



# G&M HOSPITAL FOUNDATION

## CGMH Wellness Innovation Fund

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### Grant Application

**Organization Name (lead):**

**Contact Name:**

**Phone:**

**Address:**

**Email:**

**Date Submitted:**

*IF APPROVED: CHEQUE SHOULD BE MADE PAYABLE TO:*

**Project Name:**

**Requested Grant Funds:**

**\$**

## **CGMH Wellness Innovation Fund Program**

[www.CollingwoodHospital.ca/Innovation](http://www.CollingwoodHospital.ca/Innovation)

### **FUND PURPOSE**

The CGMH Wellness Innovation Fund has been established to provide seed monies to initiate or support projects and/or programs that will significantly contribute to enhancing the wellness of CGMH patients and/or citizens of the South Georgian Bay community. Income generated by the Fund will be used annually to support selected innovative wellness enhancement initiatives and partnerships. Emphasis will be placed on selecting projects and programs that stimulate creative, collaborative and innovative models and methods both within CGMH and in partnership with agencies, organizations and citizen groups within the South Georgian Bay Communities.

### **ELIGIBLE APPLICANTS**

- Lead applicant is defined as the group submitting the proposal and responsible for the project/program's management
- Lead applicant must be located within core CGMH Service Area (Collingwood, Wasaga Beach, The Blue Mountains, Clearview Township and neighbouring communities in the Municipality of the Grey Highlands).
- Preference will be given to not for profit or charitable organizations. Applicants residing within for-profit organizations will be required to apply through a not for profit sponsor organization.

### **ELIGIBLE PROGRAMS AND PROJECTS**

Project/program outcomes must:

- Enhance health and wellness for patients, citizens or visitors to the core service area
- For programs/projects currently in existence (must decrease delivery costs and/or improve effectiveness)
- Purpose not be to increase revenue for a for-profit organization or individual

NOTE: The Fund program is designed to provide seed funding to help launch innovative wellness focussed projects and programs. The Foundation recognises that some, if not most project/programs, may require additional funding or multi-year funding. As noted above, preference will be given to projects/programs that have well thought out financial sustainability plans.

## **PROCESS FOR VETTING APPLICATIONS**

The Executive Director of the CGMH Foundation will be responsible to vet all applications prior to presentation to the Fund Advisory Committee for discussion and evaluation. Vetting will be done in consultation with the CGMH Senior Leadership Team.

## **GRANT APPLICATION PROCESS AND TIMELINE**

- Grant applications will be available on the CGMH Foundation website with a submission deadline of September 30<sup>th</sup>
- CGMHF staff will vet all applications by October 15<sup>th</sup>
- The Fund Advisory Committee will review and evaluate vetted applications and choose successful applicant(s) by November 30<sup>th</sup>
- Successful applicant(s) will be notified by December 5<sup>th</sup>
- Successful applicants must return a signed Grant Agreement before funds will be released
- Upon receipt of the signed Grant Agreement a community announcement of the successful project will be made

The following scoring system will provide ranking guidelines. However, the ultimate decision will be determined by a vote by the Fund Advisory Committee. The Fund Advisory Committee may decide to fund multiple projects depending on proposal finalists and the available budget. Determining factors of selections will be clear and documented according to the following:

### Point scoring system for ranking grant applicant proposals

- Proposed project/initiative is clearly forward thinking, unique and builds sustainable innovation leadership: scale of up to 5 points
- Wellness improvement outcomes are specific, measurable and have defined evaluation criteria: scale of up to 5 points
- Outcomes directly relate to improving the health and wellness of residents and visitors: scale of up to 5 points
- Proposal includes a comprehensive budget: scale of up to 5 points
- Ongoing financial sustainability plan for the project/program: scale of up to 10 points
- Proposal is collaborative and includes two or more not for profit or charitable organization stakeholders or partners: scale of up to 5 points
- Proposed outcomes will provide benefits accessible to targeted residents and visitors: scale of up to 5 points
- Proposal includes a recognition plan for the CGMH Wellness Innovation Fund: 2 Points

TOTAL: /42 Points

**GRANT MAXIMUM**

- \$5,000/year is the maximum that may be designated for any one proposal.
- Multi-year funding is available for up to 3 years. However applicants must report annually to ensure that outcomes are being achieved.

**FUND ADVISORY COMMITTEE EXPECTATIONS**

- The program be conducted and financed within the parameters established in your proposal.
- Agree to recognize the CGMH Wellness Innovation Fund’s support (appropriate manner to be discussed with successful applicants).
- The appropriate display of the CGMH Foundation and the CGMH logo, and reference in any promotional material. (Material will be provided by the CGMH Foundation)
- To provide a detailed written follow up report to the Fund Advisory Committee through the designated committee lead.
- Granted funds must be spent in the calendar year they are provided, on the task/object outlined in the approved proposal. Changes to your plan should be communicated to the Fund Advisory Committee.

**GRANT APPLICATIONS**

- Complete the grant proposal forms and return them to/ or scan and email them to: Jory Pritchard-Kerr, President & CEO, for more information or questions. [kerri@cgmh.on.ca](mailto:kerri@cgmh.on.ca) 705-444-8675
- Include Letters of Support from partners.

**I. Project Summary**

Please type in the table below

<b>Project Name:</b>
<b>Organization name, brief history and purpose of your organization:</b>
<b>The purpose, description and anticipated end result of this project. Please highlight specific wellness improvement outcomes.</b>

**Who will benefit from the project and how?**

**What makes this project distinctly innovative?**

**In what ways is this project collaborative?**

**How this project will be sustained after funding is implemented? (Brief description, this must also be demonstrated in the budget section.)**

**Describe specific anticipated wellness improvement outcomes and how they will be measured (metrics will be required for the final report):**

**How will you define success for your project?**

**Other information you deem pertinent. Be sure to answer, who, where, when, what and why.**

**Have you received funding from the CGMH Wellness Innovation Fund or CGMH Community Education Fund in previous years?**

**If yes, what are the benefits to continuing this partnership?**

**How will you recognize the support of the CGMH Wellness Innovation Fund?**

**Work Plan**

Provide detailed information on the expected timetable for the project. Break the project into phases, and provide a schedule for each phase. **(Please type in the table below and add rows as needed)**

Task or Phase of Project	Description of Work	Start and End Dates

**II. Budget**

Please attach a comprehensive budget (including projected costs for start-up and ongoing) for your project for at least a one year period. Multi-year budgets that illustrate a long term plan and sustainability are preferred.

- 3 year plan if applying for 1 year of funding
- 4 year plan if applying for 2 years of funding
- 5 year plan if applying for 3 years of funding

**III. Key Personnel and Partners/Stakeholders**

List the key personnel who will be responsible for completion of the project, as well as other partners (ie. funders) involved in the project. **(Please type in the table below)**

Name	Role in Project	Telephone	E-mail

**How to apply:**

Please email completed applications by September 30<sup>th</sup> to Jory Pritchard-Kerr, CGMHF President & CEO.

[kerrj@cgmh.on.ca](mailto:kerrj@cgmh.on.ca) 705-444-8645

[www.CollingwoodHospital.ca/Innovation](http://www.CollingwoodHospital.ca/Innovation)

Thank you for your submission!

Please see **Appendix A – Evaluation**

