)	
Preventing substance use and related harms	
Suicide prevention, specifically with respect to stigma reduction	
Supporting positive mental health and wellness	

Project Details

Who?

Who is the project/program for (target population)?

What?

What is the project about? Please give a brief overview.

Why?

Why do you want to do this project (what is your main goal)?

Project start date:

Project finish date:

Project Work Plan

Please indicate all the steps you will take to complete this project. Please include who will be responsible for each step, and expected timeline for each activity.

Activity	Person Responsible	Timeline

Evaluation

How are you going to determine if the project has been a success?

Number of People

Total number of people expected to take part for the duration of the project, program, or event:

Sustainability

How will this project build lasting skills among participants? Please explain.

What are your future plans?

SECTION 3: COSTS

Amount of money being requested:

How will these funds be used: Please list all items you require, costs, and other sources of funding you may be able to use if this fund cannot cover all items.

Item	Estimated Cost	Source of Funding
TOTAL AMOUNT REQUESTED		

Other Funding Requested

Please indicate all sources of funding that you have requested:

Other Funding Received

Please indicate all sources of funding that you have received:

For Office Use Only:

Application Received By:	Date:
Application Reviewed By:	Date:
Application Approved By:	Date:
Amount Awarded:	