

Kick-Start Project funding is intended for one-time projects, start-up programs, or equipment or materials directly related to improving mental health and wellbeing or preventing or managing chronic disease. Grants can be up to \$10,000. Application information will only be used to review the eligibility of the applicant for funding and all information will be kept private and confidential.

PART 1 — ORGANIZATION INFORMATION

Organization name		Contact person		Contact title	
Daytime phone number (10 digits)			Email address		
Mailing address		City	Province	Postal code	
1. Year your organization was founded or incorporated: _____		4. Are you legally authorized to provide the programs/services for which you seek funding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Are you a not-for-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Are you able to provide audited financials? Please do not submit unless requested. <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Are you a registered charity? <input type="checkbox"/> Yes <input type="checkbox"/> No					

6. Please acknowledge that your organization serves our diverse province in an inclusive and equitable manner, reflecting diversity of sex, sexual orientation, gender identity or expression, racialization or ancestry, disability, political belief, religion, marital or family status, age, and/or status as a First Nation, Metis, Inuit, or Indigenous person.

7. Briefly describe your organization's mission, vision, and mandate:

8. Are you governed by a board of directors, council, or committee? Yes No — If yes, please list their name and organizational affiliations below:

NAME	AFFILIATIONS

9. Have you spoken to anyone at Pacific Blue Cross about this request? Yes No
If yes, please provide the employee name: _____

10. Have you received funding from Pacific Blue Cross Health Foundation in the previous 24 months? Yes No — If yes, please describe:

Note: To ensure the limited funding available is distributed to various sources, the Foundation may not provide funding to an organization to which it provided funding the previous year.

PART 2 —PROJECT DETAILS

What is the overall budget of the project? \$ _____

Name of project, program, or initiative: _____ Amount of funding requested: \$ _____

1. I acknowledge that this project/initiative meets the Kick-Start Project funding criteria (one-time projects, start-up programs, or equipment or materials that help to improve mental health and wellbeing or prevent and/or manage chronic disease).

2. Summarize the project, program, or initiative in a brief paragraph. What is its focus?

3. Who are you trying to impact, i.e. demographic group being served (age, location, ethnicity)? How many people/communities will it impact? What is the anticipated reach?

4. Please describe how this project relates to mental health or chronic disease prevention and management?

5. Please describe the anticipated outcomes of the project. How will its goals be achieved?

6. What is your workplan (i.e. timelines and major milestones) for the project? What has already started or is in progress?

7. When do you expect this project to be operational or completed?

PART 3 — PROJECT FUNDING

What is the overall budget of the project? \$ _____

1. If you receive this funding, what will it allow you to do? What will it be used for? Be specific about where the funding will be spent and how will it help you meet the timelines in your workplan:

2. What will happen to the project if you don't get this funding?

3. What other funders are you approaching for this project?

PART 4 — PROJECT IMPACT

1. Describe the short-term benefits of this project/initiative and discuss its sustainability over the longer term (if applicable):

2. How will you know that the project has achieved its intended objectives? How will success be measured? What is your evaluation plan?

3. How will you communicate with the Health Foundation on progress and impacts of the project (i.e., annual report, evaluation report for the Health Foundation, email status updates, etc.)? What is the anticipated timing of the communication(s) for tracking purposes?

4. How will you be communicating this project to your stakeholders and affected communities?

Submit your application by email to healthfoundation@pac.bluecross.ca