July 2017

Indigenous Post-secondary Student Mental Health Grant

Funding Application

Single Institution Version

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|  | Application submissions will be accepted for consideration between August 15, 2017 and October 31, 2017. Applications received by Advanced Education after 9:00 a.m. on October 31, 2017 will not be assessed. |
|  | Complete the template electronically. If you require an editable version of this document, please contact Advanced Education via the email address below. |
|  | Signed applications may be submitted by email (scanned PDF) to [AE.GrantManagement@gov.ab.ca](mailto:AE.GrantManagement@gov.ab.ca) or by mail/courier to the following address:  Strategic Planning and Program Integration  Alberta Advanced Education  11 Floor Commerce Place, 10155 102 St NW  Edmonton, AB T5J 4L5  Please keep a signed copy of your application for your records. |
|  | Institutions may submit more than one application. Advanced Education will apply the same rubric to every application but it reserves the right to limit the number of Grants to each institution. |
|  | Execution of grant agreements may take approximately 8 weeks from the date of the application deadline. |

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| Institution name | | |  | | | | | | | | | | | | | | | |
| Contact person | | |  | | | | | | | | Position/Title | | | |  | | | |
| Email | | |  | | | | | | | | Phone | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| *NB:* Refer to the Indigenous Post-secondary Student Mental Health Grant Funding Guidelines as you develop this application. Specific numbered sections from the Guidelines are noted throughout this template using the 🗎 icon. | | | | | | | | | | | | | | | | | | |
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| GRANT STREAM AND TERM | | | | | | | | | | | | | | | | | | |
| Grant streams are differentiated mostly by size/scope of funding. Please indicate the grant stream you are applying for in this application, as well as the start and end dates for the proposed initiative.  🗎 *5.1., Funding Available;* 🗎 *5.4., Grant Term* | | | | | | | | | | | | | | | | | | |
| Check One Only | | | | Start Date | | | | | | End Date  *(i.e., when the project is complete and all funds have been used)* | | | | | | | | |
| Stream 1 | | | |  | | | | | |  | | | | | | | | |
| *(Not before October 1, 2017)* | | | | | | *(No later than August 31, 2019)* | | | | | | | | |
| Stream 2 | | | |  | | | | | |  | | | | | | | | |
| *(Not before November 15, 2017)* | | | | | | *(No later than August 31, 2019)* | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Will you be able to move forward with your proposal if it is approved but you receive less than the requested amount of funding? Please comment below. | | | | | | | | | | | | | | | | Yes  No | | |
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| GRANT OUTCOMES | | | | | | | | | | | | | | | | | | |
| Please identify which grant outcome(s) your project/initiative will be designed to achieve.  🗎 *3., Grant Outcomes and Principles* | | | | | | | | | | | | | | | | | | |
| Outcome 1: More Indigenous students have access to culturally relevant services that improve their mental health. | | | | | | | | | | | | | | | | | | |
| Outcome 2: More Indigenous students have mental health literacy. | | | | | | | | | | | | | | | | | | |
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| SETTING THE STAGE | | | | | | | | | | | | | | | | | | |
| C1. Why does your institution anticipate the need to enhance Indigenous post-secondary student mental health care or literacy? Your response may include:   * any current data related to Indigenous students served by your institution. * historical trends that demonstrate that your community has a high need of supports that will benefit Indigenous students’ mental health. * identified gaps/weaknesses in existing supports. * a description of what is keeping your institution from addressing these needs without this grant. | | | | | | | | | | | | | | | | | | |
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| C2. Describe the consultation process you undertook to develop this application. | | | | | | | | | | | | | | | | | | |
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| PROPOSAL | | | | | | | | | | | | | | | | | | |
| D1. Project/initiative name (if successful, this is the name Advanced Education will use to refer to your project). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| D2. Briefly describe your proposal to use the Indigenous Post-secondary Student Mental Health Grant to achieve one or both of the outcomes stated in the Indigenous Post-secondary Mental Health Funding Guidelines. (Suggested length: 200 words). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| D3. What makes the proposed activities new for students or support staff? If the proposal is not for a new initiative, how have you funded these activities in the past? | | | | | | | | | | | | | | | | | | |
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| COMMUNITY INVOLVEMENT AND SUSTAINABILITY | | | | | | | | | | | | | | | | | | |
| E1. How does your proposal ensure that Indigenous peoples are participating in the decisions regarding services to improve Indigenous student mental health, recognizing the diversity of Indigenous cultures that may be represented on your campus?  🗎 *3., Grant Outcomes and Principles* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| E2. If you wish to sustain the proposed initiative beyond the term of the one-time Indigenous Post-secondary Student Mental Health grant, please provide a brief sustainability plan below. Include in your response funding source(s) and commitments to continued involvement from internal/external partners (if applicable).  Advanced Education does not guarantee it will consider additional funding to extend the proposed initiative beyond the term of the grant agreement. | | | | | | | | | | | | | | | | | | |
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| LOGIC MODEL | | | | | | | | | | | | | | | | | | |
| Please clearly outline the proposed goals, actual inputs, intended outputs and desired outcomes related to your proposed initiative. Refer to Attachment 1 in the Guidelines for an example.  🗎 *6.1., Logic Model Planning and Reporting;* 🗎 *Attachment 1* | | | | | | | | | | | | | | | | | | |
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| Issue(s)/Gap(s) to be addressed by the initiative: | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Identify which Grant Outcome(s) your project is designed to achieve:  More Indigenous students have access to culturally relevant services that improve their mental health  More Indigenous students have mental health literacy | | | | | | | | | | | | | | | | | | |
| Inputs | | | | | | | Outputs | | | | | | Intended Initiative Outcomes | | | | | |
| Supported by the Grant | | | | | | | Activities | | | | | |  | | | | | |
|  | | | | | | |  | | | | | |
| Supported by your Institution/Partners | | | | | | | Audience/Product(s) | | | | | |
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| Based on your proposal, please identify several qualitative and quantitative measures on which you will report. You will be asked to report on these measures as part of the Final Report. | | | | | | | | | | | | | | | | | | |
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| IDENTIFICATION OF PLANNED USES | | | | | | | | | | | | | | | | | | |
| Link to Comprehensive Institutional Plan (CIP) Goals | | | | | | | | | | | | | | | | | | |
| If applicable, please identify the specific goals in your institution’s most recent CIP that will be supported by your grant funding. | | | | | | | | | | | | | | | | | | |
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| Staff Positions | | | | | | | | | | | | | | | | | | |
| If your funding proposal will directly support the salary or wages for staff/service providers, please complete the following. Add rows if necessary. Include the cost of these staff positions in the relevant categories below. | | | | | | | | | | | | | | | | | | |
| Position Name | | | | | | | | | Professional Designation (if applicable) | | | | | | | | | FTE *(e.g., 1.0, 0.8)* |
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| Planned Uses of Funds | | | | | | | | | | | | | | | | | | |
| Please complete the following information to identify planned uses. Refer to the inputs and other relevant areas of your logic model when filling out these tables. You may add or remove rows as needed.  🗎 *5.5., Eligible Expenses* | | | | | | | | | | | | | | | | | | |
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| Category 1: Mental Health Care Delivery and Mental Health Literacy  *If any Facility Improvements are proposed, please include them as separate activities here* | | | | | | | | | | | | | | | | | | |
| Total funding request for category: | | | | | | | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | | |
| 1 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
| 2 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Category 2: Professional Development | | | | | | | | | | | | | | | | | | |
| Total funding request for category: | | | | | | | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | | |
| 1 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
| 2 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
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| Category 3: Participant Supports | | | | | | | | | | | | | | | | | | |
| Total funding request for category: | | | | | | | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | | |
| 1 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
| 2 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
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| Category 4: Furniture, Fixtures and Equipment | | | | | | | | | | | | | | | | | | |
| Total funding request for category: | | | | | | | | | | | | | | | | | $ | |
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| 1 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
| 2 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Category 5: Other Uses Consistent with the Principles and Outcomes of the Grant | | | | | | | | | | | | | | | | | | |
| Total funding request for category: | | | | | | | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | | |
| 1 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
|  | Rationale for fit with this Grant | | | | | | |  | | | | | | | | | | |
| 2 | Activity | | | |  | | | | | | | | | | | | | |
|  | Brief description | | | |  | | | | | | | | | | | | | |
|  | Funding request | | | | $ | | | | | | | | | | | | | |
|  | Rationale for fit with this Grant | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Total funding requested: | | | | | | | | | | | | | | | | | $ | |
| BUDGET | | | | | | | | | | | | | | | | | | |
| When completing the budget template below, please:  🗶 Do not add/delete rows ✓ Round off to the nearest dollar  🗶 Do not include in-kind contributions or expenses 🗶 Do not change the names of categories  ✓ Refer to the Guidelines for limits that apply to each stream  🗎 *5.1., Funding Available;* 🗎 *5.5., Eligible Expenses* | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| PROJECT REVENUES | | | | | | | | | | | | BUDGET | | | | CONFIRMED? | | |
| Indigenous Post-secondary Student Mental Health Grant | | | | | | | | | | | | $ | | | | No | | |
| Interest on the Grant | | | | | | | | | | | | $ | | | | No | | |
| Other Government of Alberta grants used to supplement this project | | | | | | | | | | | | $ | | | | Yes  No | | |
| Institutional/partner financial contributions | | | | | | | | | | | | $ | | | | Yes  No | | |
| Donations, fundraising | | | | | | | | | | | | $ | | | | Yes  No | | |
| Other related revenue (e.g., fee for service) | | | | | | | | | | | | $ | | | | Yes  No | | |
| Total Revenue | | | | | | | | | | | | $ | | | |  | | |
| PROJECT EXPENSES | | | | | | | | | | | | | | | | | | |
| 1: Mental Health Care Delivery and Mental Health Literacy | | | | | | | | | | | | | | | | $ | | |
| …of this, expenditures related to Facility Improvements | | | | | | | | | | | | $ | | | |  | | |
| 2: Professional Development | | | | | | | | | | | | | | | | $ | | |
| 3: Participant Supports | | | | | | | | | | | | | | | | $ | | |
| 4: Furniture, Fixtures and Equipment | | | | | | | | | | | | | | | | $ | | |
| 5: Other Uses Consistent with the Principles and Outcomes of the Grant | | | | | | | | | | | | | | | | $ | | |
| Total Expenses *(must equal Total Revenue, above)* | | | | | | | | | | | | | | | | $ | | |
| Notes | | | | | | | | | | | | | | | | | | |
| The institution submitting this application is responsible for ensuring the accuracy of financial information presented above.  Up to 15% of the approved budget (expenses) for a category may be transferred from one category to another without the Minister’s prior written approval. A request (via email) must be submitted to the Grant Manager for approval of any transfers of more than 15% from one budget category to another. | | | | | | | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | | | | | |
| This Application must be signed by a representative with signing authority from your institution. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| I, the undersigned, declare that:   1. I have read and understand the guidelines and policy that govern this funding as outlined in the *Indigenous Post-secondary Student Mental Health Funding Guidelines*. 2. I am a duly authorized representative having legal and/or financial signing authority for the institution. 3. The information contained in this Application is true and accurate and endorsed by the institution. 4. I understand all documents submitted to Advanced Education become the property of the Province of Alberta, and are subject to the disclosure provisions of the *Freedom of Information and Protection of Privacy Act* (FOIP). This Act allows any person right of access to records in the custody or under control of Advanced Education subject to limited and specific exceptions. For more information about the application of the Act to the application being submitted, see Chapter 7 of the *Freedom of Information and Protection of Privacy* Guidelines and Practices, 2009, available at [www.servicealberta.ca/foip/](http://www.servicealberta.ca/foip/). | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Print Name | |  | | | | | | | | Position/Title | | | |  | | | | |
| Email | |  | | | | | | | | Phone | | | |  | | | | |
|  | |  | | | | | | | |  | | | |  | | | | |
|  | | Signature | | | | | | | |  | | | | Date | | | | |

The personal information that is provided in the grant funding application and supporting documents will be used for the purpose of administering the Next Steps to Improve Post-secondary Student Mental Health program.  It is collected under the authority of the *Advanced Education Grants Regulation* pursuant to the *Government Organization Act* and section 33(c) of the Freedom of Information and Protection of Privacy Act (*FOIP Act)*.  It is protected by the privacy provisions of the *FOIP Act.*