

**INTERVIEW APPLICATION FORM**

Healthy Community Grant 2019-2020

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **Administered by the Alberta Recreation and Parks Association**  Contact: Marissa MacIsaac, Program Officer  11759 Groat Road NW,  Edmonton, AB T5M 3K6  Phone: 780-643-1252 | Fax: 780-451-7915  Email: mmacisaac@arpaonline.ca  Web: [www.arpaonline.ca/choosewell](http://www.arpaonline.ca/choosewell) | |  | | --- | | **APPLICATION DEADLINE** | | Interviews must be booked by October 1st, 2019. Thirty minute interviews may be booked during business hours September 2 – October 31, 2019. | | **FUNDING DECISION NOTIFICATION** | | Applicants will be notified by November 30, 2019 | | **RECEIPT OF FUNDS** | | Applicants will receive cheques by December 31, 2019 | | **PROJECT COMPLETION DEADLINE** | | Projects must be complete by December 31, 2020. | | **FINAL REPORT SUBMISSION DEADLINE** | | Final reports must be submitted within 30 days of project completion or by January 31, 2021. | |

**BEFORE YOU START**

1. Make sure your community is registered for the 2019 Communities ChooseWell program. Check here: <http://arpaonline.ca/choosewell/>.
2. Review the application guide available at <http://arpaonline.ca/choosewell/what-we-do/funding/>. The application guide will describe who can apply for a grant and provide helpful resources and explanations for each section of the application.
3. **Book an interview with Marissa by October 1st for time between September 2nd and October 31st.** Your responses will be recorded as your application, and submitted at the end of the interview. A copy of the recording will be sent to you.
4. Read through the entire application form before the interview and have your answers prepared.
5. **Interviews should take no more than 30 minutes to complete.** Ensure you have enough time available to finish the interview.
6. Contact a Marissa if you have questions regarding your application.

***DURING THE INTERVIEW, YOU WILL BE ASKED FOR THE FOLLOWING INFORMATION***

|  |  |  |
| --- | --- | --- |
| Community Name |  | |
| Lead Organization/Group *(Cheque will be addressed to this group)* |  | |
| Project Title |  | |
| Contact information for key project leader(s) | Primary Contact | Secondary Contact |
| Name |  |  |
| Position |  |  |
| Organization |  |  |
| Mailing Address |  |  |
| Phone Number |  |  |
| Email Address |  |  |

**THE PROJECT**

**WHAT? Your Project (approximately 5 minutes)**

* What do you plan to do with the Healthy Community Grant? Briefly describe your project.
* If your proposed project is part of a larger project, please describe the larger project.
* What are the goals of your project and how you will know you have achieved them?

**WHY? Rationale (approximately 2 minutes)**

* Why is your proposed project needed in your community? What is the difference your project will make in your community, and for whom?

**WHO: Your Participants and Partners (approximately 3 minutes)**

* Think about the community members who will participate in your project (e.g. youth, older adults, people with disabilities etc). Have you included these people in the planning process? Tell us which future participants have been engaged and how they have been involved.
* Who will you be working with to carry out your project and how will they be involved (e.g. AHS Health Promoter, the local library, FCSS etc.)? Please state the individuals, groups, businesses, and/or organizations who are/will, support your project. Identify their role and if they are a new partner.

**HOW and WHEN? Your Plan (approximately 5 minutes)**

**Work Plan**

* What activities will be carried out as part of your project and when will each activity take place?

***PLEASE COMPLETE THE FOLLOWING WRITTEN SECTION***

For reporting purposes, Communities ChooseWell is required to have a written record of the budget for all successful applications. During your interview, Marissa will fill out this section and confirm these numbers at the end of your interview. Please be prepared to discuss your budget.

**Budget**

* What is the total cost of your project? This amount could be more or less than the $2,000.00 Healthy Community Grant.

|  |
| --- |
| $ |

* How will the $2,000.00 from the Healthy Community Grant be used? In the chart below, please list each item/activity to be covered by the grant, and the cost of each item/activity.

|  |  |
| --- | --- |
| **Project Item/Activity** | **Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Cost** | $2,000.00 |

*\*Please note that requests for food items should follow the Alberta Nutrition Guidelines for Children and Youth (see*  <http://bit.ly/2h2sHL8>*)*

* Do you have financial support from other sources? If so, please list them and the amount they have committed to your project.

|  |  |
| --- | --- |
| **Funder** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Funding** | $ |

* Will you receive any in-kind donations for your project? If so, in the chart below, please list each item/activity that will be donated, the donors, and the approximate dollar value of each item/activity.

|  |  |  |
| --- | --- | --- |
| **Project Item/Activity Donated** | **In-Kind Donor** | **Approximate Value** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total** | | $ |

\*Refer to the Application Guide for more information on in-kind donations

* All projects receiving grant funding are required to submit a final report within 30 days of completing the proposed activities and no later than January 31, 2021.A report template will be provided.I agree to submit a final report of the project activities and expenses as outlined above

(Yes/No)

**BEFORE SUBMITTING YOUR APPLICATION**

Please ensure you have checked the following:

* My community is registered for the 2019 Communities ChooseWell program
* My proposed project meets the eligibility criteria described in the application guide
* I have agreed to submit a final report of the project activities and expenses as outlined above

**NOTE:** For reporting purposes Communities ChooseWell is required to have a written record of all successful applications. If your Interview Application is approved, it will be transcribed and you will be contacted to ensure the transcription is correct.

|  |
| --- |
| **APPLICATION DEADLINE** |
| Applications will be accepted until October 31, 2019 |
| **FUNDING DECISION NOTIFICATION** |
| Applicants will be notified by November 30, 2019 |
| **RECEIPT OF FUNDS** |
| Applicants will receive cheques by December 31, 2019 |

**Your recording will be submitted at the end of the interview to**

**Marissa MacIsaac**

**All interviews must be *completed* by 4:30 PM October 31, 2019.**

*The Communities ChooseWell Healthy Community Grants are administered by the Alberta Recreation and Parks Association, on behalf of the Communities ChooseWell program. Communities ChooseWell is funded by Alberta Health.*



