



National Association
of Friendship Centres

Association nationale
des centres d'amitié

Trauma-Informed Mental Health Program

Funding Application Form

Please submit this application form along with other supporting materials using the below link.

<https://app.smartsheet.com/b/form/4ab14ae2866e41ca83b1ddfa633d412a>

Section 1: Information about the fund and the application process

NAFC was granted funding to help support Friendship Centres increase capacity to provide and expand access to trauma-informed mental health and cultural support services. This funding can also be used to support mental wellness projects for Indian Residential School (IRS) survivors and the families of former students.

The objectives of the Trauma-Informed Mental Health Program are to:

1. Support pre-existing mental health initiatives and ensure there are cultural components.
2. Knowledge mobilization and information sharing to create a better understanding of urban Indigenous mental health needs.
3. Increase mental health programming and capacity needs at FCs and PTAs.

Your project must work towards one or more of the following outcomes:

1. Improve access to ongoing trauma-informed, culturally appropriate, and community-based mental health and cultural support services for urban Indigenous peoples.
2. Strengthening staff capacity to support mental wellness program development.
3. Ensure health cultural support workers have the tools and resources required to provide trauma-informed mental health services and supports.

Section 2: Organization Information

Organization name:	<input type="text"/>
Contact Name:	<input type="text"/>
Contact Role:	<input type="text"/>
Address:	<input type="text"/>
Email:	<input type="text"/>
Phone Number:	<input type="text"/>



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Section 3: Organizational Capacity

Which of the following will you be using the funding for?

- Expanding existing programming Creating new mental health programming

Does your Friendship Centre currently have any programming/projects/positions for mental health (Yes/No)?

If yes, what currently exists?

Do you feel that your Friendship Centre is in a good position to take on this funding?



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Section 4: Project Details

Project name:

Project Category:

(Please refer to the project category infographic and choose ONE project category. If you are unsure which project category best suits your project, please choose 'other')

Project Demographics (please check any and all demographics your project will be supporting):

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Elders | <input type="checkbox"/> MMIWG2S+ | <input type="checkbox"/> Families |
| <input type="checkbox"/> Youth | <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> IRS survivors |
| <input type="checkbox"/> Children | <input type="checkbox"/> Women | <input type="checkbox"/> At risk community members |

Please provide a project description (500 words maximum).



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Section 4: Project Details (cont.)

What are the main goals of your project/position?

When is the proposed start date?



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Section 5: Project Implementation Steps

Date	Project Milestone
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 6: Project Budget

Example

Item	Details	Amount (\$)
Salary	1 position x \$33 / hr x 40 hrs / week X 39 weeks + MERCS	\$57,658.00

Expenses

Item	Details	Amount (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Amount Requested