

**CHILDREN'S HOSPITAL FOUNDATION OF MANITOBA INC.  
CHILD HEALTH GRANT APPLICATION**

Principal Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Supervisor/Director:

\_\_\_\_\_

**Application Type:** *(Select one only)*

Program     Health Promotion & Prevention Activity     New Initiatives

**Title:**

**Description:** *(Include how it will impact on Child Health Care)*

**Objectives/Purpose:** *(Identify and describe how the objectives will be accomplished)*

**Competence:** *(What evidence can you give of your ability and/or resources available to implement this program/activity.)*

**EVALUATION:** *(How do you plan to evaluate the success of this program/activity. Include evaluation of the past year if this is an already established program/activity.)*

**Long-term Plan** *(identify the plan beyond the one –year if funding is granted)*

**BUDGET**

Item	Amount (1 Year)	Justification for Expenditure

**TOTAL BUDGET** \$ \_\_\_\_\_

**Amount request from Children's Hospital Foundation** \$ \_\_\_\_\_

**Other Funding Sources:**

Have you requested funding from other sources?

Yes  No

Where When

Amount Requested Amount Received

Timing of Request: When do you require funding to be available?

Other Comments:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor/Director: \_\_\_\_\_

Signature of a member of the Child Health Management Program Team: \_\_\_\_\_