



The VCH Population Health Community Investments Team is excited to announce One-Time-Only Project Grants (OTO's) for one-time-only projects that support vulnerable population groups within the VCH region to enhance their own health and/or prevent illness. 2016/2017 OTO Project Grants are expected to range from \$100 to \$15,000, with an average grant of \$10,000.

2016 PRIORITY FUNDING AREAS for VCH Population Health Community Investments include:

- Reducing barriers faced by vulnerable populations in accessing health care services.
- Prevention or management of chronic physical or mental health conditions.
- Early childhood development or enhancing resiliency of at-risk children and youth.
- Community capacity building in support of people experiencing, or at-risk of, homelessness or poverty.
- Social connectedness and reducing social isolation.

One-Time-Only FUNDING CRITERIA

- Projects must consist of, or support, activities that promote health and/or prevent illness (not direct health care, health care support, social work or health intervention services) among and by vulnerable population groups.
- Projects must consist of, or support, activities that build capacities of peer groups, families and/or communities (not solely of individuals).
- Projects must serve, or support activities that serve, residents of the VCH region (Vancouver, Richmond, North Shore, Sunshine Coast, Powell River, Sea-to-Sky and/or Central Coast).
- Applying organizations must be a registered non-profit society, school board or local government in British Columbia in good fiscal, operational and managerial standing and with an independent, active governing body (e.g., Board of Directors).
- Projects must be one-time-only in nature and intent, or have secured sustainability plans for continuation beyond one-time-only funding.
- Project expenses must be reasonable in relation to proposed activities, and estimates well supported. Funding is very limited; please only ask for what is needed.
- All proposed activities must be completed, and all funding spent, before March 31, 2017.
- Fundable activities include one-time-only program enhancements/expansions, pilot projects, small capital projects, program research/planning, and/or organizational capacity building.
- Non-fundable activities include administrative activities exceeding 10% grant value, deficit recovery, direct health care, health care support and/or health intervention services and participant honoraria.

Please Note: Only completed applications – submitted in the attached template format will be reviewed.

APPLICATION DEADLINES:

Applications are accepted at any time, but reviewed in 3 rounds (June, September and November 2016) or upon exception at other times due to special circumstances. Regardless of project start date, all activities must be completed and funds spent before March 31, 2017. Applications (mailed or emailed) must be received by the following deadlines for consideration in each corresponding round:

- May 31, 2016
- August 31, 2016
- October 30, 2016

MAIL or EMAIL COMPLETED APPLICATIONS to:

Population Health Community Investments
Vancouver Coastal Health
232 - 520 West 6th Avenue
Vancouver, BC V5Z 1A1

community.investments@vch.ca



1 | PROJECT INFORMATION:

Name of Organization:		
Registered Charity Number (13-digits):		
Project Name:		
Project Location:		
Project Timeline:	Start Date:	End Date:
What is the primary nature of your project?	<input type="checkbox"/> One-time-only project <input type="checkbox"/> One-time-only program enhancement or expansion <input type="checkbox"/> One-time-only pilot project <input type="checkbox"/> One-time-only small capital project <input type="checkbox"/> One-time-only program research/planning <input type="checkbox"/> One-time-only organizational capacity building <input type="checkbox"/> Other one-time-only project (please specify): _____	
Which of the Funding Priority Areas does your project address directly or support indirectly? *	<input type="checkbox"/> Reducing barriers faced by vulnerable populations in accessing health care services. <input type="checkbox"/> Prevention or management of chronic physical or mental health conditions. <input type="checkbox"/> Early childhood development or enhancing resiliency of at-risk children and youth. <input type="checkbox"/> Community capacity building in support of people experiencing, or at-risk of, homelessness or poverty. <input type="checkbox"/> Social connectedness and reducing social isolation. <input type="checkbox"/> Other local community priority. Please specify: _____	
If you are <u>not</u> successful in this round of selections, would you like the same project to be considered in future rounds? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, what is the <u>latest</u> possible start date for your project, beyond which this proposal is no longer relevant? _____).		

* **NOTE:** Direct provision of direct health care, health care support, social work or health intervention services are not fundable.



2 | CONTACT INFORMATION:

Mailing Address: (including City and Postal Code)	
Website URL:	
Contact Person regarding this application & project:	
Contact Phone #:	
Contact email:	
Finance Contact Name:	
Finance Contact Phone #:	
Finance Email:	



3 | PROJECT SUMMARY

<p>a. Describe the main goals of your project and what you hope to accomplish.</p>
<p>b. How did you determine this project as a priority for your existing program, organization and/or program? Please reference any data, needs assessments, reports, research, etc. to support your answer.</p>
<p>c. Describe your project activities and how these activities will help you to reach the goals of your initiative.</p>
<p>d. Which groups or organizations (if any) will you be partnering with? What will the nature of this partnership be? Any other funders?</p>
<p>e. How is this project one-time-only in nature and intention? If you plan on the project continuing, what are your secured/confirmed plans for its continuation beyond this potential one-time-only funding?</p>



4 | PROJECT BUDGET

Project expenses must be reasonable in relation to proposed activities, and estimates well supported. Funding is very limited; please only ask for what is needed. 2016/2017 OTO Project Grants are expected to range from \$100 to \$15,000, with an average grant of \$10,000.

<u>Staffing Costs</u>	Requested as VCH PopHealth OTO Project Grant	Secured from other sources
Project Coordinator		(Please specify source:)
Project Assistant		(Please specify source:)
Project Facilitator		(Please specify source:)
Volunteer Honoraria		(Please specify source:)
Other – Please specify:		(Please specify source:)
Contracted Services (i.e., consultants) – Please specify:		(Please specify source:)
Total Labour costs:		
<u>Project Supplies/Services Costs</u>	Requested as VCH PopHealth OTO Project Grant	Secured from other sources
Room, Venue or Facility Rental		(Please specify source:)
Project Supplies		(Please specify source:)
Supplies – Photocopying/Printing		(Please specify source:)
Supplies – Food (include # of gatherings, # of participants)		(Please specify source:)
Small Capital Expenditures (e.g., equipment, renovations, etc.)		(Please specify source:)
Staff/Volunteer Training (e.g., workshops, courses)		(Please specify source:)
Other Supplies or Services – Please specify:		(Please specify source:)
Total Project Supplies/Services costs:		



4 | BUDGET (continued)

Project expenses must be reasonable in relation to proposed activities, and estimates well supported. Funding is very limited; please only ask for what is needed. 2016/2017 OTO Project Grants are expected to range from \$100 to \$15,000, with an average grant of \$10,000.

Administration Costs (cannot exceed 10% of total requested funding)	Requested as VCH PopHealth OTO Project Grant	Secured from other sources
Administration/Office Expenses		(Please specify source:)
Association Dues		(Please specify source:)
Insurance		(Please specify source:)
Office Equipment Rental		(Please specify source:)
Utilities (including Internet/Telephone)		(Please specify source:)
Financial/Office administrative staff support		(Please specify source:)
Managerial staff support		(Please specify source:)
Other – Please specify:		(Please specify source:)
*Total Administration costs: (Total administration costs <u>cannot</u> exceed 10% of the total requested funding)		
TOTAL EXPENDITURES <i>(Total Labour + Total Project Supplies/Services + Total Administration Costs)</i>	Requested as VCH PopHealth OTO Project Grant	Secured from other sources
Any explanatory notes you would like to include regarding your project budget?		