



**CANADA HEALTHY
COMMUNITIES INITIATIVE**



Application Form



COMMUNITY
FOUNDATIONS
OF CANADA

FONDATIONS
COMMUNAUTAIRES
DU CANADA

Funded by

Canada



Canadian
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Urbain du
Canada

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This PDF is intended for informational purposes only to help you plan your application. This document cannot be submitted as your application. All applications must be submitted via the Healthy Communities Initiative [online platform](#). If you require a PDF for accessibility reasons please reach out to chci@communityfoundations.ca.



CANADA HEALTHY COMMUNITIES INITIATIVE

Application Instructions & Eligibility Confirmation

Our goal is to make this application simple and easy to complete. The [Applicant Guide](#) provides more guidance and specific examples.

Projects funded by the Healthy Communities Initiative will:

- respond to identified needs arising from impacts of COVID-19;
- create and adapt public spaces, and programming and services for public spaces in the public interest;
- demonstrate consideration of and connections with the community;
- serve the general public or a community disproportionately impacted by COVID-19 listed in the [Applicant Guide](#); and,
- fall within the three Healthy Communities Initiative theme areas described in the [Applicant Guide](#).

The information you provide in this document will be used by local reviewers in their evaluation as they make funding decisions according to the criteria above.

What type of eligible organization are you:

If you selected municipalities and municipal bodies are you:

Municipalities and local or regional governments established by or under provincial or territorial statute
Municipally-owned corporation
Other

If you selected Indigenous governing body are you:

A band council
A First Nation, Inuit or Métis government or authority
Tribal councils, provincial/territorial bodies

If you selected federally or provincially incorporated not for profit are you:

local economic development group (inc BIAs)	not-for-profit residents associations
federally or provincially incorporated community, non-profit, voluntary organization;	post-secondary educational institutions
Indigenous development corporations	registered charity;
relevant not-for-profit professional associations	research institutes;

Note: If you select "Other community-led organizations and grassroots groups" you must apply with another organization that is listed as eligible using an [Intermediary Agreement](#).

Section 1: About Your Organization

1. Lead Applicant Information

Name

First

Last

Email:

Preferred Language:

Phone Number:





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2. Organization Information

If you are applying as a community-led organization or group with another eligible organization using an Intermediary Agreement please attach contact information for both organizations.

Organization Name:

Organization Website:

Organization Address:

Street Address

City / Town / First Nation

Postal Code

Province / Territory

Year Established:

Social media platforms:

3. Tell us about your organizations background, mission, and mandate. (Maximum: 200 words)

Please describe the mission, mandate and main activities of your organization. Who do you serve? How do they benefit?

4. Community engagement

Please describe relationships with your community (including equity seeking groups and those with specific socioeconomic needs) and how community engagement is integrated into your work (See Equity Guidance)

5. Are you applying as an individual organization or as a group of organizations?

If group, please describe the group.

How did the collaboration form? Who is participating in the collaborative? Are grassroots/community collaborators part of the project? If so, what are their roles within it and have you fairly budgeted to reflect their contributions to the project? How will each collaborator be publicly recognized for their contributions?¹

6. How did you hear about CHCI?

¹ Contribution by Jay Pitter, MES



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Section 2: About Your Project

Resources: [Applicant Guide](#) | [Equity Guidance](#)

7. Project Title:

8. Which Healthy Communities Initiative theme does your project primarily focus on?

Please refer to the Applicant Guide for a list of examples under each theme

Does your project focus on any other Healthy Communities Initiative themes?

Safe and vibrant public spaces

Improved mobility options

Digital solutions

9. Tell us about your project. (Minimum: 50 words; Maximum: 250 words)

Please describe your project. How does your project address the CHCI theme(s) and benefit the public during COVID-19? What are the project's desired outcomes? Please let us know if your project has any continued community benefits.

10. Tell us why this project is important and how you've engaged your community in it's design. (Minimum: 50 words; Maximum: 250 words)

What was the inspiration or need that led to this project idea? Please describe how your community has shaped your project proposal. Have you considered any unintended, adverse outcomes for your community, including equity-seeking groups?

11. Tell us about your project leadership.

Are individuals representative of the community(ies) you're seeking to serve involved in the decision making and delivery of your project?

Yes

No

If yes, please give further details:



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12. Tell us about your project design, work plan & timeline. (Minimum: 50 words; Maximum: 250 words)

Please describe your project design, details of your work plan, and any important timelines. How will you gather stories and lessons throughout the duration of your project?

13. Attach up to five photos of your project site(s) to your application, if possible. Add disclaimer if faces are in photo.

14. Tell us about your outreach strategy once the project begins.(Minimum: 50 words; Maximum: 250 words)

your project reach the communities that you wish to serve? Please speak to specific outreach strategies.

15. If you've selected digital solutions as your Healthy Communities theme, tell us how you will use inclusive digital design and manage data responsibly. (Minimum: 50 words; Maximum: 250 words)

Please describe how your project addresses user accessibility, data security & privacy of personal information, data management, technology procurement & vendor selection, open data plan.

16. Possible Mentor Opportunity

If your application is successful , this information will be used to inform potential mentoring opportunities.

If the project being proposed is new to your organization in terms of activity and/or scope or integrating an equity lens is new, do you think your project could benefit from a mentor?

If yes, in what area?

17. Communities Served. Is your project serving the general public or a community disproportionately affected by COVID-19, including historically marginalized communities?

General public

Communities disproportionately affected by COVID-19



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If you selected communities disproportionately affected by COVID-19, select the primary community requiring specific support, community of origin and age group your project will serve, if applicable:

Community requiring specific support: Community of origin:

Age group:

Other communities served:

Members of LGBTQ2S+ community

Women, girls & non-binary people

Official Language Minority Communities

Newcomers, temporary foreign workers and refugees

People experiencing domestic or gender-based violence

People experiencing homelessness

People experiencing low income or living in poverty

People living in group homes or supportive care

People living with mental illness

People living with addiction

People with different abilities

Indigenous: First Nations

Indigenous: Inuit

Indigenous: Metis

Indigenous: All

People of African descent

People of Asian descent

People of Latin American descent

People of Middle Eastern descent

Other communities of origin

Children and youth

Seniors

18. Permits & approvals. *Have you secured the proper permits or approvals to successfully carry out this project? We strongly encourage you to visit your local government authorities for relevant permits and approvals*

Based on your answer above, please describe what permits or approvals are required to deliver the projects. Applicants who receive funding will be required to submit proof of these documents prior to funds being distributed.

19. Project Documents. You can attach additional documentation to support your application. Supporting document examples: Project proposal, design drawings, consultation documentation, letters of support, certificate of insurance, site photos, etc

Section 3: Location, Budget and Timing

20. Funding Request Range

\$5,000 to \$100,000

Over \$100,000 up to \$250,000

21. Funding Request

Will your project continue if you are awarded a smaller amount?

Yes

No

How much are you applying for?

21. Project Region(s)

Check the region map to determine in which region(s) your project takes place using the search tool available on our website.

Does your project take place in one region or more than one region?

one region

more than one region



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Please select the region(s) where your project takes place:

Alberta North	BC South	ON - South Western	QC - Boreal
Alberta South	Manitoba	ON - Golden Horseshoe	QC - Central and Eastern
Atlantic Canada	Northern Canada & Quebec	ON - Toronto, York & Durham	QC - Montreal, Laval and Montérégie
BC North & Island	ON - Northern	ON - Central Eastern	QC - Lanaudière, Laurentides, Outaouais
			Saskatchewan

22. Is your project located at a single site or multiple sites?

Single site

Multiple sites

23. Start and End Dates. What are the start and end dates of your project activities?

Start date:

End date:

Note: Project activities must be completed and project expenses must be spent by June 30, 2022

23. Project Budget Attach your project budget using the budget template

- Ensure that your budget accounts for the full amount you have requested.
- Please visit budget equity checklist: [Download budget template](#)
- All budget items must be project-related and must be incurred between April 1, 2020 - June 30, 2022.
- Eligible expenditures include: wages and benefits, professional fees, travel and accommodations, materials and supplies, printing and communication, equipment rental/lease/maintenance, administration costs, and disability support for staff. See the Applicant Guide for more details about eligible expenses.

Budget Notes. Please add any budget notes or commentary, if needed.



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Section 4: Declarations and Authorizations

Money owed to Government of Canada Does the organization owe any amount to the Government of Canada?

No

Yes

Money owed to Government of Canada disclosure.

What is the name of the program through which you have secured Government of Canada funding (loans or otherwise), what amount of funding was secured and what is the repayment plan?

Conflict of Interest Declaration. Will there be involvement of former public servants who are subject to the Post-employment Measures of the Values and Ethics Code for the Public Service, the Conflict of Interest and Post-Employment Code for Public Office Holders, the Conflict of Interest Act, the Parliament of Canada Act and the Lobbying Act.

No

Yes

Conflict of Interest disclosure

Please describe who these individuals are, their roles and responsibilities as public servants as well as the ways in which they will be working on the project.

Organizational Status Documentation. Please provide at least one piece of documentation confirming your organizational status as an eligible organization. This can include, but is not limited to Articles of Incorporation, Business Number Registration Charitable Status, etc.

Authorizations

By completing this section, the applicant confirms that they are an eligible organization or eligible applicant.

- We declare our interest in submitting this application for consideration of the Canada Healthy Communities Initiative
- We confirm that the information provided in this application is accurate, and that it may be shared and used in the work of Community Foundations of Canada, community foundation network, Canadian Urban Institute, technical partners and the Government of Canada
- I have appropriate signing authority to submit this proposal on behalf of the organization/ collaborative
- I agree that our application will be shared with your selected regional hub for review.
- I understand that, if our application is approved, electronic payment will speed up the disbursement process by approximately two weeks. (If your organization is not set up to receive Electronic Fund Transfers (EFT), you may wish to set that up now. If you prefer, you can receive a cheque via mail.)

I accept the authorizations and confirmations

Date: