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APPLICATION PACKAGE – THERAPEUTIC ACTIVATION PROGRAMS FOR SENIORS (TAPS) GRANT 2019-2022

This section outlines the application package for the Therapeutic Activation Programs for Seniors (TAPS) Grant. If you hold other grants from UWLM or have applied to UWLM grants in the past, please click on the "**CHANGE ROLE**" button on the eAccess homepage to view/complete the TAPS application. All sections of the application are required unless marked as "Optional".

Before completing the application form, we strongly recommend that you/your team first read the entire application.

We also recommend that you reread the [Call for Proposals](#) found on CORE.

Please note that completed applications must be submitted electronically and be received on or before the **deadline of 5 pm on July 31st 2019**. Late applications will not be accepted.

For technical inquiries, please contact Isaac Shr: isaacs@uwlm.ca | 604.294.8929 ext 2259

SECTION 1: Applicant / Organization Information

1.1 Organization Information

Organization Name: _____ Organization Website: _____
Street Address: _____ City: _____ Province: BC Postal Code: _____
Telephone: _____ Fax: _____
Executive Director: _____ Executive Director Email: _____
BC Society #: _____ Charitable Registration #: _____
Organization Description / Mandate: (120 words max)

Is your workplace unionized? Yes No If Yes, what local? _____

1.2 Organization Information Details

Please tell us your organization's role in relation to seniors' programs, services and supports: (150 words max)

1.3 Applicant Information

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Name of primary contact person for this application: _____ Title: _____
Email: _____ Telephone: _____

1.4 Financial Health of Organization (Attach Document)

To help us assess the financial health of your organization, please "Add" and "Submit" a current fiscal year operating budget and one of the following: Audited financial statements, including a balance sheet, for the most recent complete fiscal year, including the auditors' report signed by the external auditors.

If audited financial statements are not available, submit the financial statements reviewed by the external auditors for the most recent complete fiscal year along with the review engagement report signed by the external auditors.

If neither audited nor reviewed financial statements are available, submit the compiled financial statements for the most recent complete fiscal year along with a compilation report signed by the external auditors.

If none of the above are available, submit financial statements for the most recent complete fiscal year endorsed by two signing officers of your organization's Board of Directors.

1.5 Developmental Funds

Developmental funds of up to \$5,000 are available to those organizations requiring additional support to perform community needs assessments, strengthen community partnerships, and other foundational activities leading up to the launch of the program. In order to be eligible to apply for these additional funds, organizations must describe a unique need such as limited operational budgets, limited staff capacity, etc.

Are you interested in applying for developmental funds? Yes No

If yes, how much are you requesting? _____ (up to a maximum of \$5,000)

What is your annual operating budget? _____

Please indicate your total staff hours (indicating FTE, PTE, and contract staff):

Please describe your current community partnerships:

Describe how the funds will be used:

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1.6 Health Authority

If you require further information on Regional Health Authorities, please click [here](#).

Please select the Regional Health Authority your organization operates within. If your organization operates within a Regional Health Authority and First Nations Health Authority, please select both options.

- Northern Health Interior Health Island Health Vancouver Coastal Health
 Fraser Health First Nations Health Authority

SECTION 2: Program Information

The goal and objectives for the Therapeutic Activation Programs for Seniors (TAPS) Grant are:

Goal: To support older adults at risk of frailty to stay in their own home for longer.

Objectives

- Increase older adults' access to social, physical, and nutritional supports
- Improve older adults' quality of life (e.g. improved physical health, improved mental health, ability to choose to live at home, etc.)
- Increase older adults' sense of social connectedness
- Reduce and/or delay older adults' use of home health, adult day care, assisted living and/or resident care services

2.1 Program Description

Program/project name: _____

Please provide a short description of your program: (200 words max)

2.2 Target Population

How many seniors do you plan to serve in this program? _____

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Please indicate the age range(s) of the seniors' population you intend to serve:

- Under 65 years
- 65 - 74
- 75 – 84
- 85+ years

Does your program target a specific subgroup of seniors? Yes No

If yes, which subgroups are they? Check all that apply):

- Seniors at risk of homelessness
- Seniors with low income
- Seniors that experience cultural barriers
- Seniors that experience mobility barriers
- Seniors at risk of/experiencing mental health issues
- Seniors at risk of/experiencing physical health issues
- Seniors experiencing elder abuse
- Newcomer seniors
- Isolated seniors

Describe your known target population, how your program will address the needs of this population and how your program will gain access to this population – note these programs are targeted toward older adults at risk of frailty. (400 words max.)

2.3 Program Details & Rationale

Please describe the key activities of your program and how your target population will ultimately benefit from your program – specifically noting how your program aligns with the above stated objectives. (600 words max)

Please provide a description of how your program will encourage new partnerships and/or build on existing programs you currently provide and existing partnerships/community resources. (300 words max)

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Provide the rationale for the proposed program drawing on your experience, knowledge of community need, and research. (300 words max.)

Please add any additional information you would like to include that has not been captured in the above questions. (200 words max) *Optional*

2.4 Letter(s) of Support – Attach Document

Submit a minimum of one letter of support from a health partner (e.g. health authority, family practice/primary care organization, division of family practice, etc.) detailing the benefits of your proposed program and how they will collaborate with you (e.g. refer clients/patient to the program, establish process for regular communications and feedback, etc.). Additional letters of support from other key partners are welcome but not required.

Use the "Add" button to upload your letter(s) of support and once all letters have been added, click on the "Submit" button to complete this section. At least one letter of support must be submitted to complete your application.

2.5 Outcomes Measurement Framework (Proposed) – Attach Document

Using the Outcome Measurement Framework (OMF) ([click here](#) to download), please complete each section of the document by filling in your program’s key activities, indicators of success and data collection methods associated with each of the objectives your program will be working to meet. We understand that not all program applications will have a response for each of the pre-populated objectives and may also want to add additional objectives as they relate to your local context.

This OMF document will be used as a means for gathering input from community and will feed into a comprehensive learning and evaluation plan that all funded demonstration projects will follow. Your submitted activities, indicators and data collection methods may or may not be included in the final comprehensive learning and evaluation plan, however may still be used by your organization to monitor program success.

Use the "Add" button to upload your OMF and click on the "Submit" button to complete this section. This document must be submitted to complete your application.

Please use this naming protocol for your file: OMFProposed 2019-2022_Your Program

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Section 3: Budgets

Please provide program budgets for Year 1 (Jan-Dec 2020), Year 2 (Jan-Dec 2021), Year 2.5 (Jan-Jun 2022) of the program.

Funding Parameters

The funding period for Therapeutic Activation Programs for Seniors (TAPS) Grants is from January 1st, 2020 to June 30th, 2022. The table below describes a general timeline for program delivery over the 3-year funding period.

January 2020 - June 2022	Therapeutic Activation Programs for Seniors (TAPS) Grant program delivery
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3.1 Budget – Use of UWLM Funds (Year 1 Jan-Dec 2020)

Use of UWLM Funds Budget

10	Amount Requested from UWLM	Income
150	Administration (maximum 10% of request)	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense
510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

3.2 Budget – Total Program Funds (Year 1 Jan-Dec 2020) – If applicable

Total Program Budget

10	Amount Requested from UWLM	Income
20	Other Revenue Sources (list all revenue sources with amounts in comments area below)	Income
30	In Kind amounts (of non-currency inputs, describe details in comment box below)	Income
150	Administration	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense

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510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

3.3 Budget – Use of UWLM Funds (Year 2 Jan-Dec 2021)

Use of UWLM Funds Budget

10	Amount Requested from UWLM	Income
150	Administration (maximum 10% of request)	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense
510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

3.4 Budget – Total Program Funds (Year 2 Jan-Dec 2021) – *if applicable*

Total Program Budget

10	Amount Requested from UWLM	Income
20	Other Revenue Sources (list all revenue sources with amounts in comments area below)	Income
30	In Kind amounts (of non-currency inputs, describe details in comment box below)	Income
150	Administration	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense
510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

Therapeutic Activation Programs for Seniors (TAPS), 2019-2022
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3.5 Budget – Use of UWLM Funds (Year 2.5 Jan-Jun 2022)

Use of UWLM Funds Budget

10	Amount Requested from UWLM	Income
150	Administration (maximum 10% of request)	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense
510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

3.6 Budget – Total Program Funds (Year 2.5 Jan-Jun 2022) – *if applicable*

Total Program Budget

10	Amount Requested from UWLM	Income
20	Other Revenue Sources (list all revenue sources with amounts in comments area below)	Income
30	In Kind amounts (of non-currency inputs, describe details in comment box below)	Income
150	Administration	Expense
200	Salaries/Benefits	Expense
300	Volunteers	Expense
350	Honoraria	Expense
400	Contract Fees	Expense
500	Office Expenses (ex. rent, utilities, etc.)	Expense
510	Printing / Copying	Expense
520	Program Supplies	Expense
540	Program Space	Expense
600	Travel	Expense
700	Other Expenses (list all other expenses with amounts in Comments area)	Expense
<u>Comment for Amount Column</u>		

Section 4: Attachments

Additional Attachments (Optional) – Attach Documents

If there are other documents you wish to append to your application, please do so here.