**Medavie Foundation – Expression of Interest**

**Post-Traumatic Stress**

All organizations interested in applying for funding from Medavie Foundation must first complete this Expression of Interest to demonstrate eligibility and fit with the funding criteria.

Within the funding area of Post-Traumatic Stress, **we focus on initiatives and services for public safety personnel (including first responders as well as front-line healthcare workers) and their families**. This occupational group disproportionately experiences challenges related to anxiety, depression and Post-Traumatic Stress.

To be considered eligible, requested funding **must** be in support of:

* increased awareness and understanding of Post-Traumatic Stress (PTS) **experienced by public safety personnel** (including first responders and frontline health care workers)

***and/or***

* improved access to evidence-informed services and supports **for public safety personnel and/or their families** to address challenges related to anxiety, depression and PTS

**1. Contact Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization: | | | | |  | | | | | | | | | | |
| Street: | |  | | | | | | | | City: | |  | | | |
| Province: | | |  | Postal Code: | | |  | | Telephone: | | | |  | | |
| Contact Person’s Name: | | | | | |  | | | | | Title: | | |  | |
| Email: | |  | | | | | | | Organization Website: | | | | | | |  |

**2. About Your Organization**

What is your organization’s purpose/mission? (Maximum 75 words)

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Is your organization a registered charity with Canada Revenue Agency or other qualified done?

If yes, please provide your organization’s charitable registration number issued by CRA:       RR

If no, your organization is not a qualified donee, you must apply with an organization that is an eligible qualified donee and will be the intermediary for funding

|  |  |
| --- | --- |
| What is the name of the organization that would be the intermediary for funding? |  |

**3. About the Requested Funding**

1. Describe how the requested funding will be used to increase awareness or understanding of Post-Traumatic Stress (PTS) experienced by public safety personnel (including first responders and frontline health care workers). *If you are requesting funding for only services and supports you may indicate “not applicable” and respond to the next question*. (Maximum 150 words)

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1. Describe how the requested funding will be used to improve access to evidence-informed services and supports for public safety personnel and/or their families to address challenges related to anxiety, depression and PTS. *If you are requesting funding in support of only increased awareness and understanding of PTS please only provide a response to the above question and complete below as “not applicable”* (Maximum 150 words)

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|  |

1. List below the resources and other costs that would be supported through the requested funding

|  |  |
| --- | --- |
| Resources (including therapists/counselors), activities and other costs | Estimated Total Cost of Line Item  *(total cost to your organization)* |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL ESTIMATED COST OF INITIATIVE | $ |

*The specific amount of funding requested would be discussed if your organization is asked to provide a detailed proposal.*

1. How many people are expected to benefit from the resources and activities listed above?

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1. Provide an overview of how the input and feedback of public safety personnel and/or families informs the resources and activities listed above. (Maximum 100 words)

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1. Describe how the initiative has been designed for the occupational experiences and culture of public safety personnel, especially if the initiative focuses on a particular occupation group. (Maximum 100 words)

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1. Provide the objectives and measures that will be used to track the effectiveness of the services and supports in terms of the mental health of public safety personnel and their families (Maximum 150 words):

|  |  |
| --- | --- |
| **Objectives** | **Measures**  *(How will you know if objectives were achieved?)* |
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|  |  |
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1. Provide below any other information you’d like us to know about your organization, the people being helped and/or how the requested funding would be used. (Maximum 100 words)

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| --- |
|  |

How did you hear about Medavie Foundation?

|  |  |
| --- | --- |
|  | Word of mouth |
|  | Social media/media |
|  | We are a past funding recipient |
|  | Other: |

**Thank you for completing this Expression of Interest.**

**Please email only the completed Expression of Interest form to** [**communitygiving@medavie.ca**](mailto:communitygiving@medavie.ca) **. Attachments other than the Expression of Interest will not be reviewed.**

**Foundation staff will review the information provided in the Expression and let you know within 4 - 5 weeks if there is a sufficient fit with the funding criteria to request a detailed application for funding.**