



**Community Food Action Initiative
'Improving Local Food Security'**

FUNDING APPLICATION 2009/10

Note: Application forms are in 'Word' format (typed information is preferred).

1. ORGANIZATIONAL INFORMATION

Has the Vancouver Island Health Authority (VIHA) previously funded your organization?

Yes No If more than one time, please indicate the type of fund and/or grant and most recent year.

Have you received previous CFAI funding? Y N

(I) If yes, what funding stream did you receive funding for?

(II) What funding are you currently applying for?

(III) Are you submitting a letter of intent for multi-year funding for any of the categories?

(I) Previous CFAI Funding & Section		(II) Current Request for Funding & Section (2009/10 only)		CFAI Funding Categories
Insert \$ Amount		Insert \$ Amount		
	A		A	CFAI - Community Capacity Building Plan
	B		B	Developing a CFAI Plan
	C		C	Early Implementation of a CFAI Plan
	D		D	Early Implementation of FS Promising Practice

IV) Are you including a Letter of Intent to request Multi-year funding? Y N

The dollar amount requested in your Letter of Intent is \$ _____

The dollar amount of your total dollar budget for your project is \$ _____

ORGANIZATIONAL INFORMATION

Project Title: _____

Organization/Group Legal Name: _____

Organization - Number of Years in Operation _____

Proposal Contact Person(s) and Title: _____

Mailing Address: _____

City/Town/Province: _____ Postal code: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail: _____ WCB # _____

Where is your organization/group located?

S. Island (South of the Malahat) Mid-Island (Malahat North to Bowser) N. Island (Bowser North)

What population or community group(s) will your CFAI target? Check all that apply

- **Geographic:** Remote Rural Sub urban Urban
- **Settings:** Hospitals Health Centres Schools Farms Recreation Centres
- **Vulnerable Populations:** Homeless Low Income Children Seniors
- **Aboriginal/First Nations:** On-Reserve Off-Reserve Inuti/Metis
- **Other, specify** _____

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SECTION 2 – FUNDING CATEGORIES

**Category A - CFAI – DEVELOPING A COMMUNITY CAPACITY BUILDING PLAN:
(Funds up to \$6,000).**

1. **Community:** Briefly describe your 'community' (in addition to what has been checked from the list on the previous page) for the purposes of this initiative (e.g. 1-2 short paragraphs).
2. **Purpose/Vision:** Describe the overall purpose/vision of your organization/group (e.g. 1-2 short paragraphs).
3. **Community participants, groups and/or partners:** Describe who will be the lead organization and/or champion the initiative. Also please indicate other relevant and strategic groups or partners you are involving or intend to involve in the process to **ensure wide representation** in this process. Please describe in what way(s) community partners / organizations are involved in your project. Also, list partners, describe their roles, check whether they will be contributing any financial or other resources and how much or what will be contributed using the table below. *(Note: More room may be required, please expand the table as needed).*

Organization Name Contact Information (Name, phone, e-mail)	Type of Contribution			Purpose of Contribution
	Financial	Capital	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which staff from your organization will be assisting with the initiative? Please list the staff member's name, position, hours per month, and their role with the project.

Are there any volunteers/individuals that will be assisting with the initiative and not being paid by the initiative? Yes No Please provide the number of volunteers/individuals, their role with the project and anticipated number of hours/month.

4. **Anticipated Results:** Describe how your initiative will improve the readiness of your community to address food security issues. How do you expect this process to support the development of a community food action plan in the near future? Consider also answering questions such as: How was, or will, your community's assets, needs and purpose be determined? What specific process or processes will you use to determine community assets, interest, involvement, commitments, and future directions?
5. **Monitoring and Evaluating Process: Please use the evaluation matrix on page #13. Please note:** Common output tracking forms will be provided to successful applicants for monitoring purposes.

**Community Food Action Initiative
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CATEGORY B - FUNDS TO DEVELOP A CFAI PLAN: Funds (up to \$10,000)

1. **Community:** Briefly describe your 'community' (in addition to what has been checked from the list on page #4) for the purposes of the Community Food Action plan.
2. **Purpose:** Describe the overall purpose of your organization and your Community Food Action Plan and what food security priorities you intend to focus on. .
3. **Community participants, groups and/or partners:** Describe who will be the lead (or co-lead) organization(s) and/or champion the initiative. Also, please indicate other relevant and strategic groups or partners you are involving or intend to involve to **ensure wide representation** in this process. Please describe in what way(s) community partners / organizations are involved in the project? Also, list partners, describe their roles, check whether they will be contributing any financial or other resources, and how much or what will be contributed using the table below. *(Note: More room may be required, please expand the table as needed).*

Organization Name Contact Information (Name, phone, e-mail)	Type of Contribution			Purpose of Contribution
	Financial	Capital	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which staff from your organization will be assisting with the initiative? Please list the staff member's name, position, hours per month, and their role with the project.

Are there any volunteers/individuals that will be assisting with the initiative and not being paid by the initiative? Yes No Please provide the number of volunteers/individuals, their role with the project and anticipated number of hours/month.

4. **Activities:** Briefly describe the main activities to be carried out in developing your community food action plan and how the need for your initiative was determined.

**Community Food Action Initiative
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Please also specifically discuss the following:

5. **Assets/Needs Assessment** (identifies assets, gaps, challenges, and priorities). Identify whether an assets/needs assessment has been completed (please submit with your application) or is a part of this planning process. If it will be a part of *this* process, describe the implementation process.

6. **Consultation Process:** Describe the process you will use to engage the community in developing the plan – who, how, and what process will you use?

7. **Monitoring and Evaluating Process: Please use the evaluation matrix on page #13. Should you require additional explanation of your monitoring and evaluation please indicate here. Please note:** Common output tracking forms will be provided to successful applicants for monitoring purposes.

CATEGORY C – IMPLEMENTATION OF A CFAI PLAN (up to \$20,000). ALL applicants are required to include a copy of their comprehensive VIHA Community Food Action Initiative Plan in this category.

1. **Community:** Briefly describe your 'community' (in addition to what has been checked from the list on page #4) for the purposes of the Community Food Action plan.

2. **Purpose:** Describe the overall purpose of your organization and your Community Food Action Plan and what food security issues have been identified, the strengths and opportunities in the community and the successes you plan to build upon.

3. **Community participants, groups and/or partners:** Describe who will be the lead organization and/or champion the initiative. Also please indicate other relevant and strategic groups or partners you are involving or intend to involve to **ensure wide representation** in this process. Please describe in what way(s) community partners / organizations are involved in your project. Also, list partners, describe their roles, check whether they will be contributing any financial or other resources and how much or what will be contributed using the table below. *(Note: More room may be required, please expand the table as needed).*

Organization Name Contact Information (Name, phone, e-mail)	Type of Contribution			Purpose of Contribution
	Financial	Capital	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Community Food Action Initiative
'Improving Local Food Security'**

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which staff from your organization will be assisting with the initiative? Please list the staff member's name, position, hours per month, and their role with the project.

Are there any volunteers/individuals that will be assisting with the initiative and not being paid by the initiative? Yes No Please provide the number of volunteers/individuals, their role with the project and anticipated number of hours/month.

3. **Community Assets/Needs:** Identify the food security assets/needs and community priorities you are addressing. Include information on an assets/needs assessment, if applicable, or other strategies used to identify these assets/issues.
4. **Monitoring and Evaluating Process:** **Please use the evaluation matrix on page #10. Should you require additional explanation of your monitoring and evaluation please indicate. Please note:** Common output tracking forms will be provided to successful applicants for monitoring purposes.

CATEGORY D – EARLY IMPLEMENTAION OF FOOD SECURITY PROMISING PRACTICE APPROACHES (up to \$10,000)

1. **Community:** Briefly describe your 'community' for the purposes of this early implementation of promising practice Community Food Security approaches.
2. **Purpose:** Identify the overall purpose of the early implementation of the promising practice approach(es) you are proposing and how this addresses the objectives of the Community Food Action Initiative.
3. **Why and how** will supporting this promising practice approach(es), program or resource meet your community's priorities? How is it connected to other food security activities or exiting community plans, and how will it improve local community food security?

Identify other **relevant groups or partners** you are involving or intend to involve in the process to demonstrate that all relevant players will be involved. A community partnership is when two organizations contribute to a common project. Please describe in what way(s) are community partners / organizations involved in your project? Please list partners, describe their roles, check whether they will be contributing any financial or other resources, and how much will be contributed.

**Community Food Action Initiative
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. **Which staff from your organization will be assisting with the initiative?** Please list the staff member's name, position, hours per month, and their role with the project.

Are there any volunteers/individuals that will be assisting with the initiative and not being paid by the initiative? Yes No Please provide the number of volunteers/individuals, their role with the project and anticipated number of hours/month.

5. **Activities:** In addition to the WORKPLAN, briefly describe other activities of the proposed promising practice approach(es) project and what anticipated success you hope to achieve.

6. **Long Term Plans:** Describe your long terms plans to move towards sustainability of the food system as well as the initiatives outlined.

7. **Evaluation/Monitoring:** In addition to the evaluation matrix on page #13 describe your evaluation plan for this initiative. Include how you will know your approach has been successful, that is, the measures/indicators you will be monitoring and evaluating as the project continues. **Please note:** *Common output tracking forms will be provided to successful applicants for monitoring purposes. FYI: The main action of monitoring is to keep track and focus on inputs, processes, outputs, work plans for the purpose of improving efficiency, adjusting work plans and providing accountability.*