



## Substance Use and Addictions Program (SUAP) Micro-Grant Funding Application Form

\* denotes a required field

**\*I am applying for:**

Funding for a youth or young adult vaping awareness project

Funding for a youth or young adult cannabis awareness project

Funding for a combined youth or young adult vaping and cannabis awareness project

**\*I am applying as:**

An individual on my own behalf

A duly authorized representative of a not-for-profit organization

The parent or legal guardian of the following applicant [insert name of child]:  
\_\_\_\_\_ who has not reached the age of majority in the province in which the child resides (Applicants must be 16 years of age or older).

**Parent or legal guardian contact information**

**Name:**

**Relationship:**

**Telephone:**

**E-mail:**

Section A – Applicant Contact Information	
<b>Instructions:</b> If applying as a duly authorized representative of a not-for-profit organization “NFP Organization”, please provide your name, title, and the name of NFP Organization.	
<b>*First Name:</b>	<b>*Last Name:</b>
<b>Title:</b>	
<b>Name of NFP (if applicable):</b>	
<b>*Address:</b>	
<b>*City:</b>	
<b>*Province/Territory:</b>	<b>*Postal Code:</b>
<b>*Telephone Number:</b>	
<b>*Email Address:</b>	
<b>*If applying as an <i>individual</i>, please identify if you are a:</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Canadian Citizen</span> <span>Permanent Resident</span> </div>	
<b>*Select age group of applicant</b> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>16-18</span> <span>19-24</span> <span>25-29</span> <span>30+</span> </div>	
Section B – Project Information	
<b>*Project Title:</b>	
<b>*Start date:</b> After 2022/01/10	<b>*End date:</b> Before 2022/12/31
<b>*In what language will your program be delivered</b> <i>(please check all that apply)</i>	
<div style="display: flex; justify-content: space-around;"> <span>English</span> <span>French</span> <span>Other (specify)</span> </div>	

**\*Please describe your project activities.**

In 200 – 250 words or less (using sentences and/or bullet points) include the following information: (1) goal(s) of the project, (2) and description of the activities you will undertake, (3) how your target audience will be involved in the design and delivery of the project, (4) how your project will have a positive impact on its target audience, and (5) how your project has the potential to raise awareness about the health risks of cannabis and/or vaping among youth and young adults.

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

Youth (age 13-18)

LGBTQ2+ (age 13-18)

Young Adults (age 19-24)

LGBTQ2+ (age 19-24)

Indigenous People (age 13-18)

People of Colour (age 13-18)

Indigenous People (age 19-24)

People of Colour (age 19-24)

Other (please specify)

**\*Expected audience (i.e. number of people):**

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

*In 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, YouTube, TikTok etc. or through word of mouth, email, posters, etc. Please note that #HC\_Micro\_SC2022 must be used in your social media, along with #cannabis and/or #vaping*

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

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

### Section C - Declaration, Acknowledgment and Agreement

**\*On behalf of myself, or if applying as a duly authorized representative of an NFP Organization, on behalf of that NFP Organization, I declare that:**

Note: All boxes must be checked for your application to be considered.

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

I have or will obtain all the authorities, including permits, licenses and consents, necessary to undertake the proposed project and, if requested, will provide them to the Department of Health. This includes permission from the subject (or parents/legal guardians in the case of a minor) to post or publish photos and/or videos, or to reproduce or translate materials belonging to a third party.

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 the project is eligible, funding is not guaranteed. It is possible that the approved funding will 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 this application be approved, I acknowledge and agree that:**

Upon signature by both parties, this Application will constitute the funding agreement (the “Agreement”), and the effective date of the Agreement will be the date of Health Canada’s signature.

I will be required to provide banking information and the funds received will only be used for the project activities described in the Agreement.

**I will share the results of my project on social media using the, #HC\_Micro\_SC2022 hashtag as well as the #Cannabis hashtag (for cannabis projects) and/or #vaping hashtag (for 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. 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 Agreement does not create a partnership, agency or joint venture between the parties, and if applicable, the NFP Organization, shall not represent myself/itself as an agent, partner or employee of the Department of Health in carrying out the project activities described in this application.

The Agreement will be interpreted, and governed by, the laws of the province in which the Applicant resides or has its registered office.

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.

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 and, if applicable, the NFP Organization 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.

## Section D - Privacy Notice

### I acknowledge and agree that:

- The personal information provided is protected in accordance with the Privacy Act and collected under the authority of the Department of Health Act, Section 4.
- Purpose of collection: We require your personal information in order to assess and make decisions regarding your Micro-Funding grant application.
- Other uses or disclosures: Your personal information may also be used for processing payments and/or financial reporting.
- Retention: Your personal information will be kept for a period of 6 years and then destroyed, in accordance with Health Canada's disposition authority.
- Refusal to provide the information: Failure to provide the requested information may prevent the processing and/or approval of your application.
- For more information: This personal information collection is described online at [Information about programs and information holdings](#) and at [Personal Information Bank PSU 931](#).
- Your rights under the Privacy Act: You have the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your 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).

*Note: The box below must be checked for your application to be considered.*

**\*I have read and understand the privacy information.**

### Section E – Signature of Applicant

**(Individual [parent or legal guardian if applying on behalf of a minor] or duly authorized representative of NFP Organization)**

**Applicant name / or Name of NFP Organization** *(if applicable):*

**Applicant signature:**

**Date:**

**Parent/guardian name:** *(if applicant is a minor)*

**Date:**

**Parent/guardian signature** *(if applicant is a minor):*

**\*Please apply an electronic signature only. For further information, click [here](#).**

**\*\*This form must be submitted using the SUBMIT APPLICATION button below.**



If you are experiencing technical issues submitting your Application Form, please email us at [hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca](mailto:hc.suapmicrogrants-pudsmicrosubventions.sc@canada.ca).



Section F - For Internal Health Canada Use Only (applicant do not fill out)	
<p style="text-align: center;"><b>Approved      Not Approved</b></p> <p style="text-align: center;">Amount approved by Director General : <i>(Maximum of \$1,000.00)</i></p>	<p><b>Recipient name:</b></p> <p><b>Vendor name:</b></p> <p><b>Vendor number:</b></p>

Expenditure Initiation Authority <i>(This is the authority to incur an expenditure, to spend funds)</i>	
I concur:	I do not concur:
<p style="text-align: center;"><b>Director General</b> Horizontal Policy, Planning and Program Directorate</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Signature</b></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Date</b></p>

Section 32 (FAA) Commitment Authority & Transaction Authority <i>(This is verification that the cost center has sufficient unencumbered balance available for this initiative and the authority to enter into a binding agreement)</i>	
<p style="text-align: center;"><b>Director</b> Substance Use &amp; Addictions Program</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Signature</b></p>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Date</b></p>