**Medavie Foundation – Expression of Interest**

**Youth Mental Health**

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

Within the area of Youth Mental Health, our goal is to increase access to community-based mental health supports and services with a focus on counseling and therapy delivered by mental health professionals to address the range of mental health symptoms and challenges an individual youth may experience.

**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 donee?

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 that 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 or improve access to mental health supports and services across the broad range of mental health symptoms and challenges individual youth may experience. (Maximum 150 words)

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1. List below the resources and other costs of the initiative that would be supported in part or in full through the requested funding

|  |  |
| --- | --- |
| Resources (including therapists/counselors) 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 youth are expected to be directly helped through the initiative?

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| --- |
|  |

1. What is the age range of youth who will be helped by the resources listed above?

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|  |

1. Provide an overview of how youth feedback informs the mental health supports and services being provided (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 youth mental health (Maximum 150 words):

|  |  |
| --- | --- |
| **Objectives** | **Measures**  *(How will you know if objectives were achieved?)* |
|  |  |
|  |  |
|  |  |

1. Provide below any other information you’d like us to know about your organization, the youth being helped and/or how the requested funding would positively impact youth mental health. (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 Youth Mental Health funding criteria to request a detailed application for funding.**