

Community Addictions Prevention and
Mental Health Promotion Fund

2020 Application Form

Community Addictions Prevention and Mental Health Promotion Fund Application Form

The Community Addictions Prevention and Mental Health Promotion Fund is an initiative of the Newfoundland and Labrador Department of Health and Community Services. The fund is administered by the Department in partnership with the four regional health authorities: Labrador-Grenfell Health, Western Health, Central Health and Eastern Health.

Background

In June 2017, the Department of Health and Community Services released *Towards Recovery: The Mental Health and Addictions Action Plan for Newfoundland and Labrador*. The plan outlines 54 recommendations, many of which support positive mental health and wellness. The Community Addictions Prevention and Mental Health Promotion Fund specifically supports the promotion, prevention and early intervention priority areas of the Action Plan.

Applying for funding

All individuals, not-for-profit community groups, and organizations in the four health regions of Newfoundland and Labrador, who are interested in preventing suicide, preventing alcohol-related harms, and promoting positive mental health, are eligible to apply for project funding through their regional health authority.

To receive funding in the 2019-2020 fiscal year, applications from individuals, not-for-profit groups and organizations must demonstrate how the proposed initiative will address at least one of the following priority areas:

1. Suicide prevention, including:
 - stigma reduction, public education and awareness;
 - support for individuals experiencing suicide risk; and
 - training related to suicide risk assessment and intervention, mental health literacy, and grief and loss support.

2. Supporting mental health and wellness, including:
 - life promotion initiatives or activities that build a sense of community, purpose, hope and belonging among individuals, families and communities; and
 - collaborative approaches to promoting positive mental health and resilience.

3. Prevention of alcohol-related harms, including:
 - initiatives that reduce the avoidable injuries, illnesses and deaths associated with alcohol use;
 - training related to prevention and treatment of alcohol harms;
 - Initiatives that increase awareness of low-risk drinking guidelines.

Applications must also focus on one or more of the following targeted groups: people and families with lived experience of suicide risk, attempt or loss; those impacted by alcohol-related harms; Indigenous communities; first responders; LGBTQ2S+; post-secondary students; youth; and seniors.

There is a maximum grant amount of \$10,000 per applicant. Applications above \$10,000 will not be considered for funding.

Eligible expenses include, but are not limited to:

- Resource material (e.g. educational / instructional materials)
- Honoraria, speaking fees, travel expenses for resource people
 - Honorarium fees are small gestures of thanks or appreciation; they are capped at \$25 per honoraria.
 - Speaking fees support a speaker or content expert from the private sector; speaking fees are capped at half of the total project request, to a maximum of \$5000. Some exceptions may be considered for evidence-based program training.
- Meals, travel or accommodations related to the project
- Advertising, publicity, printing

Ineligible expenses include:

- Projects which are a clear duplication of existing activities in your community
- Activities that can be completed by regional health authority staff
- Contributions to annual fundraising drives
- Core operating expenses (e.g. heat, light, staff/salary, etc.)
- Capital expenditures (e.g. building renovations, office furniture, etc.)
- Individual scholarships or bursaries
- Membership fees

Letters of support are not required and will not be used for proposal evaluation.

All successful funding recipients are required to return a completed activity tracking form upon completion of the project that was funded. The tracking form will be provided to successful applicants by their regional health authority contact.

Applications are to be submitted to your regional health authority. Contact information is listed below.

Deadlines for fund applications is close of day March 6, 2020.

Please send inquiries and applications to the contact in your region:

Eastern Health:

ST. JOHN'S METRO

William Lummis
Addictions Prevention Consultant
Mental Health and Addictions Services
Eastern Health
Building 532, 80 Charter Avenue
P.O. Box 13122
St. John's, NL A1B 4A4
Tel: (709) 752-4030
Fax: (709) 752-6852
E-mail: William.lummis@easternhealth.ca

RURAL AVALON & PENINSULAS

Tammy Butler
Regional Addictions Prevention
Consultant
Mental Health and Addictions Services
Eastern Health, Rural Avalon &
Peninsulas
P.O. Box 719, Bay Roberts, NL
A0A 1G0
Tel: (709) 786-5230
Fax: (709) 786-5221
E-mail: tammy.butler@easternhealth.ca

Western Health:

Tara Welsh
Regional Mental Health Promotion
Consultant
Western Health
133 Riverside Drive, Norton Building
P.O. Box 2005
Corner Brook, NL A2H 6J7
Tel: (709) 634-4171/634-4927
Fax: (709) 634-4888
Email: tarawelsh@westernhealth.nl.ca

Central Health:

Lauren Josselyn
Regional Addictions Prevention Consultant
Mental Health and Addictions Services
Central Health
36 Queensway c/o 50 Union Street
Grand Falls-Windsor, NL A2A 2E1
Tel: (709) 489-4389
Fax: (709) 489-0114
E-mail:
lauren.josselyn@centralhealth.nl.ca

Labrador-Grenfell Health:

Tina Coombs
Regional Addictions Prevention
and Mental Health Promotion
Consultant
Mental Health and Addictions Services
Labrador-Grenfell Health
Curtis Memorial Hospital
178-200 West Street
St. Anthony, NL A0K 4S0
Tel: (709) 454-0521
Fax: (709) 454-4041
Email: tina.coombs@lghealth.ca

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Application Form

SECTION 1: APPLICANT INFORMATION – PLEASE FILL IN ALL FIELDS

Applicant:	Date:
Contact Information	Co-Applicant Information
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:
Fax #:	Fax #:
Email	Email

SECTION 2: PROJECT DESCRIPTION

Project/Program name:

Date of Activity:

Priority Areas Covered: (please mark 'X' to all that apply)

Priority Area	Covered by project?
<u>Suicide prevention, including:</u> stigma reduction, public education and awareness; support for individuals experiencing suicide risk; and training related to suicide risk assessment and intervention, mental health literacy, and grief and loss support.	
<u>Supporting mental health and wellness, including:</u> life promotion initiatives or activities that build a sense of community, purpose, hope and belonging among individuals, families and communities; and	

collaborative approaches to promoting positive mental health and resilience.	
<u>Prevention of alcohol-related harms, including:</u> initiatives that reduce the avoidable injuries, illnesses and deaths associated with alcohol use; training related to prevention and treatment of alcohol harms; Initiatives that increase awareness of low-risk drinking guidelines.	

Project Details

Who?

Who is the project/program for (target population)?

What?

What is the project about? Please give a brief overview.

Why?

Why do you want to do this project (what is your main goal)?

Project start date:

Project finish date:

Project Work Plan

Please indicate all the steps you will take to complete this project. Please include who will be responsible for each step, and expected timeline for each activity.

Activity	Person Responsible	Timeline

Evaluation

How are you going to determine if the project has been a success?

Number of People

Total number of people expected to take part for the duration of the project, program, or event.

Sustainability

How will this project build lasting skills among participants? Please explain.

What are your future plans?

SECTION 3: COSTS

Amount of money being requested:

How will these funds be used: Please list all items you require, costs, and other sources of funding you may be able to use if this fund cannot cover all items.

Item	Estimated Cost	Source of Funding
TOTAL AMOUNT REQUESTED		

Other Funding Requested

Please indicate all sources of funding that you have requested:

Other Funding Received

Please indicate all sources of funding that you have received:

For Office Use Only:

Application Received By:

Date:

Application Reviewed By:

Date:

Application Approved By:

Date:

Amount Awarded: