



School health grant for youth application

Instructions

- Only youth aged 13 to 19 are eligible for a grant under this Program. This application form must be completed and submitted by a youth. It cannot be completed or submitted by an adult (such as a teacher, school administration, adult mentor, or parent/guardian) on behalf of a youth.
- Before applying, please notify your school's administration (a vice principal or principal) of your intent to carry out your proposed project in your school environment. This is also required if your project will take place in your community. Please also inform your school administration that they may be contacted about promotional events regarding this Program, or to verify large purchases. As part of the application form, you will be asked to attest that you have notified your school administration, and to provide the name and contact information for your school administrator, and the address of your school. You may wish to use our poster on our website to help start this conversation with your school's administration.
- As part of your application form, you will be asked to provide consent for the Public Health Agency of Canada to collect your personal information for the purpose of administering the School Health Grant for Youth Program.
- In the following Application, you will be asked to complete three questions in the form of a paragraph or bullet points (500 words or less for each) and complete a project expense table using the budget template provided.
- When explaining your project activities, please be clear and specific about the details. For instance, include the number of events, participants per event, cost per activity, and so on. Also, your project activities and budget go hand in hand, so make sure that your project activities match the information provided in your budget table.
- Please consult the [Applicant Guide](#) while filling in this Application. This guide will act as a great reference and includes useful information on the grant process.
- Consult the [Youth Grant Q&A](#) page for answers to many commonly asked questions.
- Check out examples of [previous School Health Grant for Youth projects](#) for inspiration.
- Please review your final Application before submitting it to ensure that all mandatory sections have been completed (this includes checking all checkboxes). **Unfortunately, incomplete Applications will be automatically withdrawn.**

Imagine the change you can make!

Note: If the proposed project will be led by a group of youth, one person must submit this Application on behalf of the group. If the Application is approved, the youth representative who submits this Application will receive the grant funds. Please ensure that a personal email address, not a school email address, is used when submitting the Application to the Youth Policy and Partnerships Unit. This is because some school boards block student's school email accounts from receiving external emails.

School health grant for youth application

Once completed, this Application must be submitted by email to the Youth Policy and Partnerships Unit at: school.health.grant-subvention.sante.scolaire@phac-aspc.gc.ca with the subject line "School health grant for youth".

Each youth applicant **must** receive permission from their school's administration (a vice principal or principal) to carry out their proposed project in the school environment prior to applying to the program. This is also required if your project will take place in your community.

All fields in this document are required*.

Section A – Applicant information							
First or preferred name:			Last name:				
Legal name if different from above:							
City/Town:				Postal code:			
Province/Territory:							
Alberta	Nova Scotia			Quebec			
British Columbia	Nunavut			Saskatchewan			
Manitoba	Ontario			Yukon			
New Brunswick	Newfoundland & Labrador						
Northwest Territories	Prince Edward Island						
I have received permission from my vice principal or principal to carry out my proposed project and to share their name and contact information with PHAC.							
Vice principal or principal's name:							
Vice principal or principal's work email:							
School name:							
School address:							
Your cell phone number:							
Your email address:							
Would you like to receive important reminders via text message:				Yes	No		
Preferred language of correspondence:		English		French			
Current age:	13	14	15	16	17	18	19

Current Grade:	Grade 9 / Secondary 3 in Quebec	Grade 10 / Secondary 4 in Quebec	Grade 11 / Secondary 5 in Quebec	Grade 12 / Secondary 6 in Quebec
Note: Applicants must meet both age and grade eligibility requirements to apply. Students enrolled in Collège d'enseignement général et professionnel (Cégep) are not eligible.				
I confirm that I am a Canadian citizen or a permanent resident.				
I confirm that I am not an employee of the federal government at the time of applying.				
How did you hear about the School health grant for youth? (social media, youth council, youth focused organization, friend, teacher, parent, other).				
What is your gender: (select all that apply)	Male	Female	Non-binary	Prefer not to say
What are your pronouns:				
Do you identify as any of the following groups: (select all that apply)				
2SLGBTQI+				
Member of a racialized community				
Member of an Indigenous community				
Person with a disability				
Newcomer (person who has left another country to settle in Canada in the last 5 years)				
Immigrant (person who has left another country to settle in Canada, and has been here for more than 5 years)				
Person who is part of an official language minority community (Francophone outside Quebec, or Anglophone within Quebec)				
None of the above				
Prefer not to say				

Section B – Project information	
Project Title:	
Note: Feel free to be creative with your project title. Your title can be as simple as a description (for instance “School Name Running Club”), a memorable acronym, or even something fun and catchy (for instance, “Chasing Our Dreams”)	
In what language will your program be delivered: (select all that apply)	English French Other (specify):
If you have a project mentor, what is their relationship to you:	
Parent / guardian	Neighbour Teacher Coach I do not have a project mentor
Other (specify):	
Provide the number of people (for example, 3) who are part of your team, including yourself (if you have a mentor, include them in this count):	

Will your project be designed for a specific population: (select all that apply)				
I do not plan to reach a specific population	Youth in and from care		Youth who are refugees and/or newcomers	
Youth living with disabilities	Youth who identify as Indigenous		Youth who are part of the 2SLGBTQI+ community	
Youth who identify as members of a racialized community	Youth at risk of substance use and related harms		Other (specify):	
Approximately how many people do you anticipate participating in your project/initiative:				
1-15	15-30	30-50	50-70	70+
What is the main focus of your project:				
Reducing substance-related harms	Positive mental health and well-being		Healthy eating and nutrition	
Physical activity				
<p>I have read, understood and agree to the below statements. (For your application to be considered, this box must be checked.)</p> <ul style="list-style-type: none"> • My project will be led by me and/or a team of my youth peers, all of whom are between 13-19 years old. I may also have the assistance of an adult mentor. • I confirm that I have a valid bank account under my name. • My project will comply with all applicable public health and safety guidelines in place by local, provincial, territorial, Indigenous, or federal governments that have jurisdiction over the location where my project takes place. • I will not use grant funds to provide honoraria or payment for work to myself or my team, my family, or any other members of my core team including any adult mentors. • My project will not be conducted for profit-making and/or fundraising purposes (whether it be to generate profit for an individual, the youth team, a school, or community organization), and will not benefit a for-profit business or organization. • My project will not be affiliated with a political party, nor will it be political in nature (in other words, my project will be non-partisan). • My project will not be carried out on behalf of a community organization, or as a continuation of an existing community initiative (outside of my school). • If I purchase any equipment or supplies to support my project, any remaining materials will remain the property of my school for future use. I understand that my school administration may be contacted to verify the purchase of equipment or supplies. • The Public Health Agency of Canada may contact me or my principal or vice-principal regarding promotional events and activities to highlight my project, if approved under the School Health Grant for Youth Program. • I agree to submit a report of my project by August 31, 2024. • If for any reason I cannot be reached through the contact information provided, or I do not respond within seven (7) calendar days of being contacted, or if there is any reason I can no longer participate, my application will be considered withdrawn, and another applicant will be selected. 				

Questions

Question 1: Project activities

In 500 words or less, include information on:

- a) Description your school (key characteristics, population served), If your project takes place in your community and over the summer, instead provide key characteristics of the community (such as demographics, overall culture, values, and so on).
- b) Description of why you feel there is a need for your identified project activity.
- c) The goals of your project;
 - When describing your project's goal, describe how it matches up with PHAC's mandate by listing which health promotion activity you will undertake. Your project must include 1 or more of the following health promotion activities: encourage healthy living by teaching participants about important topics, sharing resources and information, and/or helping participants develop healthy skills.
 - Your project goal should relate to the grant priority area that you selected in Section B.
 - Please see your project examples on our website and Applicant Guide for ideas.
- d) A description of the activities you will undertake;
 - When describing your project, please include details on the planned activity or event. For instance, in addition to the description of the activity, include details on any guest speakers or experts you will invite, number of participants, the timing and frequency, and so on.
 - Your project activities and budget go hand in hand, so any activities listed in this section that have a cost must also be listed in your budget table in Question 4.
- e) Who you are trying to reach and how you will reach them;
 - Provide details on the groups of students you plan to reach (example, specific clubs, specific populations or groups).
 - Explain how you will reach these groups to invite them to participate in your activity (for instance, through posters, social media, word of mouth, and so on).
- f) Potential barriers your participants might experience and how you will address these barriers in your project design.
 - For example, these could be barriers associated with accessibility issues, costs, transportation, or the location.
 - Provide details on how you will address these barriers so that as many students as possible can participate.

If more room is needed for your submission, please use page 6.

Question 1: Project activities (continued)

Question 2: Expected results

In 500 words or less, include information on your expected results from this project.

- a) What are you expecting your project participants to learn (for example, any specific knowledge, healthy habits, and/or skills)?
- b) How will you know your project has been successful in addressing gaps and needs in your identified priority area for your school or community?

Question 3: Project location

a) Explain where your project will take place (for example, gym, community center, recreation center, virtually, or a combination of locations). Remember, your project location and budget go hand in hand, so please be sure the information you give us here is also in your budget table!

b) Explain how you will ensure that your project is accessible for people with diverse needs.

Question 4: Project expenses

Complete the table below using the list of eligible expenses in [section 8 of the Applicant Guide](#). You can also see [Appendix A of the Applicant Guide](#) for example budgets. Remember, your project activities and budget table work hand in hand!

1. **Connect the Dots:** Match each cost listed in the table below with what you're doing during your planned activity or event outlined in Questions 1, 2, and 3.
2. **Be Specific:** In the table below, under "expense details" please be very specific about each expense and how each one supports your project activity. This means you should list each expense separately (for instance, for a guest speaker, list their honorarium and travel separately; for an event, list materials, rentals, food, etc. separately, and give specific details for each).
3. **Make the Link:** under "Expense details", provide specific details linking each expense back to your project.

Expense category	Cost	Expense details (what the expense is, and how the expense supports the project activity)

Total (add up all expenses):		
<p>Note: The total amount listed here is the amount of the grant funding you are requesting. Your total, listed here, cannot be more than \$1500 as this is the maximum funding that can be awarded.</p>		

Section C – Declaration, acknowledgement and agreement

Note: For your application to be considered, all boxes must be checked. If any boxes are left unchecked, your application will be withdrawn

On behalf of myself, I declare that:

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

I have or will obtain all the authorities, including consents¹, permits, and licenses, involved in the activities of the proposed project and, if requested, will provide them to the Public Health Agency of Canada. This includes:

- Permission from anyone whose image is in any photo, video or other materials, anyone whose information is included in any photo, video or other materials (or parents in the case of a minor) to collect or take that photo, video, or other information, to post or publish photos, videos, or other materials, including on social media and in the final project report submitted to PHAC.
- Any necessary consents, permits, and licenses to use, reproduce or translate any materials created or sourced by a third party.

¹ There are special laws and other considerations that apply to someone's personal information (such as: a photo, video or information about them, including their name or contact information). For example, if you take and share a photo of someone, you are sharing their personal information. If you are doing this as part of your project, you should get the person's clear consent in writing to take any photos and to share any photos of that person on social media or in the final report to PHAC. PHAC may ask for you to give them a copy of that written consent. Your school administration may be able to provide you with a consent form to use.

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.

I acknowledge that:

The submission of this application does not constitute a commitment on the part of the Public Health Agency of Canada 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 I requested.

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

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

This signed Application and the Public Health Agency of 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 Public Health Agency of Canada in carrying out the project activities described in this Application.

Projects may be subject to random audits. Submitting false or misleading information, or misuse of funds, may result in recovery of funds and/or eligibility for future project funding.

I will share the results of my project with the Public Health Agency of Canada by August 31, 2024 via my Project Report. My Project Report will include details on what the project is about, when it took place, how many individuals participated, and what the outcome was, including any successes, challenges, and lessons learned.

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 Public Health Agency of Canada/Government of Canada, in any way that could be interpreted as express or implied endorsement of the project by the Public Health Agency of Canada/Government of Canada.

I own the intellectual property rights (for example, copyright) in any content that I create as part of the proposed project.

I agree that my name, the amount awarded by the Public Health Agency of Canada, and the general nature of the project activities supported by this grant may be made publicly available by the Public Health Agency of Canada.

Section D – Privacy notice

Note: For your application to be considered, this box must be checked.

I have read and understand the below privacy information.

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; and the Public Health Agency of Canada Act.
- Purpose of collection: The Public Health Agency of Canada requires my personal information in order to assess and make decisions regarding my grant application; to help the Public Health Agency of Canada make future improvements to this grant opportunity; and to undertake events and activities to promote the School health grant for youth program.
- Other uses or disclosures: My personal information may also be used for processing payments and/or financial reporting.
- Retention: My personal information will be kept for a period of 6 years and then destroyed, in accordance with the Public Health Agency of Canada's disposition authority.
- Refusal to provide the information: Failure to provide the requested information may prevent the processing and/or approval of my application.

For more information: The Personal Information Bank (PIB), which describes how personal information is collected, used, disclosed, retained and/or disposed of in the administration of a government institution's program or activity, is not yet available for this program. When ready, the PIB for the School health grant for youth program will be posted in a publication titled Info Source: Sources of Federal Government and Employee Information Public Health Agency of Canada, available on Canada.ca (PIB number: PHAC 015 0004, PIB Name: School health grant for youth program).

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 Youth Policy and Partnerships Unit at the Public Health Agency of Canada at school.health.grant-subvention.sante.scolaire@phac-aspc.gc.ca.

Section E: Signature of applicant

Youth applicant or parent/guardian if the applicant is a minor in their province/territory of residence

Note: You can sign below by hand or by electronic signature, or you can use an e-attestation (see instructions underneath the signature blocks). If signing by hand, you can also print the form, sign and date it using a pen, then scan the application and email the scanned application to us.

Youth applicant name:

Youth applicant signature
(the student applying must sign here in order for the application to be considered):

Date (yyyy-mm-dd):

Parent/Guardian Name:

Parent/Guardian signature
(required only if applicant is [a minor in their province or territory](#)):

Date (yyyy-mm-dd):

This application must be submitted by email to the Youth Policy and Partnerships Unit at: school.health.grant-subvention.sante.scolaire@phac-aspc.gc.ca with the subject line "School health grant for youth".

If you are experiencing technical issues submitting your Application Form, please email us school.health.grant-subvention.sante.scolaire@phac-aspc.gc.ca.

Thank you for your application! We will acknowledge receipt of your Application within 5 business days.

Note: A parent/guardian must sign this application form if the youth applicant is a minor. A teacher cannot sign in place of a parent/guardian.

Note: For your application to be considered, all boxes must be checked.

I have carefully read and understood the content of the School health grant for youth application;

I agree to all of the terms and conditions set out in the School health grant for youth application.

Instructions to sign using e-attestation

You and your parent/guardian can leave the signature table blank and instead, include the following statement from both of you in your email when you submit your finalized Application. We require a separate e-attestation from both you and your parent/guardian:

Instead of signing the School health grant for youth application by hand, I (name of applicant or parent/guardian if applicant is a minor) am signing the School health grant for youth application by including this language in my email (e-attestation) sent and effective [insert date in the format yyyy-mm-dd]. By signing the School health grant for youth application via e- attestation, I acknowledge and agree that:

- I have carefully read and understood the content of the School health grant for youth application;
- I agree to all of the terms and conditions set out in the School health grant for youth application; and
- By including this language in my email (e-attestation) it holds the same force and effect as if I had signed the School health grant for youth application by hand.