



Community Development Fund 2010 Application

A healthy community includes strong groups and organizations as well as opportunities for individuals and families to maintain and improve their health. The Community Development Fund (CDF) supports projects developed by citizens and community organizations that will contribute to and promote well-being in our community.

In previous years, funding has supported physical activity programming for stroke victims, workshops on growing nutritious foods, social supports for seniors, youth after school activities and early learning opportunities for new parents and their babies.

A CDF project may be a demonstration project, a one-time event or a part of new on-going community activity. It may be a new program idea that you want to test and evaluate. The project must be completed within 24 months.

Eligible Activities

Projects supported by CDF must meet the following criteria:

- Address one or more of the key priority issues identified by the Chebucto West Community Health Board (CWCHB);
- Address one or more of the Determinants of Health;
- Promote healthy activities and/or reduce unhealthy behaviours;
- Foster community development, engaging the community to identify opportunities and solutions to improve the health of the community.

Ineligible Activities

The Community Development Fund will not provide support for:

- The direct delivery of health care services;
- Projects that duplicate existing community services or programs;
- Projects submitted by for-profits, government departments and agencies;
- Activities that have already been completed.

Chebucto West Community Health Board Key Priority Issues

Through our planning process in 2009, which included a citizen survey and a series of community conversations, the CWCHB identified the following priorities:

- Increase Physical Activity / Healthy Eating
- Increase Mental Health and Well-Being
- Increase Access to Health Services and Information
- Decrease Smoking
- Increase Citizens' Sense of Belonging
- Increase Community-based Strategies for Managing and Preventing Chronic Conditions
- Increase Access to Sexual Health Information

Overall, increase disease/illness prevention initiatives in our community.

The Determinants of Health

Population health considers health as “a capacity or resource rather than a state.” Health is not simply the presence or absence of a disease, but a complete state of physical, mental and social well-being influenced by several, interrelated factors called the *Determinants of Health*¹. As a requirement for CDF funding, your project must address one or more of the following Determinants of Health:

*Income and Social Status	*Social Support Networks	*Education and Literacy	*Employment/Working Conditions
*Social Environments	*Physical Environments	*Personal Health Practices and Coping Skills	*Healthy Child Development
	*Gender	*Culture	

By supporting action which addresses these determinants, we can prevent much of the illness and disease which affect the health of our citizens.

¹ Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/ph-sp/phdd/>)

The Application Process

The application is designed to give us a detailed description of what you propose to do, including your objectives, activities and related costs as well as who benefits from your initiative. Applications must include contact information for **two** representatives from your organization. Additional consideration will be to applications from groups primarily comprising volunteers and to applications from two or more organizations working together.

The Evaluation Process

Using the information you provide in the application and the following criteria, CWCHB volunteers review each application. These are the questions we use to evaluate your application:

- Does the proposal directly address any of the **priority issues**?
- Does the proposal identify a **determinant of health**?
- Does the proposal address a **need** identified by the community?
- Is the project a good example of a new **or innovative** approach that addresses or supports a CWCHB priority health issue?
- Will the proposed activity result in long-term benefits after the project is complete? Is it **sustainable**?
- Will the project **build capacity** of project participants or organizers and enable them to take further positive action?
- Does the project involve **partners** or will it result in collaboration with other organizations?
- Does the proposal include an **evaluation** component?
- Does the application include the **contact information** from two representatives?

Application Deadline

The deadline for the 2010 CDF application is Friday, **April 30, 2010**.

For more information contact:

Andrea Cochrane, Coordinator,
487-0591 andrea.cochrane@cdha.nshealth.ca or
Laurie MacNeil, Administrative Assistant,
487-0571 laurie.macneil@cdha.nshealth.ca

Application Checklist

Before sending in your application, please make sure that:

Please Check (√)	Items to Complete
	You have reviewed the most recent CWCHB plan or summary of priorities.
	You have reviewed the Determinants of Health.
	You have reviewed the project criteria included in the Application Information.
	You have reviewed the project evaluation criteria.
	The Application Form is complete. You have used the template provided. Please note that an electronic version is available from the CWCHB.
	The budget information is complete.
	There is contact information provided for two representatives of your group or organization.



Community Development Fund Application 2010

Project Name/Title: _____

*Sponsoring Groups/Organizations: _____

(*please note that this group must have a bank account in this name to process the cheque)

1. Contact Person: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

2. Contact Person: _____

Mailing Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Please provide the following information.

1. Is this a new project? Yes_____ No_____

2. Brief description of the project.

3. What will be achieved as a result of this project? (include expected results)

4. How do you know this is a concern in your community?

5. What community assets will you build on?

6. Who will participate in this project? (include target audience, age, numbers of participants, demographics, etc.)

7. What activities will you undertake to achieve the project goals?

8. How will you measure the success of your project? (include description of evaluation tools used)

9. How will you acknowledge the contribution of the CWCHB?

10. What other community organizations or individuals will partner on this project?

11. When will the project begin **and** end?

12. Have you applied for funding from another agency or Community Health Board? If yes, please identify.

Please attach additional pages if necessary.

Budget Summary

Project Name: _____

ITEM	BRIEF DESCRIPTION	COST
Supplies		
Honorarium/Wages		
Postage		
Printing/Copying		
Child Care		
Transportation		
Food/Refreshments		
Facility/Room Rental		
Equipment Rental		
Other items		
TOTAL REQUESTED		

Signature of Group Representative: _____

Name (please print): _____

Organization/Group Name: _____

Date: _____

Mail, email, fax or deliver your completed application to:

Chebucto West Community Health Board
Community Development Fund
3825 Joseph Howe Drive
Halifax, NS B3L 4R6

Deadline for applications is Friday, April 30, 2010

For more information please contact
Andrea Cochrane, Coordinator
Chebucto West Community Health Board.
Telephone: 487-0591
Fax: 455-3531
andrea.cochrane@cdha.nshealth.ca

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Application Received	Date:
Funding Approved/Amount	\$
Cheque Issued	Date:
Interim Report Received	Date:
Final Report Received	Date: