

## NWT HEALTH PROMOTION FUND CRITERIA AND GUIDELINES 2008/09

### What is the Health Promotion Fund?

The Health Promotion Fund supports **community-based projects**. There is no repeat funding provided (from year to year). The Health Promotion Fund is intended for **new** initiatives only.

*The goals of the Health Promotion Fund are to:*

- **Improve** health and wellness through community development
- **Promote** healthy lifestyles
- **Reduce** preventable diseases

**Priority** is given to proposals that demonstrate how they will improve the health of infants, children, youth and/or pregnant women and their families.

The Health Promotion Fund provides funding to a maximum of \$10,000 per project. However, we receive many funding requests for less than \$10,000.

Eligible projects **must** address one or more of these priority areas:

#### **Healthy Pregnancies, *for example:***



- Education for prenatal and breastfeeding women and babies, such as grocery store tours, infant feeding workshops, health fairs or other special events.
- Breastfeeding promotion, awareness campaigns, such as the “Breastfeeding Challenge”, traditional knowledge sharing by elders, breastfeeding support, etc.

#### **Active Living and Healthy Eating, *for example:***



- Active living, fitness and nutrition education projects for the target group
- Joint fitness and nutrition education projects, or challenges such as [www.getactivenwt.ca](http://www.getactivenwt.ca) or [www.dropthepopnwt.ca](http://www.dropthepopnwt.ca)
- Projects where pregnant women, children and/or youth become more physically active

#### **Tobacco Harm Reduction and Cessation, *for example:***



- Tobacco educational or awareness activities
- Projects promoting smoke free homes and public places
- Smoking cessation activities

#### **Injury Prevention, *for example:***



- Awareness campaigns, educational events and/or other projects that increase awareness of preventable injuries.
- The prevention of injuries and deaths such as drowning prevention, fall-injury prevention and on the land safety.

## HEALTH PROMOTION GUIDELINES AND CRITERIA

### ELIGIBILITY AND CRITERIA REVIEW

#### *Proposals must demonstrate that...*

- √ Your organization is non-profit and works to benefit community residents.
- √ The project supports Health Promotion goals and priorities.
- √ Your organization recognizes the Health Promotion Unit, Department of Health and Social Services, GNWT as a funding source for activities and on materials produced.

### FUNDING LIMITATIONS

- **No** capital items will be funded (e.g. building renovations, major equipment, computers, etc.).
- Funded materials/supplies must be **essential** to run the project.
- Maximum administration fee of **5%** of total budget costs.
- For nutrition education or healthy eating projects, **one-quarter** of the project budget can be used to buy nutritious foods.
- Up to **one-third** of the total project budget costs may be used for travel **within the NWT only**.
- Employees already paid full-time **are not eligible for additional salary dollars from this fund**.
- Projects must be approved **prior** to the project/activity taking place.
- Your H&SS Board/Authority **endorses** your proposal (via email endorsement).
- All projects must be completed, and all funding spent, by **March 31, 2009**.

#### ***Timelines:***

Projects can start at any time of the fiscal year. There are no specific deadlines for submitting your proposal. However, funding is available on a first come, first serve basis. We recommend that you contact us as early as possible.

# HEALTH PROMOTION FUND PROSPOSAL 2008/09

## Step 1: DESCRIBE WHAT YOU WILL DO

Please use the proposal forms provided - if you or others need a *word* copy of the forms - visit Health Promotion on the Department's website, Programs and Services at: [www.hlthss.gov.nt.ca](http://www.hlthss.gov.nt.ca)

*This section describes what your group wants to do.*

A **Goal** is just a broad simple statement that says what you want to see happen as a result of your project.

**Objectives** describe how your program will achieve your goal(s). Program goals and objectives should fit these funding guidelines and criteria.

**Activities** are what you will do to meet your objectives.

## Step 2: BUDGET AND FUNDING

Please use the proposal budget form. This form provides a template for listing your project costs. List the following:

### **A. Materials and Supplies Costs**

Please describe your materials and supplies costs. Examples are:

- Small equipment or special supplies, such as nutritious foods as part of a nutrition education program, fitness balls as part of an active living project, etc.
- Educational resources that you need to do your project, such as videos, booklets, demo models, etc.
- Special items - items you may wish to buy or make such as cookbooks, T-shirts, a breastfeeding poster, booklet, video, etc.

**NOTE: Capital items are not allowable under this funding.**

### **B. Training Needs and Coordination Costs**

- Costs for trainers or others to help run or support your program. Please note linkages with other programs. Employees already paid full-time **will not be considered for additional salary dollars from this fund.**

### **C. Travel Costs**

- Travel costs **within** the NWT will be considered to a maximum of 1/3 of total budget. Funding is not provided to cover any travel outside of the NWT.

#### D. Other Costs

- List any costs not covered under **A through C** and explain what these costs are.

#### E. Subtotal (add A through D)

#### F. Administration Fees

- Administration fees are **5%** of the Subtotal (Budget line E), as per the directive of the Department of Health and Social Services Finance and Administration Division.
- To calculate, take 5% of budget line E.

#### G. TOTAL COST

- Write in your **budget cost** on the cover sheet (add E and F = Total budget).
- Include other sources of funding, (column 2) such as Brighter Futures, CPNP, Healthy Children Initiative, and/or in-kind contributions, etc. Joint funded projects are encouraged and will be given priority.

**Note: If you need to change your budget line items during the course of your program, please contact us, in writing, for prior approval, otherwise, these expenditures will be funded.**

### Step 3: Paperwork – Reporting and Funding

- Please contact a departmental, regional or community (e.g. Community Health Representative) health promotion specialist before sending in your proposal. We can give you some tips and direction to shorten the process.

Department of Health and Social Services	Regional Health and Social Services Authorities – all priority areas
Elsie De Roose - Active Living and Healthy Eating (867)873-7904, <a href="mailto:elsie_deroose@hlthss.gov.nt.ca">elsie_deroose@hlthss.gov.nt.ca</a>	Jo Russell Regional Health Promotion Coordinator Yellowknife Health and Social Services Authority (867)920-6552 <a href="mailto:joanna_russell@gov.nt.ca">joanna_russell@gov.nt.ca</a>
Rosella Stoesz – Tobacco Reduction (867)920-8826, <a href="mailto:rosella_stoesz@gov.nt.ca">rosella_stoesz@gov.nt.ca</a>	Regional Health Promotion Sahtu Health & Social Services Authority (867) 587-3660 <a href="mailto:rachel_gnalega@gov.nt.ca">rachel_gnalega@gov.nt.ca</a>
Lona Hegeman – Injury Prevention (867)873-7051, <a href="mailto:lona_hegeman@hlthss.gov.nt.ca">lona_hegeman@hlthss.gov.nt.ca</a>	Lorraine Walton Health Promotion Officer Inuvik Regional Health and Social Services Authority (867) 777-8177 <a href="mailto:lorraine_walton@gov.nt.ca">lorraine_walton@gov.nt.ca</a>
Healthy Pregnancies – contact any of the above staff	Danielle Gregoire Health Promotion Officer Deh Cho Health and Social Services Authority <a href="mailto:danielle_gregoire@gov.nt.ca">danielle_gregoire@gov.nt.ca</a>

- Keep a copy of the proposal and budget for your files. The completed proposal and budget sheet can also be sent/returned by email.
- As soon as your project is approved, a contribution agreement will be sent to you for signing. Contribution agreements outline when financial and activity reports are due (see Schedule C). If your group wants to make changes to your original budget or project activities, a request is needed in writing **before** any funding is spent on unapproved items.
- Half of your funding will be sent once the Contribution Agreement is signed, while the remainder, less 10%, will be sent after we receive your semi-annual report. The final 10% will be held back until the year-end financial and activity reports are received.

**YOU WILL BE REQUIRED TO SEND US THE FOLLOWING:**

- A copy of your certificate of insurance.
- Semi-annual activity and financial reports (semi-annual reporting forms are sent along with your copy of a contribution agreement).
- Final activity and financial reports (year-end reporting forms are also sent with your contribution agreement).
- A sample of all materials produced with credit to the Health Promotion Strategy Fund indicated on any materials produced.
- Photos or resources of project activities (if available).

**HEALTH PROMOTION FUND COVER PAGE 2008/09**

Organization Name:		
Description of organization:		
Project Title:		
Contact Name:		
Mailing Address:		
Telephone:	Fax:	Email:
<b>Topic Areas: (✓check all that apply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active Living and Healthy Eating</li> <li><input type="checkbox"/> Healthy Pregnancies, such as breast feeding promotion</li> <li><input type="checkbox"/> Tobacco Harm Reduction and Cessation</li> <li><input type="checkbox"/> Injury Prevention</li> </ul>		
How much funding do you need to run your project:		
\$ _____ (Note: <u>maximum</u> \$10,000.00/project)		
<b>Checklist:.....have you....check ✓</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attached your proposal?</li> <li><input type="checkbox"/> Attached your budget?</li> <li><input type="checkbox"/> Reviewed your proposal/budget with your Health and Social Services Authority and your sponsoring organization?</li> <li><input type="checkbox"/> Provided an email endorsement from your Health and Social Services Authority?</li> <li><input type="checkbox"/> Kept a copy for your files?</li> </ul>		
Date: _____ Signed: _____		

**HEALTH PROMOTION FUND PROPOSAL 2007/08**



**Step 1 - DESCRIBE YOUR PROJECT AND WHAT YOU WILL DO**

**Project Title:** \_\_\_\_\_

**Please provide an overall summary description of your project:**  
*(Refer to of the Health Promotion Fund Guidelines and Criteria for more information.)*

Is this a new project (check one):       **Yes**       **No**  
Did you apply for funding last year?       **Yes**       **No**

**1. Why do you want to do this project?**

**2. What changes do you want to see happen because of your project (goal)?**

Some [examples](#): fewer children will start smoking; more children will be active; more children will eat better because they know the importance of good nutrition, more parents will have smoke-free homes, children will have fewer injuries, etc.

*Your project goal(s) is:*

**3. What kinds of objectives will help you reach your goals?**

Some [examples](#): to promote smoke-free homes, to offer nutritional promotion and education for children; to provide training; to promote activities that improve the fitness levels of kids; etc.

*Objective 1:*

*Objective 2 (if applicable):*

*Objective 3 (if applicable):*

(use additional paper if required)

4. **Provide a detailed description of your project activities:**  
(use additional paper if needed)

5. **Evaluation: how will you know if your project is a success - what will you measure to find out, and how will you report on your project:**

*Describe how you will evaluate your project (for assistance, contact one of the regional Health Promotion Specialists or Community Health Representatives, who can help you).*

6. **Who will coordinate your project? Check all those that apply** ✓
- Volunteers are going to run this project
  - You will need a person for a few hours a day to help with this project
  - Trainer costs are needed for this project
  - Other, please describe, e.g. a project you are doing as part of your regular work or...  
\_\_\_\_\_

7. **Do you need any additional health promotion information or resources? If so, what kind:**

8. **When will your project start \_\_\_\_\_ and end \_\_\_\_\_?**  
*Note: All funding must be spent between April 1, 2007 and March 31, 2008.*

9. **How often will you have your activities, (e.g. 2hrs/day, once a week, twice a month, other)?**

10. **List all locations where you will you hold your program:**

11. **How many of your target group (children, etc) will take part in your project activities? \_\_\_\_\_**

12. **Groups/Organizations involved - list your supporting partners and the roles they will play:**

Who? \_\_\_\_\_ What will they do? \_\_\_\_\_

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Who? \_\_\_\_\_ What will they do? \_\_\_\_\_

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Who? \_\_\_\_\_ What will they do? \_\_\_\_\_

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Who? \_\_\_\_\_ What will they do? \_\_\_\_\_

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13. **Who will handle the funding, reporting and evaluation requirements?**

**Please provide detailed cost information on the budget form provided. This information will assist us in processing your application quickly.**



Step 2:

Health Promotion Funding Budget 2008/2009

BUDGET (use extra paper/forms if needed)	Health Promotion Fund	Other Funding Sources	Explanation: describe all costs, where applicable.
<b>Project Title(s):</b>			
<b>A. Materials and Supplies</b>	\$	\$	<b>Comments:</b> Describe the kinds of materials your are buying/producing:
	\$	\$	
	\$	\$	
<b>A. Total Materials and Supplies Costs:</b>	\$	\$	
<b>B. Training and Coordination Costs</b>	\$	\$	<b>Comments:</b> Describe training & coordination costs, within the NWT only.
	\$	\$	
	\$	\$	
<b>B. Total Training and Coordination Costs</b>	\$	\$	
<b>C. Travel</b>	\$	\$	<b>Comments:</b> Describe travel accommodation, meal costs:
	\$	\$	
<b>C. Total Travel Costs</b>	\$	\$	
<b>D. Other</b>	\$	\$	<b>Comments:</b> Describe any "other" costs for your project.
	\$	\$	
<b>D. Total Other Costs</b>	\$	\$	
<b>E. Subtotal (A+B+C+ D)</b>	\$	\$	
<b>F. Administration Fee: 5% of E</b>	\$	\$	<b>Maximum</b> funding available: \$10,000.00
<b>G. <u>TOTAL</u> Funding Needed E + F = G</b>	\$	\$	

## **Deliverables**

At year-end, the deliverables are as follows, please check all that apply ✓:

### **The year-end Health Promotion Funding deliverables include:**

\_\_\_\_\_ The Semi-Annual and Year End Activity and expenditure reports, which were sent with your signed contribution agreement.

**Year-end reports are due April 15, 2009.**

\_\_\_\_\_ A sample of all materials produced, with recognition of the Department of Health and Social Services for the funding.

\_\_\_\_\_ Photos or materials of any activities (if available).

\_\_\_\_\_ Total # of participants.

\_\_\_\_\_ An evaluation of the activities completed and the success, or what you learned, from these activities.

\_\_\_\_\_ Confirmation that any purchases for the project were in accordance with the Government of the Northwest Territories Business Incentive Policy.