

Midwifery Strategy Grant Program
Application

The information provided on this form is used to determine eligibility for the Midwifery Strategy Grant Program. Information provided with this application form is collected under the authority of the Ministerial Grant Regulation 215/2022 pursuant to the *Government Organization Act* and the *Freedom of Information and Protection of Privacy Act*, Section 33(c). It will be used to assess your funding application. If you have questions about the collection, use, and disclosure of this information, **please send an email to GoA.MidwiferyGrants@gov.ab.ca**.

Completed application packages can be submitted to GoA.MidwiferyGrants@gov.ab.ca.

APPLICATION INFORMATION

Incorporated/Legal Name of Organization (name must match corporate registry)

Mailing Address

City or Town

Province

Postal Code

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If the organization is incorporated, please select one of the following:

Provincially Incorporated ☐

Extra-Provincially Incorporated ☐

Federally Incorporated ☐

Which Act(s) is the organization regulated by?

Societies Act ☐

Corporations Act ☐

Other ☐

If Other, please explain:

If incorporated under the *Alberta Societies Act* or the *Alberta Business Corporations Act*, please provide incorporation details:

Incorporation Number:

Date of Incorporation:

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If not incorporated, please select one of the following:

First Nation: ☐

Metis Settlement: ☐

Other: ☐

If Other, please explain:

Grant Applicant Contact (person to contact for grant application information)

Name

Title

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Phone

Email

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Signing Authority Contact (legal/financial signing authority for the organization)

Name

Title

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Phone

Email

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PROGRAM OVERVIEW/SUMMARY

Program Name

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Start Date yyyy-mm-dd

End Date yyyy-mm-dd

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Project Overview

1. Please describe your proposed program, including intended activities, stakeholders involved, the program location, estimated number of individuals to be supported by this program, etc.

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2. Please describe the need for the proposed project.

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3. List the key objectives of the proposed project. Explain in detail how you will accomplish and assess the stated objectives.

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4. List the expected outcomes, results and community benefits of the proposed project.

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5. Provide a timeline of project activities. A timeline diagram can be used to illustrate the plan. Ensure to include key activities/milestones when preparing your timeline. For any staff recruitment, include how staff recruitment will be completed, by whom, and when (projected start date of position), and include any qualifications and/or professional designations.

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6. What are some of the associated risks and their impact (ex. impact on existing health system)? How will these risks be mitigated?

7. How will the project be evaluated? What outcomes would indicate that the project had been successful?

8. How do you plan on sustaining the project after the grant has ended? How will you ensure the project will have lasting impact in the future?

Have you completed similar projects in the past?

☐ Yes

☐ No

Please list any similar projects and if you have requested funding for these:

PROJECT BUDGET

Please indicate the overall budget request as detailed in the project proposal. **(Total Expenses must not exceed total Revenues).**

Total funding request from Primary and Preventative Health Services

APPLICATION CHECKLIST

1. Completed and signed application form (this document)
2. Detailed project proposal
3. Evidence of licences, permits, inspections, land designations, etc.
4. Evidence of community support (ex. letter of support from partner organizations)

DECLARATION

This grant application and supporting documents ("Application") is for the organization applying for a grant through the Midwifery Strategy program to carry out a project or initiative that is consistent with the mandate of Primary and Preventative Health Services. The organization understands that the following conditions apply:

1. Information provided in the application will be used to assess the eligibility of the project being proposed by the organization to receive funding from Primary and Preventative Health Services.
2. The application must be completed and signed by an authorized representative of the organization.
3. An organization applying for grant funding that is a society or corporation must be registered and active and in good standing with Alberta Corporate Registries.
4. Any material misrepresentation in the application will result in Primary and Preventative Health Services disqualifying the application.
5. The province may contact any identified other organization that is listed in the application to verify their role, participation in, and/or support of the proposed project.
6. If the application is approved for grant funding, details of the grant will be set out in an agreement to be entered into between Primary and Preventative Health Services and the organization before any grant funding will be released to the organization for the project. There is no agreement between the organization, and no obligation for Primary and Preventative Health Services to provide grant funding for the project, until a grant agreement for the project is executed by both Primary and Preventative Health Services and the organization in respect of the project.
7. If an application is approved and funding issued in respect of a proposed project, the name of the grant recipient, project amount funded, community/region, and fiscal year become a matter of public record (Information on grants awarded by Government of Alberta programs is published on the Government of Alberta Grant Payments Disclosure database at the following link: <https://www.alberta.ca/grant-payments-disclosure.aspx>).
8. The applicant acknowledges that the information provided in this application is subject to the *Freedom of Information and Protection of Privacy Act*.

Signing Authority Contact (legal/financial signing authority for the organization)

Name

Title

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Date

Signature of Authorized Representative

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