



## **Mental Health Week Activity Grants May 1-7, 2011**

**Mental Health and Addiction Services**

### **Guidelines and Application**

1. Mental Health and Addictions staff, other Western Health staff and Community Partners are eligible to apply. **Note:** Mental Health and Addictions staff and Community Partners are encouraged to work together in planning and delivering Mental Health Week activities.
2. Applications must be received no later than **4:30 PM on April 8<sup>th</sup>, 2011**. Please send applications to:

Tara Welsh, Regional Mental Health Promotion Consultant  
Western Health  
6<sup>th</sup> Floor Western Memorial Regional Hospital, P.O. Box 2005  
Corner Brook, NL, A2H 6J7  
F: (709) 637-5624 or E: [tarawelsh@westernhealth.nl.ca](mailto:tarawelsh@westernhealth.nl.ca)
3. The maximum grant provided will be \$100.00. Applications will be reviewed on an individual basis taking into account the number of participants and activities planned. Grants will be subject to availability of funds. Please indicate specific amount requested on the application form.
4. Successful applicants will receive a cheque for the awarded amount and an evaluation/tracking form to be completed upon conclusion of the activity. This form **must** be completed and sent back to the address above within 1 month of the project finish date.
5. Original receipts for purchased items must be sent back with the tracking form to the address above upon completion of the activity (within 1 month of the project finish date).
6. In any case that the total amount of the grant awarded was not spent, the remaining funds should be returned to Tara Welsh with the Cheque payable to the Cashier's Office, Western Memorial Regional Hospital.



Mental Health Week 2011  
Activity Grants

Applicant Information	
<b>Applicant:</b>	<b>Date:</b>
<b>Contact Information:</b> <b>Name:</b> <b>Address:</b>	<b>Telephone#:</b> <b>Fax #:</b> <b>Email:</b>
<b>For Community Partners Only</b>  Did you consult with your local Mental Health and Addiction Services Office about this Project? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify who you consulted with: _____	
MHW Activity Proposal	
<b>Describe how you will promote <u>Mental Health Week</u>.</b> <i>(For Example: Movie Night, Lunch &amp; Learn/Presentations, MH Jeopardy/Millionaire)</i>	
<b>Date of Activity:</b> _____	
<b>Total number of people expected to take part in the Activity:</b> _____	
<b>How will the funds be used? (Maximum \$100.00)</b> Please list items that you require and the expected costs of the items.	
<b>Evaluation: How are you going to determine if the event has been a success?</b>	
<b>Signature of Applicant:</b> _____ <b>Date:</b> _____	
<b>For Office Use Only:</b>	
<b>Application Received By:</b>	<b>Date:</b>
<b>Application Reviewed By:</b>	<b>Date:</b>
<b>Application Approved By:</b>	<b>Date:</b>
<b>Amount Awarded:</b>	