



Partnership Expression of Interest **Application**

Overview

Please read the corresponding information package before completing the Expression of Interest Application Form.

Organization Details

Name of Organization:

Address:

Contact Person:

Title:

Phone:

Email:

Charitable Status Number:

Briefly describe the scope of the organization including relevant services provided, organizational capacity (number of staff and volunteers; capacity related to reporting, finance, management/supervision) and target programming demographics.

Why are you applying? *In answering this question, please address why you care about Caregiver mental health and why your organization is suitable for implementing this program.*

Caregiver Connections partners are responsible for implementing programming in 3 key areas:

- **1:1 Peer Support**
- **Peer Support Group**
- **Caregiver Education/Community Outreach**

Please provide an outline of what programming could look like in these areas:

How does your organization understand the concept of Peer Support? What value do you see in a peer-based approach for Caregiver programming? How would this fit in with your existing programming?

Please describe your organizational approach to community engagement. Can you provide a specific example of a marketing activity that your organization has executed, what strategies were utilized and what was their impact?

Regional Caregiver Connections programs are part of a broader Caregiver Connections provincial network with CMHA Alberta. Please describe your organizational approach to collaboration. Can you describe a specific instance where your organization has collaborated with another organization or group, what strategies did you utilize for a successful collaboration?

Budget

You are required to submit a proposed project budget. Please refer to Appendix C for a budget template.

While the pricing information provided in Proposals will be non-binding prior to the execution of a written agreement, such information will be assessed during the evaluation of the proposals and the ranking of the proponents.

Disclaimers

Disclosure of Information

The proponent hereby agrees to the disclosure, on a confidential basis, of this proposal by the CMHA leadership team and advisors retained by CMHA to advise or assist with the Expression of Interest process, including with respect to the evaluation of this proposal.

Conflict of Interest

You must declare all potential Conflicts of Interest in the document, this includes disclosing the names and all pertinent details of all individuals (employees, advisors, or individuals acting in any other capacity) who (a) participated in the preparation of the proposal; **AND** (b) were employees of CMHA Alberta Division within (12) months prior to Submission Deadline.

Disqualification for Conflict of Interest

CMHA Alberta Division may disqualify a proponent for any conduct, situation, or circumstances, determined by CMHA Alberta, in its sole and absolute discretion, to constitute a Conflict of Interest as defined above.

Confidential Information

All information provided by or obtained from CMHA Alberta Division in any form in connection with this application either before or after the issuance of this EOI.

- (A) is the sole property of CMHA Alberta Division and must be treated as confidential;
- (B) is not to be used for any purpose other than replying to this Expression of Interest and the performance of any subsequent contract for the Deliverables;
- (C) Must not be disclosed without prior written authorization from the CMHA Alberta; and
- (D) Must be returned by the proponent to CMHA Alberta immediately upon the request of CMHA Alberta.

Confidential Information of Proponent

A proponent should identify any information in its proposal or any accompanying documentation supplied in confidence for which confidentiality is to be maintained by CMHA Alberta. The confidentiality of such information will be maintained by CMHA Alberta, except as otherwise required by law or by order of a court or tribunal. Proponents are advised that their proposals will, as necessary, be disclosed, on a confidential basis, to advisers retained by CMHA to advise or assist with the EOI process, including the evaluation of proposals. If a proponent has any questions about the collection and use of personal information pursuant to this EOI, questions are to be submitted to the EOI Contact.

No Contract Until Execution of Written Agreement

This process is intended to identify prospective suppliers for the purpose of negotiating potential agreements. No legal relationships or obligation regarding the procurement of any good or services will be created between the proponent and CMHA Alberta Division by this EOI

process until the successful negotiation and execution of a written agreement for the acquisition of such goods and/or services.

EOI Application Form Submission Checklist

Before you submit your application, please double check that you have completed all of the required fields. Incomplete applications will not be considered for funding. If you have questions about your application, please contact Jenn Yurkiw (rcprl@cmha.ab.ca) and Ilya Ushakov (rcppl@cmha.ab.ca) before the application deadline.

- ☐ The EOI application has been fully completed and submitted.
- ☐ The budget template has been attached to the EOI application.
- ☐ No additional information has been submitted beyond the EOI application and requested budget.