**SPIN Funding Application Form**

**B9 – 800 Rosser Ave. Brandon, MB R7A 6N5**

**204-578-2599**



**The Brandon & Area Suicide Prevention Implementation Network**

**2019-2020 Funding Application**

**Purpose of Funding:** Each year SPIN provides funding to a maximum of $1500 for groups/organizations to offer programs or events to make Brandon and area suicide-safer. Those receiving grants will hold SPIN membership and will be required to submit a final report and receipts by March 1, 2020. Recipients may also be required to provide updates at SPIN meetings and do a presentation to SPIN members at the conclusion of the project. The amount received will depend on the number of grants requested, as well as the number of people involved/impacted.

**Submit application by July 31, 2019**

**Submit to:** SPIN Chair info@spinbrandon.ca

**Successful recipients will be notified via email on or by**: August 31, 2019

**Name of Project Lead(s)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select the category(s) that applies to your project:**

Mental Health Promotion/Activities that Building Healthy, Resilient Communities

Suicide Prevention Initiatives

Suicide Intervention or Post-vention Initiatives

Promoting help-seeking behaviour/awareness of resources

Other, Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Project Information

|  |
| --- |
| Project name: |
| Target audience: |
| Number of anticipated people involved/impacted/in attendance: |
| List & briefly describe how members of the community will be engaged/involved?*
 |
| Briefly describe your project  |
| Outcomes to be accomplished by project (e.g. mental wellness, educational/social emotional/resiliency skills etc.) |

1. Financials (*please remember that receipts will be needed for final report*)

|  |
| --- |
| Total Dollar Amount requested:  |
| Additional sources of income (receipts not necessary)*
 |
| **Project Grant Dollars Spent (please be detailed as to how funds are to be spent)** |
| **Item** | **Approximate cost** |
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