

***Wellness and Mental Health* Grants (WMHG)**

**APPLICATION FORM**  
*2023-2024*

**Deadline for applications: February 27, 2023**

Submit completed applications to Arlana Vadnais, Campus Mental Health Facilitator, at [mental.health@umanitoba.ca](mailto:mental.health@umanitoba.ca).

**Instructions**: Please review the ***Wellness and Mental Health* Grants** Guidelines document before completing the application. Applications should be written in accessible language that is easily comprehensible to a non-specialist in the field. You may either type your answers directly into the template where indicated or cut and paste from another document. *Note that if you cut and paste from another document, some re-formatting may be required.* **Please use 11 pt font size.** The final proposal should be **no longer than eight (8) pages in length.** Once the form is complete, please print and append a copy of the proposed project’s budget. The final copy of the proposal will need to be reviewed and signed by the appropriate Dean / Director, as applicable for staff or faculty members, prior to submission to the Campus Mental Health Facilitator. Should you have any questions regarding the application or the WMHG, please contact Arlana Vadnais, Campus Mental Health Facilitator, [mental.health@umanitoba.ca](mailto:mental.health@umanitoba.ca).

***\*\*\*Please note that incomplete and/or late applications will not be considered.\*\*\****

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| **Section 1: Applicant Details** |

**Principal Applicant’s Name**: Type here to enter text.

**Are you currently a University of Manitoba:**

Student  Graduate Student  Administrative Staff  Faculty/Instructor  Other

**Department / Unit**: Type here to enter text.

**Faculty / School**: Type here to enter text.

**Email address**: Type here to enter text.

**Names of any Co-Applicants (and their Faculty/Department/Unit)**:

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| Co-Applicant Name | Faculty/Dept/Unit | Current UM Role  (i.e. student, grad student, staff, faculty, instructor, etc.) |
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| Section 2: **Proposal** |

**Title of Proposal:** Type here to enter text.

**Time Frame of Project:** Type here to enter text. **Total budget Requested from WMHG** (up to a maximum of $1500): Type here to enter text.

**Brief Summary of Proposal** (maximum 100 words):

Type here to enter text.

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| Section 3: **Proposal Details** |

Please answer the following questions and indicate how the proposal meets the WMHG criteria for support (see WMHG Guidelines for further information).

1. To which *of the following* goal(s) does the proposal align (for more information, see the Wellness and Mental Health Grant Guidelines)?

1. A Committed Community

2. A Caring Community

3. A Healthy Community

4. A Responsive Community

5. A Supportive Community

6. A Resourceful Community

1. Describe the proposal’s **rationale and objectives**. Explain how it seeks to enhance or promote mental health and wellbeing at the UM. Include a short literature review that supports this rationale.

Type here to enter text.

1. Describe the proposal’s **methods and potential outcomes.**

Type here to enter text.

1. Outline any **student participation or involvement** in the preparation, review and/or implementation of this proposal. Describe any participation of non-traditional and/or Indigenous students where applicable.  
     
   Type here to enter text.
2. Describe how this proposal will **impact mental health and wellbeing at the UM.**

Type here to enter text.

1. Describe any **potential obstacles** and how they will be resolved.

Type here to enter text.

1. Describe how **success and impact of the project will be evaluated.**

Type here to enter text.

1. Describe the **timeline** for the project noting that typically funds will be expended during the 2023/2024 academic year. **Please indicate the start date and end date.**  
     
   Type here to enter text.
2. If the proposal involves partnerships between different UM departments/units, please **explain and confirm that collaboration in the proposal**. Include a description, if appropriate, of on-campus support and resources.  
     
   Type here to enter text.
3. Where appropriate, describe any **community involvement or consultation** in the development of the proposal. (Please append letters of support for projects involving community partners.)  
     
   Type here to enter text.
4. Outline **future benefits and the sustainability** of the project beyond the grant period.

Type here to enter text.

1. Indicate if the proposal involves human research subjects/consent from participants. If yes, please attach the research ethics approval certificate, or indicate when research ethics approval will be received.

Type here to enter text.

1. Briefly outline your plan for disseminating results and/or sharing knowledge gained thought this project.

Type here to enter text.

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| Section 4: **Budget** |

**Provide** a full budget for your project:

Salaries (including benefits): $ Type here to enter text.

Equipment: $ Type here to enter text.

Materials and Supplies: $ Type here to enter text.

Travel/Conference: $ Type here to enter text.

Dissemination: $ Type here to enter text.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Type here to enter text.

**Total Requested: $ Type here to enter text.**

**Budget Justification/Details:**

Type here to enter text.

**Other sources** of financial support for the project (if applicable):

Source: Type here to enter text. Amount: $ Type here to enter text.

**Details** (Indicate which aspects of the proposal will be funded from the WMHG and which from other sources):

Type here to enter text.

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| Section 5: **Applicant Acknowledgement** |

If your application is successful, you agree to (please indicate your agreement by checking all of the following items and signing at the end of this application):

Provide the Campus Mental Health Facilitator with quarterly updates and a final report within one month after the end of the project.

Provide the Campus Mental Health Facilitator with a financial summary within the final report that verifies funds were expended solely for this project. You will contact the Campus Mental Health Facilitator for approval if there are any changes to the project before they occur. Any unspent funds associated with this application will be returned to the WMHG fund. Any funds that are expended above and beyond the amount disbursed will not be covered by the WMHG nor by the University of Manitoba and will be the responsibility of the project team.

Acknowledge that this initiative is funded by the *Wellness and Mental Health* Grant in any publications, reports, outreach or marketing materials.

Acknowledge that, for staff/academic staff/post-doctoral scholar applications, approvals have been obtained from unit/department head for the project by the Principal Applicant. As well, the Principal Applicant has obtained the signature of from the unit/department head (see section 6 below)

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| Section 6: **Signatures and Approval** |

Type here to enter text. Click to enter date.

Name of Principal Applicant Signature Date

**This project has my approval**:

Name of Department/Unit Head Signature Date

Name of Dean / Director Signature Date

*If more than one proposal is being submitted by a Faculty/School/College/Unit, please provide the ranking of this application.*

This application is ranked \_\_\_\_\_ out of \_\_\_\_\_ applications from the Faculty/School/College/Unit of   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.