Connect the Dots! – Enhanced Programs and Services
Call for Proposals
2024 Application Form

Application due by Monday, Oct. 16, 2023
ALL INFORMATION PROVIDED IS PUBLIC

Description of funding:
In March 2021, Council approved $14 million in support of the Calgary Mental Health and Addiction Community Strategy and Action Plan and its three outcome areas of Being Well, Getting Help, and Staying Safe. The City of Calgary is accepting Connect the Dots! (CTD!) funding proposals to enhance support for existing evidence-based community programs, services and collaboration efforts which respond to the mental health and addiction related issues affecting Calgarians.

Community-based programs and services that are currently demonstrating results may request funding to enhance their capacity to address an identified service gap. Organizations that currently receive CTD! funding may apply to sustain funding for their current programs (with or without an additional enhancement), service enhancements to other mental health and addiction programs and services, or both. Pilot programs are not eligible.

To learn more about Connect the Dots!, or if you have questions about this form, please contact fundingproposals@calgary.ca for more information.

Please DO NOT attach or link additional documents to this application. Additional documents, attachments or media should be uploaded into the organization Documents tab in FIMS.

All Information provided is public.

Organization Information

Organization Name *(legal name)*	
Registration Number *(For example: Societies Act of Alberta, Companies Act of Alberta or Business Corporations Act)*	
Year of Registration	
Mailing Address	
Street Address *(if different from above)*	
Website	
Primary Contact	
Program Lead *(if different from primary contact)*	
Phone Number	
Email Address	

1. **Organizational Effectiveness** Does your organization have the following in place? These documents are not a requirement for consideration; however, they will serve as one element of the review panels' assessment of organizational capacity to offer the proposed program.	Yes	No
• Board Governance model or bylaws	☐	☐
• Organizational structure chart (or equivalent)	☐	☐
• Strategic Plan, including vision and mission (or equivalent)	☐	☐
• Business Plan for proposed program (or equivalent)	☐	☐
• Operational policies and practices (*e.g., Financial Policies; Human Resource Plan, Business Continuity Plan, Diversity and Inclusion policies, Information and Technology Plan etc.*)	☐	☐
• Adequate liability insurance (No less than 2 million dollars Commercial General Liability insurance including The City of Calgary as an additional insured)	☐	☐
• Audited financial statements for the previous year (or equivalent)	☐	☐

Comments (Explain if your organization does not have all items listed above)

Text, Optional, 1000 characters max

If alternative attachments, documents, or media are shared in FIMS in lieu of the above attachments, please provide rationale as to how these attachments demonstrate your organization's capacity to lead this work.

Complete only if you have additional information you would like to share.

Text, Optional, 1000 characters max

2. **Briefly describe your organization.**
Text, Required, 3000 characters max

3. **Please provide an overview of your organization's experience providing mental health and addiction programs and services.**   *Points to consider: Describe the programs and services your organization currently offers. Is your organization ready to implement this proposed enhancement starting immediately? What makes your organization best positioned to offer your proposed mental health program, service, or collaboration effort?*
Text, Required, 3000 characters max

Partnership Information

4. **Are you proposing a partnership with another organization for this funding application?**
¨ Yes   ¨ No

5. **If this is a partnership, please provide the organization names and contact information below.**
Text, Optional, 1000 characters max

6. **If this is a partnership, please describe the contribution and/or role of each partner.**   *Note any specific roles people or organizations might hold in the collective work, or their respective organization*.
Text, Optional, 2000 characters max

7. If this is a partnership, identify which approach is being taken: *(Select only one)*	☐	**Joint Venture:** The primary applicant will work with partners to carry out activities. They will pool resources to accomplish outcomes.
	☐	**Cooperative:** Rather than pooling resources and sharing responsibility for the program or service, each organization instead takes on responsibility only for parts of the program or service. However, shared mission, goals, decision-making and resources are in place.
	☐	**Other:** Applicant required to define the partnership and working structure.

8. **If other, describe the working relationship of the partnership:**
Text, Optional, 2000 characters max

9. Are the partners named above aware of and in agreement with this funding application?
¨ Yes ¨ No ¨ Not applicable

Program Information and Alignment

Program Information	
Program Name:	
Program Start Date:	
Program End Date:	

10. Program 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 programs with council, on our public website and when a brief description is needed internally. See previous allocations for examples.
Text, Required, 500 characters max

11. Program Delivery Location(s) Provide the postal code for each location the program will operate or indicate if the program will be delivered exclusively online.
Text, Required, 500 characters max

12. Identify which type of program is being implemented. *(Select only one)*	☐	Existing program or service **without** an additional enhancement (currently funded through CTD!)
		Existing program or service **with** an additional enhancement (currently funded through CTD!)
	☐	Enhancements to an existing program or service (not currently funded through CTD!)

13. Priority Outcome Area (Please select the primary outcome area most aligned or relevant with your proposed program/service – select only one)	☐	**Being Well - Resilient People and Communities:** Programs and services that increase the ability of Calgarians to recover from difficult times.
	☐	**Being Well - Reduced Stigma:** Programs and services that address the complex social process that aims to exclude, reject, shame, and devalue groups of people on the basis of mental health and addiction.

	☐ **Getting Help - Improved Service Access and Navigation:** Programs and services that increase coordination and integration between the mental health and social services that help Calgarians.
	☐ **Getting Help - Increased Knowledge:** Programs and services that ensure Calgarians know where to get help for mental health issues, substance use, and addiction issues and when help is needed.

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14. Share with us your commitment and connection to the communities you are serving through this program.
Points to consider: Is this program designed by and for members of the community being served? If working with a specific community or population group, how will members of the community served be engaged throughout the program's delivery?

Text, Required, 3000 characters max

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15. Describe the program or service as it currently operates and impact to date (current state).
Points to consider: What is the experience of Calgarians accessing this program? How are results being demonstrated? What is the program's history addressing mental health and addiction-related issues affecting Calgarians?

Text, 3000 characters max, required

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16. What is the community need, pressing mental health and addiction issue and/or service gap you are trying to address with an enhancement?
Describe how this issue became your focus and the systemic behaviours, attitudes/mindsets, relationships, flow of resources, and/or policies have you identified that are causing barriers? 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

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17. What is the **goal of the enhancement**?
A short sentence that clearly states the ultimate goal the program enhancement (not the organization) is expected to achieve.

Text, 500 characters max, required

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

Text, 4000 characters max, required

19. Rationale
Provide a summary of research, examples and/or experience that supports your proposed enhancement.

Text, Required, 3000 characters max

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20. **How will Calgarians experience this enhanced program or service?**
> *Points for consideration: How will the program or service be experienced by Calgarians from the point of connection until conclusion of delivery? How will clients experience the enhancement? What is the ultimate impact for Calgarians?*

Text, 3000 characters max, required

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21. Participants and capacity:
How many participants will be served in your program annually? What is the maximum number of participants that your initiative/program can serve at one time?

Text, 1000 characters max, required

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22. Systems Integration:
How does this proposed program/service align with existing programs and services available in the community? What sets this proposed program/service apart from others (unique value proposition)? How will this program/service work with others in the community?

Text, Optional, 3000 characters max

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23. Safety:
Please describe how your proposed program/service will foster an environment of psychological safety among community members, volunteers, and staff.

Text, Required, 3000 characters max

Program Evaluation and Outcome Measurement

24. Priority Outcome		
(Select the outcome area most aligned or relevant to your proposed program enhancement and the corresponding indicators that will be measured throughout program delivery.) Required.	☐	**Being Well: Resilient People and Communities:** Programs which increase the ability of Calgarians to recover from difficult times. ☐ Indicator: % of Calgarians who report a sense of belonging to their local community ☐ Indicator: % of Calgarians who report an increased understanding of how to support family, friends, and neighbours who are experiencing mental health concerns ☐ Indicator: Project will develop its own indicators
	☐	**Being Well: Reduced Stigma:** Programs 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. ☐ Indicator: % of Calgarians who experience mental health and/or addiction concerns talk about it with others

		☐ Program will develop its own indicator
	☐	**Getting Help: Improved Service Access and Navigation:** Programs that increase service coordination and integration between the mental health and social services that serve Calgarians. ☐ Indicator: % of Calgarians have accessed mental health supports ☐ Indicator: # of Calgarians receiving services through coordinated points of access ☐ Indicator: # of organizations who report increased access to shared data – particularly those which facilitate client care ☐ Program will develop its own indicator
	☐	**Getting Help: Increased Knowledge:** Programs that ensure Calgarians know where to get help for mental health issues and problems, substance use and addiction issues where and when needed ☐ Indicator: % of Calgarians know how to access mental health support and services ☐ Program will develop its own indicator

25. Describe any additional outcomes and indicators developed to measure program success.

2000 characters, required

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

Points to consider: How will the impact of the enhancement be measured (in addition to the program or service more broadly).

2000 characters, required

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27. Given the time limited term of this funding opportunity, please 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

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28. What are the implications to this program and organization if you do not receive the full amount requested?

Text, Required, 1000 characters max

Reflections

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

Text, 1000 characters max, required

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

Text, 1000 characters max, optional

If your application is successful, will you obtain adequate liability insurance (no less than 2 million dollars Commercial General Liability insurance including The City of Calgary as an additional	*Boolean (Yes/No)*

insured)? *The costs associated with obtaining insurance are an eligible expense and should be included in your budget.*	
If your application is successful, will you obtain audited financials should the approved amount exceed $25,000? *The cost associated with obtaining audited financials are an eligible expense and should be included in your budget.*	*Boolean (Yes/No)*

Salary
Each role reflected in the budget should be captured here.
- Position
- Required qualifications (2000 characters max)
- Hours/week
- Annual salary- Benefits provided.