



The Brandon & Area Suicide Prevention Implementation Network 2023-2024 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, under the following categories:

- Mental Health Promotion/Activities that build healthy, resilient communities
- Suicide Prevention and Life Promotion Initiatives
- Suicide Intervention or Post-Intervention Initiatives
- Other (specify)

Funding:

- The maximum amount of funding per application is \$1,500.00.
- The amount of funding received will depend on the number of grants submitted, as well as the number of people involved/impacted.

NOTE: Only 50% of funds received can be allocated towards:

- **printing of materials**
- **honorariums**
- **purchase of food or beverages.**

Administration:

The SPIN Intake Sub-Committee will meet and review all applications for funding and inform the applicants of the outcome in a timely manner. For those applicants who are selected by the Intake Sub-Committee to receive funding the following conditions apply:

- Priority will be given to new submissions(initiatives).
- Re-occurring applications may not be successful. Preference will be given to those applications if they have an added new feature to the project. Funding will not be given for the same budget item each year, thus encouraging sustainability and community engagement.
- Membership with SPIN committee and attendance at the monthly meetings is a condition of the grant funding.



Accountability:

- Your Organization will provide updates of your project/event/initiative at monthly SPIN meetings.
- Your Organization will provide a final year-end report submitted to the SPIN committee at the conclusion of your project or no later than March 1, 2024.
- Your Organization will give a 10-minute presentation to the SPIN Committee on your completed project.

Procedure:

- Submit the application form located on page 3-5 of these documents.
- Deadline to submit application: **May 17th, 2023.**
- **Submit to:** spinassistant2019@outlook.com
- Successful recipients will be notified via email on or by **June 1, 2023.**



SPIN FUNDING APPLICATION:

Name of Project Lead(s): _____

Name of Organization: _____

Telephone Number: _____

Email: _____

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

Mental Health Promotion/Activities that Building Healthy, Resilient Communities

Suicide Prevention Initiatives and Life Promotion initiatives

Suicide Intervention or Post-Intervention Initiatives

Other, Specify: _____

A. Project Information

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| Project name and description: |
| Briefly describe your project: (ie: what are you going to do? how are you going to do it? how is this a need?) |
| Describe how members of the community will be engaged/involved? |
| Target audience: |



| |
|--|
| Number of anticipated people involved/impacted/in attendance: |
| What new or innovative ideas/initiatives will your project offer your targeted audience? (why should we fund you?) |
| Are you collaborating with other agencies on the project? Yes No If yes, indicate who and please explain how you are collaborating. |
| How are funders going to be recognized in the project? |
| Outcomes to be accomplished by project (e.g. mental wellness, educational/social emotional/resiliency skills etc.) |

B. Financials (please remember, receipts will be needed for final report)

| | |
|--|------------------|
| Total Dollar Amount requested from SPIN: | |
| Are there Additional sources of income Available to assist you with Project costs? If So please list. (receipts not necessary) | |
| <ul style="list-style-type: none"> • • | |
| Proposed Budget: (please be detailed as to how funds are to be spent) | |
| Item | Approximate cost |
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