

777 Bay Street, Suite 2302  
 Toronto ON M7A 1S5  
 Fax: 416 314-7458

Date received by Ministry (yyyy/mm/dd)

CIMS Reference Number

**Note:** Applicants must contact a Ministry Regional Advisor before submitting this application.

Project Name	Total Amount Requested from HCF
Positive Parenting for Mental and Physical Health in Leeds & Grenville	100,000 (yr 1-\$45,000, yr 2-\$55,000)
Project Length	
<input type="checkbox"/> one year (ending March 31, 2012)      or <input checked="" type="checkbox"/> two years (ending March 31, 2013)	

**Lead Applicant Information**

Organization Name			
Child and Youth Wellness Centre on behalf of Every Kid In Our Communities of Leeds and Grenville			
<b>Organization Address</b>			
Unit No.	Street No.	Street Name	PO Box
BU	779	Chelsea	
City/Town		Province	Postal Code
Brockville		ON	K6V 6J8
Head of Organization Name		Position	
Kevin Kapler		Executive Director	

<b>Correspondence Address</b>			
<input type="checkbox"/> Click here if same as above			
Unit No.	Street No.	Street Name	PO Box
	458	Laurier Blvd	
City/Town		Province	Postal Code
Brockville		ON	K6V 7A8
Telephone No.	Fax No.	Email Address	
613-345-5685	613-345-2879	triplep@healthunit.org	
Website Address (if applicable)			
www.everykid.on.ca			

<b>Contact Person</b>			
Last Name		Middle Initial	
Murray			
Title	Telephone No.	Cell No.	
Facilitator, Triple P, Every Kid	613-345-5685		

Type of Organization (please select one)

- Municipality
- population 20,000 or less
  - population of over 20,000 (based on 2006 Canada Census Data)
- Local Services Board in an unorganized territory
- First Nation Communities
- Aboriginal not-for-profit organization that is incorporated in Ontario
- College or University
- Conservation Authority
- Incorporated not-for-profit in Ontario:
- Regional or local mandate

Is your organization or group located in a municipality with a population of (select applicable box below):

- population 20,000 or less
- population of over 20,000 (based on 2006 Canada Census Data)

Incorporation No.

Date of Incorporation (yyyy/mm/dd)

### Instructions for all Healthy Communities Fund grant applicants

#### STEP 1 → Read the Healthy Communities Fund (HCF) Local/Regional Grants Guidelines.

Read the **2011-12 HCF Grants Project Stream Program Guidelines**. (available for download on the Ministry of Health Promotion and Sport's website at <http://www.mhp.gov.on.ca/en/healthy-communities/hcf/default.asp>) to determine if your organization is eligible and whether your project fits with the Ministry's granting priorities and assessment criteria.

#### STEP 2 → Contact a Ministry Regional Advisor.

Speak with a Ministry Regional Advisor to discuss your proposal before submitting an application. You may get the contact information for your local Regional Advisor by visiting [www.apps.mci.gov.on.ca/rsbcl/en/MainSearch.aspx](http://www.apps.mci.gov.on.ca/rsbcl/en/MainSearch.aspx), or contact one of the following

##### Regional Offices:

Central Region: 1 877 395-4105  
East Region: 1 800 267-9340  
North Region: 1 800 465-6861  
West Region: 1 800 265-2189

#### STEP 3 → Complete your application.

- Applications must be submitted, in either English or French, on this form. Applications submitted on any other form will not be accepted. Application forms are available from Ministry staff, or on the Ministry website at <http://www.mhp.gov.on.ca/en/healthy-communities/hcf/default.asp>.
- Answer each question fully or indicate "not-applicable" if the question is not relevant or does not apply to your proposed project. Ensure that each question is answered directly and adequately. Answers may vary in length depending on the nature of your project.
- Please provide reasons and supporting data where applicable to support your application. For example, demonstrate why your project addresses Ministry priorities, is needed by and will make a difference to the community.
- Gather/prepare all **mandatory attachments** as outlined on the last page.
- Provide copies of this application to their identified Community Partner(s).

#### STEP 4 → Submit your application.

- Send two (2) hardcopies of the completed application form, including all of the mandatory attachments, directly to the office of the Regional Advisor you have been working with throughout the consulting period by **Monday February 14, 2011 at 4:00 pm (Local Time)**.
- The application must be signed by an authorized signing officer on behalf of your organization.
- Please do not bind or cover your application in any way.
- Emailed or faxed copies will not be considered complete.

\*Note: Ministry consideration of your application does not guarantee funding.

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**Applicants may attach additional pages if needed**

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**A1.** What does your organization do? What is your organization's primary purpose and objectives?

For the purposes of this application Child and Youth Wellness Centre (CYWC) is acting as the lead partner for Every Kid In Our Communities, a coalition of individuals, organizations, municipal leaders and businesses focused on improving outcomes for our children and youth through collaborative and integrated action. CYWC, Leeds and Grenville's Ministry of Child and Youth Services funded child and youth mental health provider, is a key contributor to our integrated approach to implementing Triple P. They take a primary role in offering the Triple P components that provide the knowledge, skill and support to parents who are experiencing severe challenges in areas impacting the care, safety and well-being of their children. The information contained in subsequent sections of this application relates to the full coalition called Every Kid In Our Communities of Leeds and Grenville (EKIOC). EKIOC is a community collaboration for kids dedicated to the long-term success of every child and youth. Its many members are working together to build communities in which every child and youth is safe, healthy, valued and lives in a family and neighbourhood where:

- All babies have the best start possible.
- All children and youth are cared for and safe
- All children are ready for school
- All children and youth are successful at school
- All children and youth are practicing safe and healthy behaviours
- All youth are making successful transitions to adulthood

EKIOC is the unifying and integrating structure for Triple P, all Best Start actions, rural transportation and literacy initiatives, demographic and service effectiveness data collection and analysis, recreation, and other data driven actions. Its members facilitate initiatives that support its mission and goals, serve as members of other coalitions such as Healthy Communities Partnership, Community Justice Partners and Safe Communities Coalition and seek to focus resources on evidence-based programs that address issues identified by data.

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**A2.** Briefly describe your organization's current programs/services that are relevant to your project application and indicate who your organization primarily serves.

EKIOC presently coordinates and facilitates the population approach of Triple P that this application seeks funding to strengthen and expand. The approximately 40 organization and community leaders who make up the Lead Table of EKIOC provide the base funding and the in-kind support required for action by the over half dozen member organizations that make up the core Triple P Work Group. This Lead Table is the venue for integrated action that positively impacts on the goals of Best Start which includes Early Learning Program, Early Years Service Integration, Special Needs, Child and Family Centres, etc. It also supports an integrated rural transportation pilot that seeks to find solutions to an identified barrier many face in our communities. It recognizes the importance of recreational opportunities, supports existing actions and fosters integrated solutions to identified recreational gaps. It works as part of existing networks such as Youth Justice, Safe Communities and Healthy Communities Partnership since the goals of these impacts on the goals of EKIOC. Though EKIOC and its members' services and actions are primarily focused on children and youth it is increasingly finding the need to address the adult population needs in order to improve outcomes for kids. Triple P, for example, focuses on the skills, knowledge and supports parents need to raise healthy resilient children with the skills to not only succeed in adult life but also the ability to raise their own healthy, resilient children. Triple P's extensive knowledge and evidence base prove that it works for many different families, in many different circumstances, with many different problems, in many different places!

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**A3. Number of staff and/or volunteers.**

Number of Full Time Staff

Number of Part Time Staff

Number of Volunteers

EKIOC-1.5,

EKIOC -2,

EKIOC-100's,

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If your organization has volunteers, please describe your volunteer training activities.

EKIOC is made up of organizations that volunteer their staff to achieve common goals through the authority of the Lead Table of community leaders. All Lead Table members initially are provided with orientation and a mentor from existing table. All members are supported by the goals, ways of working and support materials available to them through the website at [www.everykid.on.ca](http://www.everykid.on.ca). Volunteers who are not staff of existing members, are provided with direct support and training by the Coordinator and Chairs. Volunteers who work directly with the public are staff members of existing agencies. The facilitator, using the policy and procedures of a partner agency, will supervise future volunteer practitioners.

CYWC is supported by the contribution of volunteers in many roles from volunteer drivers to fund raising activities. All who interact with clients provide police checks etc and are given training appropriate to volunteer role.

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**A4. Does your organization minimize risk to persons served or involved in your services? Indicate "Yes" or "No" for each of the following policies and practices:**

- Volunteer/staff screening (i.e. applications, interviews, police reference checks, references, and other measures)  Yes  No  Not Applicable
- Training/orientation of staff/volunteers  Yes  No  Not Applicable
- Ongoing monitoring/supervision of staff/volunteers  Yes  No  Not Applicable
- Health and safety  Yes  No  Not Applicable
- Equipment/facility safety checks  Yes  No  Not Applicable
- Anti-harassment/anti-discrimination  Yes  No  Not Applicable
- Other (please describe below)
  
- If you answered "No" or "Not Applicable" to any of the above please explain why below.

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**A5. Is your organization up-to-date in meeting all requirements related to funding received from the Government of Ontario, any agency of the Government of Ontario, or any current or previous funding from the Ontario Trillium Foundation? (e.g., outstanding reports or refunds).** Yes  No  Not Applicable

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If no, provide details.

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**A6.** List the community partner organization(s) involved with your project.

**Applicants must include signed letters from each community partner listed below indicating their involvement in the project, and verifying their financial and/or in-kind contributions to the project. Lead applicants are obligated to send a copy of the completed application to their identified Community Partner(s).**

**Community Partner #1**

Name of Organization	Contact Name
Leeds, Grenville and Lanark Health Unit	Jane Hess

Is this partnership

New       Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- 0.5 Triple P Facilitator
- administrative support for Work Group and Facilitator
- office space, materials and technology
- accounting for portion of on-going expenditures
- Member of Work Group
- Provincial Triple P Network representative and associated travel, accommodation costs
- Resource library –distribution of consumable resources, cataloguing, ordering
- 1-800 call reception and triage
- Provides components of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents by health nurses (healthy babies); seminar delivery to large groups by health nurses
  - ❖ Level 3 Primary Care with individual parents providing 4 x 45 minute targeted interventions
  - ❖ Level 4 Standard with individual parents of up to 10 hours
  - ❖ Level 4 Lifestyles support to groups of parents to address issues of obesity and physical activity

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind	Cash
\$275,745.98	

**Community Partner #2**

Name of Organization	Contact Name
Child and Youth Wellness Centre	Kevin Kapler

Is this partnership

New       Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- Work Group -2 members, 1 who is an agency administrator
- accounting processes
- provides component of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents; seminar deliver to large groups by workers
  - ❖ Level 3 Primary Care (individual family support)
  - ❖ Level 4 Standard (individual families and groups)
  - ❖ Level 5 Enhanced (individual families and groups)
  - ❖ Level 5 Pathways (individual families)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind	Cash
142,000	

**Community Partner #3**

Name of Organization	Contact Name
United Counties of Leeds and Grenville +OEYC	Shannon Brown

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ Work Group -1 member who is also an organization administrator
- ❖ provides services of Data Analysis Coordinator as required
- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents; seminar deliver to large groups by workers
  - ❖ Level 3 Primary (individual family support)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind	Cash
80,000	

**Community Partner #4**

Name of Organization	Contact Name
Developmental Services of Leeds and Grenville	Tom Turner

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

Work Group -1 administrator as member

- provides component of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents; seminar deliver to large groups by workers
  - ❖ Level 3 Primary Care (individual family support)
  - ❖ Level 4 Standard (individual families and groups) –Stepping Stones for parents of children with developmental needs

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

62,200

Cash

**Community Partner #5**

Name of Organization

Hotel Dieu Hospital

Contact Name

Margaret van Beers

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents; seminar deliver to large groups by workers

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

20,000

Cash

**Community Partner #6**

Name of Organization

Markee and Associates

Contact Name

Keith McPhee

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

Work Group member,

Provides component of Level 1 Universal Triple P media delivery

- ❖ Private business providing pro bono consulting services, website development and support and organizational support.

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

\$10,000

Cash

**Community Partner #7**

Name of Organization

Upper Canada District School Board

Contact Name

Jennifer McMaster

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

**Work Group member -Principal of Wellington Public School**

- provides component of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
  - ❖ Level 3 Primary (individual family support and support to Level 2 internal practitioners)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

24,000

Cash

**Community Partner #8**

Name of Organization

Country Roads Community Health Centre

Contact Name

Susan Turnbull

Is this partnership

New

Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents; Seminars
- ❖ Level 3 Primary (individual family support)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

20,000

Cash

**Community Partner #9**

Name of Organization

Community and Primary Health Care

Contact Name

Ruth Kitson

Is this partnership

New

Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

10,000

Cash

**Community Partner #10**

Name of Organization

Brockville and Area Y

Contact Name

Sandra Devaney

Is this partnership

New

Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
- ❖ Level 3 Primary (individual family support)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

10,000

Cash



**Community Partner #11**

Name of Organization

Catholic District School Board of Eastern Ontario

Contact Name

Tom Jordan

Is this partnership

 New Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- provides component of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
  - ❖ Level 3 Primary (individual family support and support to Level 2 internal practitioners at St. Francis Xavier School, Brockville)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

24,000

Cash

**Community Partner #12**

Name of Organization

Family and Children Services of Leeds and

Contact Name

Kim Morrow

Is this partnership

 New Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

Work Group member who is an agency administrator

- provides component of Level 1 Universal Triple P media delivery
- Direct practitioner support to
  - ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
  - ❖ Level 3 Primary (individual welfare family support)
  - ❖ Level 4 Standard (individual welfare families and in groups)
  - ❖ Level 5 Pathways (individual families at risk of child abuse)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

30,000

Cash

**Community Partner #13**

Name of Organization

Pre School Speech and Language

Contact Name

Jennifer Waring

Is this partnership

 New Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

20,000

Cash

**Community Partner #14**

Name of Organization

RNJ Youth Services

Contact Name

Sue Poldervaart

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
- ❖ Level 3 Primary (individual family support to parents of youth who have offended)
- ❖ Level 4 Standard (individual welfare families)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

10,000

Cash

**Community Partner #15**

Name of Organization

Infant and Child Development

Contact Name

Dixie O'Reilly

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 2 Selected Triple P Tip Sheet and video use with parents;
- ❖ Level 3 Primary Care (individual family support)
- ❖ Level 3 Stepping Stones

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

10,000

Cash

**Community Partner #16**

Name of Organization

Employment and Education Centre

Contact Name

Susan Watts

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ Level 3 Primary (individual family support)

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind

2000

Cash

**Community Partner #17**

Name of Organization

Every Kid In Our Communities

Contact Name

Marg Fancy

Is this partnership

New  Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

Coordinator and Chair are both members of Triple P Work Group  
Coordinator provides support to Facilitator of Triple P Work Group

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind 4000	Cash Minimum of \$15000
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**Community Partner #18**

Name of Organization Girls Inc	Contact Name Lesley Hubbard
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Is this partnership  
 New       Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

- ❖ provides component of Level 1 Universal Triple P media delivery
- ❖ level 2 individual tip sheet support

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind 10,000	Cash
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**Community Partner #19**

Name of Organization	Contact Name
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Is this partnership  
 New       Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind	Cash
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**Community Partner #20**

Name of Organization	Contact Name
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Is this partnership  
 New       Existing

Describe how this partner is involved in the planning, development, implementation and/or evaluation of this project?

What is the total value of their in-kind and/or cash contribution to the project as listed in the budget.

In-kind	Cash
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**B. Project Information**

<b>B1. Name of project</b> Positive Parenting for Mental and Physical Health in Leeds and Grenville		<b>Funding request is for</b> <input type="checkbox"/> one year (ending March 31, 2012) <input checked="" type="checkbox"/> two years (ending March 31, 2013)
<b>Anticipated Project start date (yyyy/mm/dd)</b> March 15, 2011		<b>Anticipated Project completion date (yyyy/mm/dd)</b> March 31, 2013

**B2. Project Description:**

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a) Indicate which population your project will target. Please check the most appropriate box. If your project targets more than one group, select the most appropriate box according to your project goals/objectives.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Children and youth* | <input type="checkbox"/> Low-income populations           |
| <input type="checkbox"/> Aboriginal populations         | <input type="checkbox"/> Older adults (55 years and over) |
| <input type="checkbox"/> Ethnic communities             | <input type="checkbox"/> Persons with disabilities        |
| <input type="checkbox"/> Francophone populations        | <input type="checkbox"/> Women and girls                  |

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\* Children are considered less than 12 years of age and youth are considered between 12 and 24 years of age

How will your project reach out to this group? Outreach usually involves an engagement strategy with the target group rather than activities focused solely on dissemination or education.

The Triple P Facilitator or a representative of the Implementation Working Group will attend parent council meetings at each of the elementary schools in Leeds & Grenville for both the Upper Canada District School Board and the Catholic District School Board of Eastern Ontario to encourage participation on a parent advisory committee for Triple P. Target is to have parent representation from each community neighbourhood in Leeds & Grenville with both school boards represented. A call for members will also be distributed through 10 partner agencies (including health care, daycare, mental health, YMCA, CAS, early years) by website and/or by poster. This engagement strategy will take 2 years to complete.

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b) Your project must address at least two of the following health promotion priorities. Please check at least two boxes below.

- |   |   |
|---|---|
| <input type="checkbox"/> Physical Activity, Sport and/or Recreation         | <input checked="" type="checkbox"/> Healthy Eating          |
| <input type="checkbox"/> Tobacco Use (including prevention, cessation etc.) | <input type="checkbox"/> Injury Prevention                  |
| <input type="checkbox"/> Substance and/or Alcohol Misuse                    | <input checked="" type="checkbox"/> Mental Health Promotion |

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c) Describe your project and its anticipated results in clear and concise terms. Ensure that you describe how the project will address each identified health promotion priority identified in B2. b). (Who will be doing what, where, when, and how and what impact will it have? How many people will it reach?).

This is a 2 year project spanning March 2011 to March 2013. The purpose is to increase positive parenting skills in Leeds & Grenville through the Triple P program which will result in the increased mental and physical health of children from birth to 18 yrs of age and beyond. Increasing positive parenting skills builds supportive environments for children and decreases risk factors. Our Triple P capacity is currently in the beginning stages. We have identified several current barriers to reaching our entire community in a comprehensive health promotion approach.

We need to meet current demand for Level 3 programming, while at the same time, building capacity in our community as no current provider agency has the entire population as a mandate or is currently at capacity in offering other Triple P levels. A one year term position to provide this service is required, while building capacity through Level 3 training for sustainability.

Service for parents of teenagers has been an identified goal of EKIOC since the inception of the Triple P project. More training is required to meet this need as our service delivery is still well below identified service levels. Obesity prevention, including healthy eating and increasing physical activity levels, is a regional and provincial priority. Lifestyle Triple P addresses these issues and training has yet to occur in our community as funding for training is required.

EKIOC has identified that community saturation of Triple P is a goal of Leeds & Grenville on behalf of all of our children. In order to do this we are including schools, daycares and health care providers in Level 2 training so that we can reach the majority of families in our area.

Who	What	When	Where	How	Impact
Triple P Facilitator, Implementation Working Group (IWG), parents in L&G	Recruitment from parent council meetings for a Triple P Parent Advisory Group.	Recruitment phase from October 2011 to March 2013. Group will meet quarterly starting in January of 2012.	Every (32) elementary school in L&G in both school boards. Prescott, Brockville and Gananoque as priorities (EDI/ELP). Group will meet in 4 different areas to increase accessibility.	Triple P Facilitator or IWG rep will attend Parent Council to talk about Triple P and to generate interest. Triple P Facilitator will organize and attend quarterly meetings.	Parents and schools will have increased investment in Triple P services. Parents will take increased responsibility for normalizing and bringing parenting support to their community. The IWG will have feedback from those accessing the parenting support to guide decision making.
IWG, Triple P Facilitator, Triple P Practitioner, families in L&G	Hire a 1.0 FTE for one year to provide Level 3 0-12 and teen to meet demand while building community capacity through recruitment and training.	Advertise position in May and interview. Position to start in June 2011-June 2012.	Position will be based in Brockville with the practitioner travelling to Leeds & Grenville communities to increase accessibility. Prescott, Brockville and Gananoque as priorities (EDI/ELP).	Hiring agency will be a current triple P partner. In-kind office space provided by partner agencies. The practitioner will meet with families who have requested parenting support that is based on a discrete topic such as 'temper tantrums' for 4-5 sessions.	A full time practitioner offering Triple P will be able to reach 20 families monthly or 240 families annually. Triple P is designed to provide the minimal intervention required to meet to families needs. This level will prevent families from needing to access more intensive services. Skills learned are transferrable to other issues.
Schools (10), Health Care Providers (HCPs) (5), families in L&G	Selected Teen Triple P Individual training. Regular ongoing interventions.	Fall 2011 training. Interventions occur regularly.	Brockville training for L&G. Interventions occur during regular duties of school staff/ HCPs. Prescott, Brockville and Gananoque as priorities (EDI).	Training: organized by Implementation Working Group and Facilitator on behalf of L&G. Interventions: Occur with parent contact by need.	Schools: 150 Interventions annually per provider (pp) HCPs: 200 Interventions annually pp. Normalizing parent help. Reaching parents who do not use other services (ex. Mental Health)

Schools (5), Daycares (5), Health Care Providers (5), families in L&G	Selected Triple P 0-12 Individual training. Regular ongoing interventions.	Fall 2011 training. Interventions occur regularly.	Brockville training for L&G. Interventions occur during regular duties of school staff/ daycare providers/ HCPs. Prescott, Brockville and Gananoque as priorities (EDI/ ELP).	Training: organized by Implementation Working Group and Facilitator on behalf of L&G. Interventions: Occur with parent contact by need.	Schools: 150 Interventions annually pp. HCPs: 300 Interventions annually pp. Daycares: 150 Interventions annually pp. Normalizing parent help. Reaching parents who do not use other services (ex. Mental Health).
Partner agencies with dieticians and nurses, families in L&G	Train two practitioners in Lifestyle Triple P. Provide 2 groups annually per practitioner trained, after the first year.	Fall 2012 training. 2 groups co-facilitated in 2013. 4 groups completed in 2014.	Groups provided in partner agency space in L&G. Prescott, Brockville and Gananoque as priorities (EDI/ ELP).	Training: organized by Implementation Working Group and Facilitator on behalf of L&G. Interventions: Groups to occur annually by trained practitioners.	2 groups annually-10 families per group is 20 families in first year. Double in second year.
Community volunteers (ex. clergy, retired teachers)(5), schools (5), daycares(5), HCPs(5), families in L&G	Primary Care Triple P training (Level 3). Build capacity to provide Level 3 service to families for sustainability after Practitioner term has ended.	Spring 2012 training. Service provided by practitioner based on demand within community for this level of parenting support.	Brockville training for L&G. Interventions provided through practitioners agencies. Volunteers provide services in different communities in partner spaces.	Volunteers supervised and coordinated by T P Facilitator. Agency staff work with their own agency policies. The practitioner will meet with families who have requested parenting support that is based on a discrete topic such as 'temper tantrums' for 4-5 sessions.	20 Practitioners offering Level 3 Triple P will be able to reach 10 families monthly or 120 families annually. Triple P is designed to provide the minimal intervention required to meet to families needs. This level will prevent families from needing to access more intensive services. Skills learned are transferrable to other issues.

**d) How do you know there is a need for this project? (i.e. what information and/or research has your organization gathered to identify or confirm the need for your project?) Check applicable boxes below and identify the source of your research and/or attach supporting documents.**

- Literature research
  Survey(s)
  Interview(s)
  Focus group(s)
  Other (specify) **Local reports and statistics.**

## Details of Research can be found in Appendix B: Evidence

Many local reports indicate that our community is in need of “parent education and parent support programs” (Fulton, 2008). *The Child and Youth Community Profiles* and our commitment to provincial ELP strategies will guide programming. It has been demonstrated that parenting quality is crucial to school readiness.

A comprehensive health promotion approach has been shown to be the most effective way of program delivery. Triple P has the largest body of research demonstrating effectiveness of any existing population-based approach to supporting parenting skills and knowledge.

There were many studies that demonstrated that parenting programs, including Triple P, were very effective in decreasing risk factors and in creating both supportive environments and resiliency. These are essential for supporting mental health. With Triple P, the overarching goal is to enhance the knowledge, skills, and confidence of parents at a whole-of-population level and, in turn, to reduce the prevalence rates of behavioral and emotional problems in children and adolescents.

The evidence indicates that positive parenting strategies support the development of healthy eating practices. Parenting styles were demonstrated as being significant factors in shaping eating behaviours and physical activity levels. Triple P Lifestyle addresses parenting in the context of these health behaviours.

The research summary in support of the need, a comprehensive health promotion approach, mental health promotion and healthy eating can be found in Appendix A.

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e) Outline the measures or steps taken to ensure that your project will not overlap with, or duplicate, an existing project with similar objectives/outcomes in your community.

By inviting all organizations in Leeds and Grenville to be part of the implementation of Triple P we have eliminated any overlap or duplication of effort and concentrated our combined efforts on an evidence-based population approach to improved parenting skills and outcomes. The communication that supports this occurs at the Every Kid Lead Table which is made up of upper administrators from member organizations. The concept of “the empty chair” at all tables of Every Kid ensures all have opportunity to be involved in the planning, delivery and evaluation of Triple P. The alignment with other networks such as Healthy Communities Partnership, Youth Justice and Safe Communities increases communication and alignment of network members’ support to parents.

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f) Is your organization aware of the Community Picture being coordinated by your local Healthy Communities Partnership?

Yes       No

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**B3.** Indicate how your project will provide value for money (e.g., cost per participant, leveraging other funding, cost is appropriate to the target group).

This project leverages community funding made available to EKIOC by local court to address root causes of criminal behaviour. It also aligns the support of multiple funders including MCYS Community Capacity funding. It consolidates individual member budgets and actions to support positive parenting by integrating planning, service and media initiatives across the Counties. It is anticipated that for every dollar provided through this grant, members of the Triple P initiative of EKIOC will provide a minimum of seven dollars in in-kind and direct funding. Investing in our communities knowledge, skills and language related to positive parenting is a direct investment in our individual and collective futures since success in addressing the six priority areas of Healthy Communities for our kids is dependent on the quality of parenting they receive.

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**B4.** How will your project be supervised and managed? Include number of people designated as project managers and/or supervisors, and their skills, knowledge and expertise.

The overall project will be supervised by the Triple P Facilitator for Leeds&Grenville in coordination with the Implementation Working Group (IWG) for Triple P. The Triple P Facilitator is a trained Triple P practitioner and a Public Health Nurse. The IWG is responsible to Every Kid in Our Community (EKIOC) for Leeds & Grenville. Practitioners are directly supervised by the agency that they work for. Some of these agencies have managers on the IWG and are closely involved with planning. The Facilitator will be the link to planning and implementation for those agencies not able to attend IWG meetings. The facilitator will work with member agencies to ensure quality of services and fidelity to Triple P's service principles.

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**B5.** Describe your project's evaluation plan. For examples of what makes a good project evaluation, please refer to the **Glossary of Terms and Resources** listed in the **2011-12 HCF Grants Project Stream Program Guidelines**. The evaluation should be built into your Work Plan in Section C. *Coming soon to this location!*

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**6.** Explain how the service provided by your project and the success of the project will be sustained after the approved HCF grant period (e.g., after one year or two years of funding).

Funding provided over the two years of this project provides the foundational structures upon which a sustainable integrated system will function into the future. It provides the front-end training and resources that establish the system in agencies' strategic plans and delivery systems. Ongoing training to cover natural attrition can be maintained as part of normal operating costs. Media processes, products and structures created provide the base for an on-going universal level of understanding of positive parenting and establish a non-stigmatized community understanding of appropriateness of seeking parenting support by future parents. Affiliation agreements are signed annually by each member organization to identify their specific contributions.

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**B7.** If your project includes expenses that are considered ineligible for HCF funding and therefore cannot be included in the project budget in section E.1, please list them below and include estimated costs. This information will be used to help us gain a better understanding of the full scope of your project.

Local school boards are unable to completely carry the cost of replacing staff and MCYS funds will be used to support the schools so that their staff can be trained (\$1000/school site=\$10,000 approx.). See project budget for all in-kind budget amounts which reflect members' long term commitment to this initiative.

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## C. Work Plan

The work plan is designed to provide the Ministry with a clear idea of how you are going to carry out your project. Your work plan should demonstrate a systematic approach as to how you will accomplish the project including all phases of **planning, development, implementation and evaluation**. The results and activities identified in this section will be used as benchmarks for you and the Ministry to measure the progress and success of your initiative.

The work plan should be detailed enough that a new project manager could be appointed half way through the implementation phase and could manage the project based on the plan.

*Note: Work plans for two-year projects should account for all of the activities planned for the two year period.*

<b>Work Plan Phase</b> (i.e. planning, development, implementation, evaluation)	<b>Activities</b> (What tasks will you undertake to complete this project?)	<b>Start Date</b> (yyyy/mm/dd)	<b>Completion Date</b> (yyyy/mm/dd)	<b>Responsibility</b> (Who is in charge of completing the activity/ies?)
Planning	Gather local statistics and reports to inform planning (ex. EDI, location of ELP schools, Fulton report, Community Profile) and to develop strategic interventions.	2011/02/15	2011/02/18	Triple P Facilitator for Leeds & Grenville
	Create a strategic program plan that accounts for provider capacity, service gaps, client accessibility and strategic interventions.	2011/02/18	2011/02/28	Facilitator
	Contact individual schools and create a schedule for recruitment of parents.	2011/04/10	2011/06/15	Facilitator
	Identify partner agency to hire temporary staff. Plan salary and hiring process.	2011/04/10	2011/04/29	Implementation Working Group (IWG)
	Create a training schedule that includes each level of training and dates to contact Triple P International spanning 2011-2014.	2011/06/01	2011/06/30	Facilitator
	Submit proposal to OEYC /Health Unit (HU) Quality Improvement (QI) department for evaluation support.	2011/05/01	2011/05/27	Facilitator
	Identify through electronic survey which agencies/practitioners feel that refresher workshops would be helpful.	2011/10/03	2011/10/31	Facilitator
	Identify which professionals would benefit from information sessions and create a plan.	2012/05/01	2012/06/25	IWG
	Survey partner agency managers electronically to identify needs for manager support workshops and create a plan.	2012/02/15	2012/06/15	Facilitator

	Develop a media plan considering funding, provincial resources, target populations, media research.	<b>2011/07/01</b>	2011/09/01	Facilitator
Development	Contact partners and venues to confirm space, practitioners, childcare, and transportation for program re: strategic program plan.	2011/03/01	2014/10/31	Facilitator
	Develop a powerpoint presentation for school council meetings.	2011/07/15	2011/09/01	Facilitator
	Develop job description for temporary FTE. Create advertisement for position. Confirm dates, locations and participants for interviews.	2011/04/15	2011/05/15	IWG
	Recruit participants and organize training details for Selected Teen and 0-12 Level 2 Individual training.	2011/05/15	2011/10/31	Facilitator
	Recruit participants and organize training details for Lifestyle TP.	2012/01/15	2012/03/01	Facilitator
	Recruit participants and organize training details for Primary Care TP.	2011/11/15	2012/03/01	Facilitator
	Develop evaluation components for each individual project (10).	2011/06/15	2013/06/15	Facilitator
	Develop content of practitioner workshops, professional (ex. dentists, judicial) information sessions and manager support meetings.	2011/12/15	2013/04/15	Facilitator
	Confirm dates for media plan with partners and media outlets. Ensure resources are ready for use.	2011/09/01	2011/10/01	Facilitator, HU Creative Team
	Recruit participants and organize training details for Family Transitions, and Enhanced TP training.	2011/06/15	2011/09/01	Facilitator

<b>Work Plan Phase</b> (i.e. planning, development, implementation, evaluation)	<b>Activities</b> (What tasks will you undertake to complete this project?)	<b>Start Date</b> (yyyy/mm/dd)	<b>Completion Date</b> (yyyy/mm/dd)	<b>Responsibility</b> (Who is in charge of completing the activity/ies?)
Development	Create components of an Elementary School, High School, Health Care Provider, Workplace, and Daycare Project Plan.	2011/03/15	2012/06/30	IWG
Implementation	Deliver Triple P programming as per strategic program plan.	2011/09/01	2014/12/31	Facilitator, Community Partners
	Attend parent council meetings for recruitment of parents	2011/10/01	2013/03/01	IWG
	Facilitate Parent Advisory Council	2012/01/01	2014/12/31	Facilitator
	Hire 1 FTE (temporary) to deliver TP and implement service.	2011/06/01	2012/06/15	IWG
	Implement training courses in Leeds & Grenville and send staff to provincial training.	2011/09/15	2013/03/31	Facilitator
Implementation	Implement evaluation plan to collect data.	2012/01/15	2013/09/01	Facilitator
	Implement content of practitioner workshops, professional information sessions and manager support meetings.	2012/06/15	2014/06/15	Facilitator
	Implement media plan	2011/10/01	2011/12/31	Facilitator, HU Media Consultant
	Implement the Elementary School, High School, Health Care Provider, Workplace and Daycare Provider Project plan.	2011/08/24	2013/09/30	Facilitator
	Analyze data collected.	2012/06/30	2013/11/01	Facilitator, OEYC DAC/ HU QI department.
Evaluation	Write evaluation report	2012/08/31	2014/01/15	Facilitator, OEYC DAC/ HU QI Department

Communicate results to community partners, Every Kid in Our Community, IWG, Parent Advisory Committee.	2012/11/30	2014/04/15	Facilitator
Integrate results into planning.	2012/08/31	2014/03/31	IWG, Communtiy Partners, EKIOC

Use extra pages if needed.

## D. Performance Measures

**D1. Measurable outputs.** Provide a concise list of the measurable results to which this project will be held accountable. Measurable outputs include the number of activities that will take place and/or the number of people who will benefit from the project. The following questions will help frame what is required - How many people will directly benefit from the project? How many activities will take place? What tools or resources will be produced?

Possible measurable outputs include:

- Number of partnerships
- Number of people trained
- Number of focus groups held
- Number of types of communication materials  
(i.e. 2 brochures to 100 participants, etc.)
- Number of participants
- Number of new plans produced
- Number of volunteers engaged
- Number of workshops
- Number of community meetings
- Number of tools or resources created

Measurable Outputs	Number	Description
e.g., Number of participants	175	Low income youth ages 11 to 15 years
Number of child interventions	1000	Children 0-18 affected through interventions
Parent Advisory Council Mtgs	8	2012-4 mtgs, 2013-4 mtgs, (11 parent reps on PAC)
Number of tip sheets distributed	1000	Tip sheet given to family during intervention
Number of Practitioners Trained	80	Teachers, EAs, ECEs, doctors, nurses, volunteers.
One FTE for service provision	240	Families receive Level 3 Primary Care 0-12 & TeenP
Number of new partners	10	Schools, daycares, HCPs, volunteers

**D2. Impact/change.** Provide a description of outcomes that cannot be easily measured, but are important to understanding the success of the project.

Possible impacts include, but are not limited to:

- Greater awareness of the risks associated with tobacco use
- Knowledge of healthy eating techniques
- Increased exposure to physical activity
- New exposure to a recreational activity
- Exposure to positive role models
- Knowledge of safety and injury prevention techniques
- Greater exposure to the outdoors
- Reduction in social isolation
- De-stigmatization of mental illness
- Capacity building for staff, organization, or community
- Leadership skills development
- Enhanced confidence in sport skills/participation
- Positive association with healthy foods

Impact/Change	Description
e.g., Increased knowledge of healthy eating techniques	A recipe contest and weekly healthy cooking classes will increase the knowledge of 175 low income youth ages 11 to 15 years.
Increased knowledge of Triple P parenting strategies in communities beyond Leeds-Grenville.	The Public Health Unit is a tri-county agency. The training of staff and the media campaign will have an impact on staff working with families in Lanark County. Knowledge exchange among school staff will build capacity for delivery of Triple P beyond the boundaries of Leeds-Grenville.
Parents receive knowledge and build skills r/t nutrition, physical activity and positive parenting.	Lifestyle Triple P teaches positive parenting styles in a way that these skills/knowledge can be generalized to other areas of family functioning.
Community saturation of Triple P messages and the normalization of receiving parenting support.	Common messaging among professionals and word-of-mouth advertising by parents along with extensive community training will allow for a cohesive and acceptable system of parent support.
Increased parenting satisfaction and improved family relationships.	Triple P measures parent satisfaction pre and post intervention. These components support general family mental health and positive environments.

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**D3. Challenges to achieving outcomes.** Provide a description of the challenges that may affect achievement of your outcomes.

Back fill costs/available days for training and accreditation for school boards and health care providers.

Rural realities including lack of transportation, lack of local media outlets (main ones in major centres outside area), low literacy levels of parents, negative stigma around accessing parenting supports, limited staffing capacity of local agencies to provide practitioner time.

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## E. Project Budget

All applicants are required to complete the budget template as part of their HCF application. Below are instructions for completing the template. Please review these carefully before proceeding with the completion of this section. In addition, sample budget templates are included in Appendix A.

### Column E.1 Expenditure Description

Itemize **ALL** expenditures and matching contributions required to carry out your project. Be sure to document details of each item. For staffing positions, include the description of responsibility, number of hours per week, and wage and benefits as they relate to the project. For purchased items, include the cost per unit and number of items needed.

### Column E.2 HCF Funding

List your total funding from the Healthy Communities Fund. If you are applying for a two-year project, please differentiate the expenses for Year 1 and Year 2:

Year 1 – from notice of approval until March 31, 2012;

Year 2 - from notice of approval to March 31, 2013.

HCF funding **cannot be used to cover** the following expenses even if they are related to the project:

- Permanent staff salaries, overhead administration or management costs (**can be considered an in-kind contribution**);
- Legal/audit fees, annual general meetings, budget deficits, membership fees, fundraising activities, committee and political meetings;
- Costs funded by other grant programs;
- Capital expenses, furniture, fixtures or other non-portable equipment; and
- Refundable Harmonized Sales Tax (HST).

### Column E.3 Matching Contributions

List the total dollar amount and the source of that amount that will make up your mandatory matching contribution. The mandatory matching contribution is set at a minimum with no maximum. Only **confirmed** contributions from within your organization, from other organizations, or non-provincial sources can be included. Provincial funds, such as Ontario Trillium Foundation grants, **cannot be used** as matching cash contributions for the Healthy Communities Fund. All cash and in-kind contributions from other organizations should be confirmed in writing and included (see list of mandatory attachments at the last page of this application form).

**Cash contributions** are monies spent during the duration of the project. Matching cash contributions cannot come from provincial sources.

**In-kind contributions** are the cash value of goods, staffing, or services that will be donated to the project. In-kind contributions can include use of office equipment, advertising space in a newspaper, evaluation services, or permanent staff salaries and administrative support that can be accurately estimated in terms of dollars and directly linked to the project. Applicants can include their own in-kind contributions towards the cost of the project, such as administration or supervisory support.

Projects in communities with a population **greater** than 20,000 must match a minimum of 15% of the requested amount from HCF in cash and match a minimum of 50% of the requested amount from HCF in-kind.

Projects in communities with a population of 20,000 or **less** must match a minimum of 25% of the requested amount from HCF in cash and/or in-kind.

First Nation Communities or other Aboriginal organizations that are incorporated must match a minimum of 25% of the requested amount from HCF in cash and/or in-kind.

**This budget template calculates project totals automatically to help ensure that you meet the mandatory matching contributions of the Healthy Communities Fund. A sample budget is included as Appendix A.**