

SAMPLE APPLICATION AND TIPS



COMMUNITY HEALTH BOARD SMALL-GRANT APPLICATION UP TO \$1,000

Community Health Board Small Grants funding support CHBs in maintaining an awareness of gambling issues even when gambling is not a strategic priority. Grants can fund small, one-time activities; printing or duplication of advertisements related to gambling harm; and other types of limited projects. Alternatively, they may be used for gambling-related professional-development activities for CHB members or community organizations.

Project Name:

Holiday Media Campaign

Name of Community Health Board(s):

Nova Scotia Community Health Board

List all Community Health Boards involved in the application/grant.

Mailing Address, Including Postal Code:

Nova Scotia Community Health Board
1 Nova Scotia Street
Halifax, NS
B3S 1E7

Contact Person:

John Doe, Coordinator

Telephone Number:

1-(902)-123-4567

Email Address:

johndoe@nsdha.nshealth.ca

Total Dollar Amount Requested:

\$547.40

Provide the total dollars being requested from the Foundation.

SAMPLE APPLICATION AND TIPS

Are you sponsoring another organization to complete the grant activities? *Funds cannot be provided to individuals, for-profit organizations, or organizations outside of Nova Scotia.*
(Double-click on a box and change the option from “Not Checked” to “Checked” to mark it.)

Yes No

Name of Sponsored Organization:

The Media Literacy Foundation of Nova Scotia

Only complete if applicable.

Mandate of Sponsored Organization:

The Media Literacy Foundation of Nova Scotia teaches young people to lead healthy, responsible, independent lives in a culture highly impacted by media. We develop and deliver cutting-edge curricula and innovative programs that build skills in critical thinking and creative media production.

Only complete if applicable.

GRANT-SPECIFIC INFORMATION

1. Description of the grant activity/plan:

The project will be a holiday media campaign on Eastlink Television that alerts parents to the dangers of purchasing lottery products for their children or other minors during the holiday season. The ad will be developed by the Media Literacy Foundation.

Include relevant details (i.e., not just an ad campaign about gambling, but about purchasing lottery tickets for children).

2. What is the motivation for this project?

(Double-click on a box and change the option from “Not Checked” to “Checked” to mark it.)

- Gambling is listed as a priority in our Health Plan
- Project matches/aligns with other health priorities
- Approached by another organization
- Family/Friends (i.e., individual member’s interest)
- Other (please describe): _____

Choose the reason/rationale for applying for the grant. If the reason is not listed, check “Other” and briefly describe it.

3. When will the grant activities start and end?

Start Date:
October 15th, 2010

Leave enough “lead” time for the application process to be completed.

End Date:
December 15th, 2010

Date when the final activities will be complete (including follow-up and evaluation).

4. Who will benefit from this activity or activities? (Who is the target group that your activities will address or the participants who will be involved?)

Parents will benefit from this holiday media campaign as it will increase awareness of exposing youth to gambling at a young age. Children will also benefit if they are not encouraged to be involved with gambling as a risk-free activity and therefore may be less likely to become problem gamblers.

Describe who will benefit and how they will benefit. If the grant is to raise awareness in the general population, then explain how it will do so.

5. The Foundation’s Community Health Board funding is intended to reduce gambling harm in Nova Scotia. Therefore, a successful application will demonstrate that the proposed project helps to meet one or more of the following outcomes. (Grants do not need to meet more than one outcome.)

(Double-click on a box and change the option from “Not Checked” to “Checked” to mark it)

- The project will result in participants or community members having an increased knowledge of problem gambling harms or the warning signs of problem gambling.
- The project will raise awareness of gambling as a public health issue.
- The project will assist community members in making informed decisions about gambling.

Other relevant outcomes (please list). *It is not necessary to include additional outcomes, but some applications may have additional goals that are important to the project.*

Only complete additional outcomes if desired/applicable.

SAMPLE APPLICATION AND TIPS

Grant Details

| Action(s) | Responsibility | Timeline | Cost Allocation/Item | | Measurement of Impact |
|--|---|--|---|---|--|
| | | | Funds Required (Amount and description) | In-Kind (Amount and description) | |
| <p>What steps or activities need to be completed in this project?</p> <p>(Note: some grants will only have one action; others will have several)</p> <p>To add rows, right-click on the final non-shaded row, click on “Insert,” and click on “Insert Rows Below.”</p> | <p>Who will be responsible for this action? (Note: this could be a person or a partner group)</p> | <p>When will this action be complete? Include the target date.</p> | <p>What is the anticipated cost to complete each objective?</p> | <p>What is the anticipated cost to complete each objective?</p> | <p>(How will you know that your grant activities have made a difference?)</p> <p>Please explain how each “overall” activity will help to achieve the project outcome(s)- planning activities do not need to link to an outcome.</p> |

| | | | | | |
|---|--|--|---------------|---|--|
| <p>Develop an advertisement that will be shown on Eastlink Television for 2 weeks in the month of December.</p> | <p>Media Member of the Media Awareness Foundation of Nova Scotia</p> | <p>October 15th – Nov 15th</p> | <p>\$0.00</p> | <p>\$300.00 (Staff costs, 15 hours at \$20.00/hour)</p> | <p>We will hold a focus group to measure the impact of the advertisement prior to release.</p> |
|---|--|--|---------------|---|--|

Clearly explain each major activity or stage of the grant idea.

List specific people, if known. Otherwise, list positions or organizations.

Include either the beginning and end dates of the activity or stage, or include the date of completion.

If no costs will be incurred in a particular stage, write “0.00”.

For both funds and in-kind costs, include a description (i.e., staff costs, printing, space rental, refreshments, etc.).

Describe how the impact will be evaluated.

If specific evaluation is not planned, explain how you will know the grant money benefited individuals or the community.

If the grant has multiple activities or stages, there may only be one stage in which results are measured. Just write “N/A” if another stage does not have particular impacts that will be measured.

SAMPLE APPLICATION AND TIPS

| | | | | | |
|------------------------------------|---|-----------|---|----------------------------|---|
| Run the ad on Eastlink for 1 week. | Media Member of the Media Awareness Foundation of Nova Scotia | Dec. 10th | \$476 plus tax to run the ad for 1 week | | Not possible to measure with limited funds, but results of focus group will help us know if the people who do see the ad learn or are impacted by it. |
| | | | Total*: \$ 547.40 | Total*: \$300.00 | |

***Please ensure that totals are added correctly.**

Ensure that the totals are added correctly. This number should match the total entered on page 1 of the application.

Acknowledgements

Recognition of the NSGF is a requirement of funding.

I agree to acknowledge the Nova Scotia Gaming Foundation of in all communication or promotional materials produced for this project/activity. *Double-click on a box and change the option from "Not Checked" to "Checked" to mark it.*

How will you acknowledge the contribution of the Nova Scotia Gaming Foundation? *See the annex to this application for acknowledgement requirements.*

The Nova Scotia Gaming Foundation will be acknowledged either verbally and/or through text as the sponsor of all Eastlink television commercials/advertisements.

Include details about specific plans to acknowledge the NSGF.

Application Review

This application must be reviewed by both the applicant and the Chair of the Community Health Board that is applying for funds. If a higher-level authorizing signature is a requirement of your CHB or the organization that will be completing the project on behalf of the CHB, the additional signature information must also be included. Signatures below indicate acceptance of the application requirements, accuracy of the information provided, and intent to complete the project.

Signature of Applicant: _____

Name: _____

Position: _____

Date: _____

Signature of Community Health Board Chair: _____

The Community Health Board Chair must sign the application to ensure board acceptance and knowledge of the grant.

Name: _____

Date: _____

Additional Signing Authority: _____

If an additional authorizing signature is required, please have the appropriate person sign here.

Signature: _____

Position: _____

Name: _____

Date: _____

Annex

The following identifying paragraph will be included at the end of all communications, publications, articles, and advertisements that arise as a result of the project funding provided by the NSGF:

Nova Scotia Gaming Foundation identifying Statement:

The **Nova Scotia Gaming Foundation** is a not-for-profit, arms-length government organization that encourages and supports an independent response to problem gambling in Nova Scotia. *This is accomplished, in part, through funding to community groups and researchers to help address problem gambling.*

The following logo will be used in all printed publications and/or all televised advertisements produced as a result of the funding provided by the Nova Scotia Gaming Foundation:

Nova Scotia Gaming Foundation Logo:



The use of the NSGF's identifying statement and logo are requirements of funding – to request an electronic copy for inclusion in communications materials, please contact the Foundation.