

**Heroes for Health Grant Overview**

Thank you for sharing your vision for a healthier campus community. Please read the Heroes for Health Grant Guidelines prior to submitting your idea. Grant applications that are incomplete or do not meet the objectives of the grant program will not be considered for funding.

Keep in mind that your project will be reviewed and considered for funding according to the *quality* of your response rather than the *quantity* of information provided. Please complete this application form and email it, along with the completed signature page to [wshealth@ualberta.ca](mailto:wellness@ualberta.ca) by February 9, 2024. Any questions about the application or review process can also be emailed to wshealth@ualberta.

*Note: The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy (FOIPP) Act and will be protected under Part 2 of that Act. It will be used for the purpose of adjudication and administration of the Heroes for Health Grant program offered by the Wellness Supports, at the University of Alberta. For further information, contact the Wellness Supports: Central Academic Building 289, Edmonton, Alberta, T6G 2J7; phone: 780-492-2627; or, email:* [*wshealth@ualberta.ca*](mailto:wellness@ualberta.ca)

Heroes for Health Grant Application Form

| **1.0 General Project Information** | |
| --- | --- |
| **Project Name:** | |
| **Location of Project (if applicable):** | |
| **Start Date:** | **End Date:** |
| **Select the Grant you are Applying for:**  **[\_] Heroes for Health Staff Grant [\_] Heroes for Health Community Grant** | |
| **Total Amount of Funding Requested (up to $5000):** | |
| **Is this project part of an existing program on campus?  *Please circle your response:*  Yes / No** | |
| **If yes, please specify in the space below how funding will be used to enhance a novel aspect of the existing program.** | |

| **2.0 Applicant Information** | |
| --- | --- |
| **Full Name:**  **Position (if applicable)** | **Student Club, Faculty, Department or Central Unit:** |
| **Email:**  **Phone:** | **Mailing Address** |
| **Classification: (*Please mark all that apply*)** | |
| [ ] Undergraduate Student | [ ] Graduate Student |
| [ ] Support Staff | [ ] Post-doctoral student |
| [ ] Admin/Management | [ ] Faculty |
| **Have you applied or received a Heroes for Health grant before?**  [ ] I have applied but not received funding  [ ] I have applied and received funding  [ ] This is my first time applying for funding | |
| **Are you applying as an individual or a group?**  *Note: Individual applicants must have a faculty or staff project sponsor partnering on the project.*  [ ] I am applying as an individual and solely responsible for grant implementation.  [ ] I am applying as a group and have a team contributing to the grant implementation. | |
| **How did you hear about the Heroes for Health Grant Program (*Please circle all that apply)*** | |
| Friend/Colleague | Information Session |
| Poster | Campus Event |
| Website | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **3.0 Financial Information** | |
| --- | --- |
| Note: Students who are currently working in a group AND intending to become an official student group must register with Student Group Services at the Students’ Union to be considered eligible for funding. | |
| **UAlberta Student Groups**  Registered Name of Student Group:  Registered Address of Student Group:  Do you have a community banking account? (Yes/No) | **UAlberta Faculty/Unit**  Name of Faculty/Unit:  Contact for Finance Partner:  Email for Finance Partner: |

| **4.0 Proposal** | |
| --- | --- |
| ***Please complete each section of the proposal. Please note that incomplete applications will not be considered eligible for funding.*** | |
| 1. **Project Overview**  Please provide a brief description of your project detailing what it is, what you will do, and what you are hoping to achieve. Include your vision of a healthy campus. (200 words) | |
|  | |
| 1. **Campus Relevance** Please explain how your project will support campus health and wellbeing at the University of Alberta by referencing either of the following (300 words):    1. [SHAPE- University Strategic Plan](https://www.ualberta.ca/strategic-plan/index.html)    2. [Culture of Care](https://www.ualberta.ca/human-resources-health-safety-environment/environment-and-safety/culture-of-care/index.html)    3. [Equity, Diversity, Inclusivity Plan](https://www.ualberta.ca/equity-diversity-inclusion/strategic-plan-for-edi/index.html)    4. [Healthy University Strategic Plan](https://www.ualberta.ca/media-library/healthy-campuses/2022-03-22_er_okanagancharter_digital.pdf)    5. [Post-Secondary Mental Health Standard](https://www.ualberta.ca/current-students/national-standard.html)    6. [Student Experience Action Plan](https://www.ualberta.ca/strategic-plan/student-experience-action-plan/index.html) | |
|  | |
| How will your idea address a gap or strengthen an existing campus asset? (200 words) | |
|  | |
| 1. **Campus Population**   Please outline below how your project will benefit students, staff, faculty and enhance the culture of wellness for our campus? (200 words) | |
|  | |
| 1. **Project Partnerships**   Whom are you working with to plan and implement your project?  List the partnerships you have and/or will be developing, if applicable, please indicate if the partnership has been confirmed. | |
|  | |
| Please indicate how your partners will be involved in your project: | |
|  | |
| How will working with these partners further your project and its goals? | |
|  | |
| 1. **Project Planning** What activities are you planning to do to make your idea a reality? In the table below, describe your project plan: goals, objectives, program planning activities, project activities, and the anticipated outcomes you expect to happen on campus as a result of your project. (Add more rows, as necessary) | |
| **Goals and Objectives** | |
|  | |
| **Task Description** | **Outcomes** |
|  |  |
| 1. **Project Implementation**   Based on the activities described above, where are you currently in the planning process? Please select from the below options. | |
| [\_] Idea phase: brainstorming is as far as we’ve gotten  [\_] Planning: we’ve put pen to paper and we’ve made a plan  [\_] Planning & Support: We’ve confirmed logistics, received approvals (where necessary), and support from other groups on campus  [\_] Implementation: We’re all ready to go, we just need some funding  [\_] Other: | |
| 1. **Project Evaluation (300 words or less)**   How will you know if your project is a success? Describe the tools or strategies you will use to measure the success of your project. (e.g. surveys, interviews, focus groups, observation, social media)  \**Please consider your project goals when answering this question.* | |
|  | |

| 1. **Project Continuation**   Beyond the first year, what steps will you take for the continuation of your project past the funding period.  Please describe the role of your partnerships, project planning and activities that will ensure the continuity of your initiative after the funding period has ended. (200 words) |
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| **5.0 Budget** |
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| In the In the space below, please complete the budget form to the best of your ability providing links to vendors where you will purchase items for your project. Reviewing the eligible and ineligible expenses provided in the Heroes for Health Grant Guidelines is recommended prior to submitting your project proposal. |

| Expense Category | Description | Estimated | Requested | Quote Attached? (Y/N) |
| --- | --- | --- | --- | --- |
| Equipment, Furniture, and Supply Materials |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Promotional Items |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Food & Beverage |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Expenses | 0 | 0 |  |
| Revenue Category | Description | Estimated Value | Source | Guaranteed? (Y/N) |
|  | **Matching Funds** |  |  |  |
|  | **Other funding** |  |  |  |
|  | **Total Revenues** | 0 |  |  |
|  |  |  |  |  |
|  | Total Revenues - Total Expenses | 0 |  |  |
|  | Total Amount Requested from The Heroes for Health Grant | 0 |  |  |

| **7.0 Application Checklist** |
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| * I/We have read and reviewed the Heroes for Health Challenge Guidelines * I/We have completed all sections of the application form * I/We have signed and included the acknowledgment form * I/We have completed the project budget and included any quotes for expenses. * I/We have approvals required to implement your project |

| 8.0 Acknowledgments |
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| Shortlisted applications will be contacted on **February 15** to give a 5-10 minute presentation of their initiative to the funding partners. Presentation dates are set for **February 21 and 22**. Following the presentation will be a brief Q&A with the funding partners. If you are working as a team, not everyone has to be there for the presentation. Please choose up to 2 representatives. Selected applicants are also requested to create a poster showcasing their project, to be presented at the World Health Day Celebration in April 2024.  If your application is successful, you will be asked to agree to the following terms:   * Provide the Wellness Supports with a midterm and final report on your project to describe project outcomes and the impact of your project on the campus community. * Provide Wellness Supports with a brief financial report that verifies funds were expended solely for this project. You will contact the Wellness Supports for approval if there are any changes to the project before they occur. Any unspent funds associated with this application will be returned. * Utilize campus services to partner on activities or purchase materials where possible (e.g. fitness instructors from Community and Campus Recreation) * Utilize Heroes for Health visual identity in the promotion of your event where possible. Grant recipients will be provided with appropriate materials from Wellness Supports * Adhere to campus event approval processes for registered student groups and student faculty associations, if applicable. * Acknowledge funding support from the Heroes for Health grant program at any events, publications, reports, outreach, or marketing materials. Inform the Wellness Supports of when the funded initiative will be launched on campus. Wellness Supports reserves the right to send a team representative to attend project activities in support of your efforts. * Include photographs and testimonials in the project report from your implemented project. Photo releases must be provided with giving the Wellness Supports permission to use them in print and online media |

| **9.0 Signature Page** |
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| **Project Name:** |
| **Applicant** |
|  |
| **Printed Name Signature Date** |