Ontario

Ministry of Health and Long-Term Care

Health and Well-Being (HWB) Grant Program 2018-19/2019-20
777 Bay Street, Suite 702
Toronto ON M7A 1S5

Health and Well-Being (HWB) Grant Program
Full Project Proposal Application Form (Community Development)

Deadline: Friday, February 16, 2018 11:59 p.m. EST
Email: HWBGrant@ontario.ca

Instructions

Please use the templates provided by the Ministry of Health and Long-Term Care ("Ministry") to support your proposal. See instructions below for more information. Email your Full Project Proposal to HWBGrant@ontario.ca by **Friday, February 16, 2018 11:59 p.m.** (EST). **Project Proposals received by the Ministry after Friday, February 16th at 11:59 p.m. will not be considered.**

- All applicants should complete the Proposal Template as provided. **The document and its margins should not be manipulated in any way. Failure to follow these instructions may result in your proposal no longer being considered.**
- Only proposals invited by the Ministry will be considered for funding. **Submission of a project proposal to the Ministry does not guarantee that funding will be provided by the Ministry. The Ministry reserves the right to not fund any project proposal for any reason, including that the proposal is not eligible, does not meet ministry priorities or does not meet other applicable criteria.**
- For more information on eligibility, ministry priorities and other criteria, refer to the Health and Well-Being (HWB) Grant Program Guidelines 2017-18.

A complete project proposal for funding under the Health and Well-Being Grant Program consists of the following documents:

Document	Instruction	How to Submit
☐ 1. Project proposal	Use the Ministry template. See template for word limits.	Email PDF document
☐ 2. Project work plan	Use the Ministry template. Limit to 10 pages or less.	Email Word document
☐ 3. Project budget	Use the Ministry template, which includes separate budgets for each Fiscal Year (if applicable).	Email Excel document
☐ 4. Proof of eligibility	Provide documents that confirm the incorporated status and legal name of the organization. These include articles of incorporation (in Ontario), letters of patent of the applicant, or special acts of incorporation.	Email scanned copy
☐ 5. Financial statements	Provide the organization's latest financial statement audited or reviewed by a licensed public accountant, which includes a statement of revenues and expenses and a balance sheet.	Email Word documents or scanned copy
☐ 6. Partner letters (if applicable)	Provide signed letters from any project partner(s) outlining/acknowledging involvement with the project. These letters must be signed by an authorized signing official from each partner organization. The project proposal should be shared with the partners.	Email signed scanned copy

Important Information

The information in this project proposal, including all the attachments, will be shared with Ministry staff and others for the purposes of administering the Health and Well-Being Grant Program.

All applicants selected to receive funding will be required to enter into a Transfer Payment Agreement with the Province.

Do not include any personal health information as defined in the *Personal Health Information Protection Act, 2004* or personal information as defined in the *Freedom of Information and Protection of Privacy Act* in your project proposal.

1a. Organization Information

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Name of Organization (Legal Incorporated Name)

Incorporation Number	Date of incorporation (yyyy/mm/dd)	Website Address (if applicable)

Contact Person (for project proposal)

Salutation	Last Name	First Name

Title/Position

Business Telephone Number	Other Telephone Number	Business Email

Executive Director / Chief Executive Officer

Salutation	Last Name	First Name

Title/Position

Business Telephone Number	Other Telephone Number	Business Fax Number	Business Email

Board Chair / President

Salutation	Last Name	First Name

Title/Position

Business Telephone Number	Other Telephone Number	Business Fax Number	Business Email

Senior Financial Officer (e.g. CFO, CAO)

Salutation	Last Name	First Name

Title/Position

Business Telephone Number	Other Telephone Number	Business Fax Number	Business Email

Business Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Business Correspondence Address ☐Same as above

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

1b. Detailed Organization Information

Describe your organization's mandate, purpose and objectives. **Maximum 250 words.**

Outline your organization's main activities, programs, services, or initiatives. **Maximum 250 words.**

Describe your organization's capacity and resources to provide services to the project's priority population(s). **Maximum 500 words.**

Summarize the organization's experience in serving the project(s) targeted population. **Maximum 250 words.**

Outline any recent government funding your organization has received (within the last three years). **Maximum 250 words.**

Is your organization up-to-date in meeting all requirements related to funding received from the Government of Ontario, any agency of the Government of Ontario, or any current or previous funding from the Ontario Trillium Foundation? (e.g., has your organization provided any and all outstanding reports or provided refunds or repayment of funds where requested to do so).

☐Yes ☐No ☐Not Applicable

If no, provide details. **Maximum 250 words.**

2. Project Information

Indicate HWB Grant Program focus area (select one)

☐Focus Area 1: Evaluation (up to $0.750M in year 1 and up to $0.25M in year 2)

☐Focus Area 2: Training (up to $0.75M in year 1 and up to $0.25M in year 2)

☐ Focus Area 3: Community Development (up to $0.5M in year 1 and $0.1M in year 2)

Funding Request Estimate

☐2018-19 Fiscal Year ▶ $

☐2019-20 Fiscal Year ▶ $

Note: Further details on project activities can be included in the work plan.

Project Summary

Describe the proposed project and activities and how these will support the utilization of a collective impact approach to strengthen the capacity of communities to build linkages between local health and social sectors to more effectively support individuals who are disproportionately impacted by the social determinants of health. **Maximum 250 words.**

Outline how the project will identify gaps in community capacity to support linkages between local health and social sectors, the approach to developing a plan to address these gaps, and describe how the plan will be implemented. **Maximum 250 words.**

Summarize how the project approach and activities incorporate the health equity lens to ensure that the proposed project contributes to improving health equity among priority populations in Ontario. **Maximum 250 words.**

Intended Reach

Provide details on the specific target audience for the project, as well as any priority populations or communities that are disproportionately impacted by the social determinants of health that may benefit as a result of the project. **Maximum 250 words.**

Project Partners

Describe any partnerships being formed for the project, specifically in the health and social sectors, and how the partners' expertise and resources will be leveraged to enhance project delivery. **Maximum 250 words.**

Performance Measurement

Describe the performance measures that your project will be using to track and evaluate the achievement of defined deliverables and intended outcomes/impact of project activities, and how this data will be collected. **Maximum 250 words.**

Sustainability

Outline the sustainability approach that the project will use to support ongoing impact beyond the duration of the project that includes sharing of all project tools, resources and learnings with other communities in Ontario via the ministry. **Maximum 250 words.**

I certify that the information in the above Project Proposal is true and accurate to the best of my knowledge.

Name	Title
Signature	Date (yyyy/mm/dd)

I have authority to bind the organization