



Health  
Canada

Santé  
Canada

## Substance Use and Addictions Program Micro-funding Grants Application Form

### Important

Please ensure that you answer all questions so that we can assess your request for funding in a timely manner. Incomplete applications will not be considered.

Once completed, this form must be sent by email at: [hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca](mailto:hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca), or by mail to:

Controlled Substances and Cannabis Branch  
Address locator: 0302B  
Health Canada  
Ottawa, Ontario K1A 0K9

**I am applying for** (select all that apply)

Youth Vaping Awareness Project #vapinginfo

Cannabis Project #cannabisaware

**Have you received a micro-grant for a cannabis and/or vaping project between April 1, 2019 and March 31, 2020? Please note, if you indicate “yes” you are not eligible for funding until April 1, 2020. Yes No**

### Part A – Contact Information

First Name:	Last Name:
Address:	
City:	
Province/Territory:	Postal Code:
Telephone Number:	
Email Address:	
If applying on behalf of a non-profit organization, please provide the name of that organization:	

**For individual applicants:**

Please identify if you are:

Canadian citizen

Permanent resident

Please select your age:

16 – 19

20 - 29

30 +

**Part B – Project Information**

**Project Title:**

**Project Start Date (DD-MM-YYYY):**

**Project End Date (DD-MM-YYYY):**

**In what language will your project be delivered (check all that apply)?**

English

French

Other (please specify):

**Please describe your project activities.**

Using 200 – 250 words (sentences and/or bullet points) include the following information: the goals for the project and description of the activities you will undertake, how your project will have a positive impact on its target audience, and how your project has the potential to raise awareness about the health effects of cannabis and/or risks of vaping.

**Identify your target audience (select all that apply):**

Youth

Parents / Caregivers

Teachers

Health Care Practitioners

General Population

LGBTQ2+

Indigenous

Other (please specify)

**Expected Number of Participants:**

**Please describe how you will promote your project activities to encourage participation and/or spread the word.**

Using 1-2 sentences, or bullet points, please describe how you intend to promote your project, for example: through various social media channels, such as Instagram, Facebook, SnapChat, etc. or through word of mouth, email, posters, etc.

**Please describe how you will spend any funding for your project.**

Using bullet points, provide a list of anticipated costs, such as materials and supplies, printing, speaker fees, room bookings, communication and dissemination, equipment rental, etc.

**Part C – Declaration, Acknowledgment and Agreement**

(For your application to be considered for funding, all boxes must be checked)

On behalf of myself or the non-profit organization undertaking the project activities:

**I declare that:**

The information in the application is true, accurate, and complete.

I have or will obtain all the authorities, including permits, licences and consents, necessary to undertake the proposed project and, if requested, will provide them to the Department of Health.

This includes permission from the owner to post, publish, reproduce or translate materials belonging to a third party, and permission from the subject (or parents, in the case of a minor) to post or publish photos or videos.

No public servant or holder of public office, past or present, will derive a direct benefit from funding received to undertake the project activities described in this Application.

Project activities will be undertaken in compliance with all applicable statutes, regulations, orders, standards and guidelines.

Project activities are not being supported, directly or indirectly (including through funding or in-kind contributions), by entities involved in the manufacture, production, advertising or sale of tobacco, vaping or cannabis products.

**I acknowledge that:**

The submission of this Application does not constitute a commitment on the part of the Minister of Health to award funding.

Even if my project is eligible, funding is not guaranteed. It is possible that the approved funding may be less than the amount requested.

If for any reason I cannot be reached through the contact information provided, or I do not respond within three days of being contacted, or if there is any reason I can no longer participate, my application will be declared null and void, and another applicant will be selected.

**Should my application be approved, I acknowledge and agree that:**

I will be required to provide banking information.

This signed application and Health Canada's response by email indicating that funding was approved, will constitute the funding agreement, effective as of the date of the email indicating that funding was approved

This agreement does not create a partnership, agency or joint venture and I shall not represent myself as an agent, partner or employee of the Department of Health in carrying out the project activities described in this Application.

These funds may only be used for their intended purpose. Projects may be subject to random audits. Submitting false or misleading information, or misuse of funds may result in the recovery of funds and/or ineligibility for future project funding.

I will share the results of my project on social media using the #cannabisaware hashtag (for cannabis projects) or #vapinginfo hashtag (for vaping projects) or #cannabisaware and #vapinginfo (cannabis and vaping projects). I will send evidence of social media activity to [hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca](mailto:hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca) within two (2) weeks of project completion or by March 31 of the year in which funding was received. Results should include details on what the

project is about, when it took place, how many individuals and/or groups participated, and what the outcome was, including any successes or failures.

The Government of Canada, its officers, servants, employees and agents are not liable for any claim or cause of action arising from any injury or death to any person, or any damage or destruction of property, sustained in carrying out the project activities described in this Application. As the Applicant, I understand that I am responsible for and shall indemnify and save harmless Canada, its officers, servants, employees or agents, from and against all actions, claims, demands, and losses that arise in relation to the Project.

I will not use or authorize others to use, the name, symbols or marks of the Health Canada/Government of Canada, in any way that could be interpreted as express or implied endorsement of the project by the Health Canada/Government of Canada.

#### Part D - Privacy Notice

(For your application to be considered for funding, you must check the box below)

##### I have read and understand the below privacy information.

- The personal information I provide is protected in accordance with the Privacy Act and collected under the authority of the Department of Health Act, Section 4.
- Health Canada requires my personal information in order to assess and make decisions regarding my micro-funding grant application.
- My personal information may also be used for processing payments and/or financial reporting.
- My personal information will be kept for a period of 6 years and then destroyed, in accordance with Health Canada's disposition authority.
- Failure to provide the requested information may prevent the processing and/or approval of my application.
- This personal information collection is described in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca), [Personal Information Bank PSU 931](#).
- My rights under the Privacy Act: I have the right to request access to and correction of my personal information. I also have the right to file a complaint with the Privacy Commissioner of Canada if I think my personal information has been handled improperly.

For more information, please contact the Substance Use and Addictions Program at [hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca](mailto:hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca) or for more information regarding privacy, the Privacy Management Division at [hc.privacy-vie.privee.sc@canada.ca](mailto:hc.privacy-vie.privee.sc@canada.ca).

#### Part E – Signature of Applicant (individual or person authorized to sign on behalf of the non-profit organization)

Signature:	Date:
Parent/Guardian Signature (if applicant is a minor):	Date:

Thank you for your application. You will hear from Health Canada soon!