



2023 Change Can't Wait! Application Form

Application due by July 14
ALL INFORMATION PROVIDED IS PUBLIC

Form 1: Primary Applicant - Organization Information

Organization Name (<i>legal name</i>)	
Year of Registration	
Registration Number (<i>For example: Societies Act of Alberta, Companies Act of Alberta, or Business Corporations Act</i>)	
Mailing Address	
Street Address (<i>if different from above</i>)	
Website	
Primary Applicant Contact (<i>with signing authority who has approved submission of this proposal</i>)	
Project Lead (<i>if different from contact for organization</i>)	
Phone Number:	
Email Address:	
<p>If your application is successful, will you obtain adequate liability insurance (no less than 2 million dollars Commercial General Liability insurance including The City as an additional insured)?</p> <p><i>The costs associated with obtaining insurance are an eligible expense and should be included in your budget.</i></p>	(Yes/No)

Primary Applicant Supporting Documents	Yes	No
Does your organization have the following in place? These documents are not a requirement for consideration, they will serve as one element of the review panel's assessment of organizational capacity to offer the proposed project/initiative.		
<ul style="list-style-type: none"> • Certificate of incorporation (primary applicant only) • Organization's provincial or federal annual return (primary applicant only) • Organization's most recent financial statement (primary applicant only) • Financial statements for previous year (primary applicant only) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Form 2: Collaborative Information

Name of Collaborative or Project	
Year Collaborative commenced working relationship	
Registration Number <i>(For Joint Ventures/LLPs and formally incorporated Collaboratives)</i>	
Mailing Address of the Collaborative if different from the primary applicant	
Street Address <i>(if different from above)</i>	
Website of the Collaborative or Project	
If your application is successful, will you obtain adequate liability insurance (no less than 2 million dollars Commercial General Liability insurance including The City as an additional insured)? <i>The costs associated with obtaining insurance are an eligible expense and should be included in your budget.</i>	(Yes/No)

Provide each partnering organizations name(s) and contact information below.
Include name and contact information for each member of the collaborative. Note that proof of partnership may be required as part of the funding agreement.

1000 characters, required.

Describe your collaborative and how it is operationalized.
Provide a summary of your collaborative group and current work. This should include how and when the collaboration originated, the population you focus on, and the activities you're engaged in already. List all current partners, the nature of involvement and how partners were chosen. Include any relevant information around governance, workflows, activities, shared outcomes, and communication strategies.

Text, Required, 3000 characters max

How will decisions be made over the course of the project/initiative?
Indicate how decision making is shared. Describe your structure and how decisions are made and actioned, including how grant fund allocations will be determined through the course of work. Please share any group guidelines or agreements, if available, including how additional people or groups may be added along the way.

Text, Required, 2000 characters max

Describe the contribution and/or role of each partner of the collaborative.
Note any specific roles people or organizations might hold in the collective work, or their respective organization.

Text, Required, 2000 characters max

Provide an overview of your collaborative's collective experience and capacity to deliver this project/initiative?
Points to consider: Have members of the collaborative completed similar work before? Is your collaborative ready to support this proposed project/initiative starting immediately?

Text, Required, 3000 characters max

Are the partners named above aware and in agreement with this funding application?

Yes

No

Does your collaborative have the following in place? These documents are not a requirement for consideration, but if available will serve as one element of the review panel's assessment of the capacity of a collaborative to offer the proposed project/initiative.	Yes	No
<ul style="list-style-type: none"> • Membership Chart • Memorandum of Agreement, Terms of Reference, or written agreement • Information sharing policies and/or procedures 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If the above documents are not available, provide alternative attachments, documents, or media and provide rationale as to how these attachments demonstrate your collaborative 's capacity to lead this work.

Supporting documents, attachments or media should be uploaded in the 'Documents' tab in FIMS. Complete only if you have additional information you would like to share.

Please identify what has been uploaded for reviewer consideration in the textbox below.

Text, Optional, 1000 characters max

Identify which collaborative approach is being taken: <i>(Select only one)</i>	<input type="checkbox"/>	Joint Venture: The primary applicant will work with partners to carry out activities. They will pool resources to accomplish outcomes.
	<input type="checkbox"/>	Cooperative: Rather than pooling resources and sharing responsibility for the project, each organization instead takes on responsibility only for parts of the project. However, shared mission, goals, decision-making and resources are in place.
	<input type="checkbox"/>	Other: Applicant required to define the collaborative and working structure.

If other, describe the nature of the collaborative working relationship:

Text, Optional, 2000 characters max

Form 3: Project Information and Alignment

Project Information	
Project Name:	
Project Start Date:	
Project End Date:	

Project Delivery Location(s)

Provide the postal code for each location the project will operate or indicate if the project will be delivered exclusively online.

Text, Required, 500 characters max

Share with us your commitment and connection to the communities you are serving through this project.

Points to consider: Is this project designed by and for members of the community being served? How will members of the community served be engaged throughout the project's delivery?

Text, Required, 3000 characters max

Project Description

Provide a brief description of the initiative and what you hope to address during the funded timeframe. This description is used when sharing approved projects with council, on our public website and when a brief description is needed internally. See [previous allocations](#) for examples.

Text, 500 characters max, required

What is the community need or pressing mental health and addiction issue you are trying to address?

Describe how this particular issue became your focus and the systemic behaviours, attitudes/mindsets, relationships, flow of resources, and/or policies you have identified that are holding the issue in place. Consider what historical or current context is needed to understand the issue. Please provide sources that back up your community need’s assessment where relevant.

Text, 2000 characters max, required

What is the goal of the project?

Provide a *brief statement about the ultimate goal of the project, not the primary applicant or the collaborative.*

Text, 1000 characters max, required

Describe the specific **strategies, process or plan** that will be used to achieve the goal (*including who the project/initiative is aimed at, what will be done, where and how it will be delivered, when and what timeframe.*)

Text, 4000 characters max, required

Rationale

Provide a summary using research, examples and/or experience that supports your approach.

Text, Optional, 3000 characters max

Systems Integration:

How does this proposed project/initiative align with existing programs and services available in the community? What sets this proposed project/initiative apart from others (unique value proposition)? How will this project/initiative work with others in the community?

Text, Optional, 3000 characters max

Project Evaluation and Outcome Measurement

<p>Priority Outcome</p> <p><i>(Select the outcome area most aligned or relevant to your proposed project/initiative and the corresponding indicators which will be measured throughout project delivery, required)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Being Well: Resilient people and communities: Projects which increase the ability of Calgarians to recover from difficult times. <ul style="list-style-type: none"> <input type="checkbox"/> Indicator: % of Calgarians who report a sense of belonging to their local community. <input type="checkbox"/> Indicator: % of Calgarians who report an increased understanding of how to support family, friends, and neighbours who are experiencing mental health concerns. <input type="checkbox"/> Project will develop its own indicators. <input type="checkbox"/> Being Well: Reduced stigma: Projects which address the complex social process which aims to exclude, reject, shame, and devalue groups of people on the basis of mental health and addiction. <ul style="list-style-type: none"> <input type="checkbox"/> Indicator: % of Calgarians who experience mental health and/or addiction concerns talk about it with others. <input type="checkbox"/> Project will develop its own indicators. <input type="checkbox"/> Getting Help: Improved service access and navigation: Projects which increase service coordination and integration between the mental health and social services that serve Calgarians. <ul style="list-style-type: none"> <input type="checkbox"/> Indicator: % of Calgarians have accessed mental health supports. <input type="checkbox"/> Indicator: # of Calgarians received services through coordinated points of access. <input type="checkbox"/> Indicator: # of organizations who report increased access to shared data – particularly those which facilitate client care. <input type="checkbox"/> Project will develop its own indicators. <input type="checkbox"/> Getting Help: Increased knowledge: Projects which ensure Calgarians know where to get help for mental health issues and problems, substance use and addiction issues where and when needed. <ul style="list-style-type: none"> <input type="checkbox"/> Indicator: % of Calgarians know how to access mental health support and services. <input type="checkbox"/> Project will develop its own indicators.
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Describe any additional outcomes and indicators developed by the collaborative to measure project success.

2000 characters, required

Describe how the outcomes and indicators above will be tracked and measured.

2000 characters, required

Given the limited term of this funding opportunity, describe your plan upon the end of the funding term. What steps will you take to ensure sustainability beyond the term of the funding, if planning to continue?

Text, Required, 3000 characters max

What are the implications to this project/initiative and organization if you do not receive the full amount requested?

Text, Required, 1000 characters max

Reflections

How will your organization communicate the positive impact of this funding in the community?

Text, 1000 characters max, required

In the spirit of continuous improvement, what feedback can you offer us regarding this application process?

Text, 1000 characters max, optional