

WELLNESS INNOVATION FUND



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 Collingwood General & Marine Hospital (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.
- The Lead applicant is encouraged to partner with other community organizations.
- **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 & PROJECTS

Project/program outcomes must:

- **Enhance health and wellness for patients, citizens or visitors to the core service area.**
- **Improve programs/projects currently in existence (must decrease delivery costs and/or improve effectiveness).**
- **Not be for the purpose of revenue growth for a for-profit organization or individual.**

The Fund is designed to provide seed funding to help launch innovative wellness focussed projects and programs or to improve existing programs. Preference will be given to projects/programs that have well thought out financial sustainability plans.

FUNDING AVAILABLE

- **\$10,000/year is the maximum that may be designated for any one proposal.**
- Granted funds must be spent within the calendar year they are provided as outlined in the approved grant application.

VETTING PROCESS

The CGMH Foundation President & CEO 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.

APPLICATION PROCESS & TIMELINE

- Grant applications will be available on the CGMH Foundation website with a submission deadline of December 31st.
- The Fund Advisory Committee will review and evaluate vetted applications and choose successful applicant(s) by January 31st.
- Successful applicant(s) will be notified by February 14th.
- 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(s) will be made.

GRANT SCORING CRITERIA

The following criteria will be used to score the grants:

- Proposed project/initiative is clearly forward thinking, unique and builds sustainable innovation wellness leadership.
- Wellness improvement outcomes are specific, measurable and have defined evaluation criteria.
- Proposed outcomes directly relate to improving the health and wellness of residents and visitors to the CGMH service communities.
- Proposal includes a comprehensive budget.
- Proposal includes an ongoing financial sustainability plan for the project/program.
- Proposal is collaborative and includes two or more not for profit or charitable organization stakeholders or partners.
- Proposal includes a plan to recognize the contribution of the CGMH Wellness Innovation Fund.



GRANT APPLICATION

Organization Name:

Project Name:

Contact Name:

Phone:

Email:

Address:

Requested Funds:

APPLICATION INSTRUCTIONS

Complete the grant proposal forms and return them to:

Attention: Jory Pritchard-Kerr, CGMHF President & CEO

kerrj@cgmh.on.ca

705-444-8645

Deadline for applications is: December 31st

It is recommended to include letters of support from partners along with the additional materials (such as budget information) that are requested to be submitted with the application form. For planning purposes, note that funded projects will be required to provide written evaluations of their projects by February 28th following the year in which the funding was provided.

Project/program outcomes must:

- Take place within the CGMH Service Area. *(Collingwood, Wasaga Beach, Clearview, Blue Mountains & Grey Highlands)*
- Enhance health and wellness for patients, citizens or visitors to the core service area.
- Be clearly innovative and collaborative in nature.
- For programs/projects currently in existence, the proposal must decrease delivery costs and/or improve effectiveness.
- The purpose or core outcome of the proposal must not be to increase revenue for a for-profit organization or individual.

PROJECT SUMMARY (1)

Project Name:

Organization name, brief history and purpose of your organization:

The purpose, description and anticipated end result of this project. Include short term and long term goals/outcomes where appropriate.

Who will benefit from the project and how? Describe specific wellness outcomes and where possible, use data (published literature and/or local statistics) to define the need.

How will these wellness outcomes be measured? How will you define success? Please be as specific as possible, including numbers where appropriate.

What makes this project distinctly innovative?

PROJECT SUMMARY (2)

In what ways is this project collaborative?

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

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

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

WORK PLAN & TIMELINE

Provide detailed information on the expected timetable for the project. Break the project into phases, and provide a schedule for each phase.

(Please use the table below or attach your own timeline in the same format)

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

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BUDGET

Please attach a comprehensive budget (including projected costs for start-up and ongoing) for your project for a one year period.

KEY PERSONNEL & PARTNERS/STAKEHOLDERS

List the key personnel who will be responsible for completion of the project, as well as other partners (i.e. funders) involved in the project. (Please format as per below)

Full Name	Role In Project	Telephone	Email

Thank you for your application to the CGMHF Wellness Innovation Fund.
Complete the grant proposal forms and return with applicable attachments to:

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kerrj@cgmh.on.ca
(705) 444-8645

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