**ACCESSIBILITY PROGRAM**

**PROJECT FINANCING**

**Fondation Tremplin Santé**

The mission of Fondation Tremplin Santé is to encourage young people to adopt healthy habits and an active lifestyle to help them grow up healthy. Camps are great places to learn, because it is easier to adopt healthy habits in a fun and exciting environment!

**Accessibility Program**

The Accessibility program is specifically aimed at providing funding so that young people aged 5 to 16 from areas with a high deprivation index may enjoy camp activities that encourage them to adopt healthy habits.

**Project financing**

The aspect of the program helps integrate healthy habits (HH) into camp activities by supporting the implementation of projects developed by camps and whose beneficiaries are considered vulnerable, such as those from disadvantaged areas.

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**Made possible thanks to the financial support of:**

**Summary of steps**

Here are the 4 essential steps for submitting applications

Email address:

info@tremplinsante.ca

Specify in the email’s subject line:

**Name of the camp - Accessibility - Project**

1. ****Join the **Shape Up PLUS program**
2. For day camps: provide us with the postal code of the camp that will realize the project
3. For overnight camps: send us proof that more than 35% of the young people come from financially disadvantaged areas.
4. Contact a Shape Up coordinator to be accompanied:

**Marie-Christine Murphy** for **physical activity** related projects

**Karine Chamberland** for **healthy eating and body diversity** related projects

**Guillaume Aird** for **food services** related projects

Submit your application for funding before one of the two deadlines

**Terms of the Accessibility program – Project financing**

Financial support: **up to $2,500**

Calendar: 2 submission periods

Deadline for submission of projects:

**May 15, 2020**

Communication to project leaders:

**June 1st, 2020**

First instalment (50% of the amount granted): **5 June 2020**

Deadline for submission of projects:

**March 16, 2020**

Communication to project leaders:

**March 30, 2020**

First instalment (50% of the amount granted): **3 April 2020**

The second payment will be made at the end of the summer as follows:

Deadline for submission of final report: **September 1, 2020**

Second instalment (50% remaining): **September 11, 2020**

**Camp eligibility criteria**

* This program isonly **for Shape Up Plus camps in 2020**
* ****Be administered by an NPO or entirely financed and administrated by a municipal government
* Offer a **program that promotes healthy habits** by **trained staff**
* For day camps: Being located in a deprived area as defined by Statistics Canada: **send us your camp’s zip code by email as soon as possible** so that we can validate your eligibility with our partner
* **For overnight camps:** host youth from financially disadvantaged backgrounds (35% or more, supporting document needed)
* Have been accompanied by a member of the Shape Up team during project set-up

**Project evaluation criteria**

* **Relevance**: This project should enhance the activities related to healthy lifestyle habits already carried out at the camp. A large number of campers should be able to benefit from it at different times (plan to increase the number of activities over the weeks).
* **Viability**: The project must be presented clearly and include a realistic budget.
* **Impact on young people and their habits**: Ask yourself what impact you are looking for in young people, especially the most vulnerable. Is it in terms of their knowledge, attitudes or behaviours? How do you plan to measure this change?
* **Additional funding**: Have an amount equal to at least 50% of the projected budget for the proposed project and commit to spending it on this project.

**AGREEMENT to sign**

The parties agree to the following:

The purpose of this agreement is to support the organization's commitment to carry out a summer camp project aimed at encouraging the adopting of healthy habits (HH) among disadvantaged young people, particularly those from disadvantaged backgrounds.

The organization agrees to:

* Carry out the project as presented.
* Use the allocated sums according to a predetermined budget.
* Comply with the terms and dates provided on **page 2**
* Provide Fondation Tremplin Santé with photos of the project.

Fondation Tremplin Santé agrees to pay the organization the granted amount as indicated on **page 2**

Fondation Tremplin Santé reserves the right to terminate this agreement for any of the following reasons:

* The organization fails to fulfill one of its obligations under this agreement.
* The organization ceases its operations in any way whatsoever, including bankruptcy, liquidation, or transfer of assets.

Within five business days of the termination of this agreement, the organization must refund any portion of the sums provided that are unspent or that were used for purposes other than those provided for in this agreement.

The parties attest that they have read, accepted, and signed this agreement

at Click here to enter place on Click here to enter date.

|  |  |
| --- | --- |
| For Click here to enter the name of the organizationSignatureClick here to specify the name and position of the manager  |  |

For Fondation Tremplin Santé

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Tania Paracini, executive director

**APPLICATION FORM
PROJECT FUNDING**

**Camp and organization contact information**

|  |  |
| --- | --- |
| Name of organization | Click here to write |
|  | NPO |
|  | Municipal camp |
| Camp name | Click here to write |
| Address | Click here to write |
| Postal code | Click here to write |
|  |
| **Contact information**  |
| Name | Click here to write |
| Position | Click here to write | Phone | 123 456-7890 |
|  |  |

**Documents to provide**

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|  |
| --- |
| **1st installment:** |
|  |  | Duly signed agreement (pages 3) |
|  |  | Weekly programming of the young people involved in the project (previous year example) |
|  |  | Duly filled out and signed funding application form (pages 4 to 6) |
|  |  | Project budget estimates (page 7) |
|  |  | 2020 HH Profile duly completed  |
|  |  | Description of your HH training (content, length, teaching method)Number of trained counselors (% of the total number of counselors)Your banking information to make both installments |
| **2nd installment:** |
|  |  | Photographs of project (high resolution) |
|  |  | Final report |
|  |  | End of summer HH profile duly completed |
|  |

**Declaration to sign**

|  |
| --- |
| I, the undersigned Click here to enter your name, declare that the information provided in this form and the attached documents is correct and complete.  |
| Date | \_ Signature\_ |
| **Project name** **Application form - Project description**Click here to write**Nature of project**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Physical Activity |  | Body diversity |
|  | Healthy eating |  | Food Service  |

**Description of the current** **context** (8/10 lines)List the actions already undertaken at the camp in relation to HH **AND** their impacts on the young people

|  |  |
| --- | --- |
| Actions / year | Impact on youth |
| Click here to write | Click here to write |
| Click here to write  | Click here to write |
| Click here to write  | Click here to write |

 |
| **Description of your project** (15/20 lines) Specify **also** its period of realizationClick here to write |
|  |
| **Check the name of the person that accompanied you**[ ] Marie-Christine Murphy [ ] Karine Chamberland [ ] Guillaume Aird [ ] Autre : Specify |
| **Which partners are involved in your project?**

|  |  |  |
| --- | --- | --- |
| Organization | Contact/phone | Contribution |
| Click here to write | Click here to write | Click here to write  |
| Click here to write | Click here to write | Click here to write |
| Click here to write | Click here to write | Click here to write |

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| --- |
| **How will this project contribute to your current activities?** (8 to10 lines)**Application form - Project impact**Click here to write**At what level will young people contribute to the project?**Click here to write**In total, how many young people are expected to participate in the project activities?** Number**This represents approximately** Number **% of youth in the camp.****How many times should each youth participate in the activities?** Number**How long should each youth participate in these activities (approximately hours)?** Number |
|  |
|  |
| **How will this project encourage young people—particularly disadvantaged ones—to adopt healthy habits?** (9 to10 lines)Click here to write |
| **Which indicator will you use during the project to track its impact?** (Which one, when will it be checked, how often, how, etc.) (3 to 4 lines)Click here to write |
| **How will the requested funding help ensure the viability of the project over the years?** (3 to 4 lines)Click here to write |

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**Application form - Project planning**

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| --- |
| **Main steps of the project**  |
|

|  |  |
| --- | --- |
| **Activities**  | Schedule |
| Click here to write | Period of realization |
| Click here to write. | Period of realization |
| Click here to write. | Period of realization |
| Click here to write. | Period of realization |
| Click here to write | Period of realization |
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| Click here to write | Period of realization |
| Click here to write | Period of realization |

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| **Amount requested from the Tremplin Santé Foundation** (= sum of the expenses checked off in the table below)Click here to write.$ **List of planned expenditures** (indicate all planned expenditures, even those that will not be funded by Fondation Tremplin Santé) |
|

|  |  |  |
| --- | --- | --- |
| **Expenses** (check if the expenses are to be funded by Fondation Tremplin Santé) |  | **Estimated budget** |
| Click here to write. |[ ]  Budget |
| Click here to write |[ ]  Budget |
| Click here to write. |[ ]  Budget |
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| Click here to write. |[ ]  Budget |
| Click here to write. |[ ]  Budget |
|  |[ ]  Total budget |

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| **What is the total amount received from the other partners?** Click here to enter the total amount$**What are your other sources of funding?** (4 to 5 lines)Click here to enter the names of the financial partners.**What are the Shape Up tools that you would like to use for the project?** Click here to write. |