

**TORONTO PUBLIC HEALTH  
PEER LEADERSHIP COMMUNITY GRANT  
FOR THE PREVENTION OF TYPE 2 DIABETES**

**Application**

**Deadline: Monday, September 26<sup>th</sup>, 2011**

**Late applications will not be accepted.  
Mail and fax applications will be not accepted.  
See next page for submission options.**

Please direct inquiries and application to:  
Rose Jung, Diabetes Prevention Support Assistant  
5100 Yonge Street, 2<sup>nd</sup> Floor  
Toronto, ON M2N 5V7  
[rjung@toronto.ca](mailto:rjung@toronto.ca)  
416-338-8298



## APPLICATION GUIDELINES

Please read this document before you fill in the application to ensure it meets all criteria for funding.

### APPLICATION SUBMISSIONS

#### Application Deadline

Submission of full application: **Monday, September 26<sup>th</sup>, 2011 by 4:00 pm**

#### How to Submit Your Application

Applicants who wish to be considered for the Toronto Public Health (TPH) Peer Leadership Community Grant must submit their application by **Monday, September 26<sup>th</sup>, 2011 by 4:00 pm**. To ensure fair and equal treatment of all funding applicants, late or incomplete application packages will not be accepted. Applications received after this date will not be considered.

Applications must be:

- **Emailed** to [rjung@toronto.ca](mailto:rjung@toronto.ca)  
OR
- **Dropped off** at the following address:

**Toronto Public Health, Reception** (you will be asked to sign confirmation of delivery)

c/o Rose Jung, Diabetes Prevention Support Assistant

5100 Yonge Street, 2<sup>nd</sup> Floor

Toronto, ON M2N 5V7

416-338-8298

Applicants will receive an email confirmation within 48 hours of submission. If you do not receive confirmation please ensure your application was received by calling Rose Jung at 416-338-8298.

### BACKGROUND

Type 2 diabetes is a serious chronic disease. In Toronto, the estimated prevalence rate of diabetes is 7.6% compared to 6.2% for the rest of Ontario. Research shows that where a person lives within Toronto can impact their risk of developing type 2 diabetes. Toronto is one of the most multicultural cities in the world, and is home to some of the lowest-income neighbourhoods in the country. People from disadvantaged communities are disproportionately affected by diabetes and evidence shows that people living in poverty have higher rates of the disease. Some experts also say that immigrants from South Asia, East Asia, Africa, the Caribbean and Canadian Aboriginals are genetically at higher risk of developing type 2 diabetes.

Research shows that type 2 diabetes is preventable. Best practice suggests a comprehensive approach that includes health promotion through education and skill building, as well as providing supportive environments, can help community members reduce their risk of developing type 2 diabetes. The use of peer leaders (i.e. peer advisors, peer educators, lay health workers) in the prevention of type 2 diabetes, has been recommended as a way to provide effective, culturally appropriate interventions that can help to prevent type 2 diabetes.

TPH will be offering community grants to organizations in Toronto, who want to plan, implement and evaluate programs that use peer leaders to provide culturally appropriate and accessible health information programs that focus on type 2 diabetes prevention.

## PEER LEADERSHIP COMMUNITY GRANT FOR THE PREVENTION OF TYPE 2 DIABETES

### Goal of Peer Leadership Community Grant

To increase capacity within a community to provide peer led health education programs to groups at risk of developing type 2 diabetes.

### Objectives of the Peer Leadership Community Grant Program

- Increase knowledge and awareness of type 2 diabetes risk factors among population groups most at risk
- Increase knowledge and understanding of how to reduce type 2 diabetes risk factors through healthy eating and physical activity
- Increase opportunities for population groups most at risk to make healthy choices
- Implement peer led health education sessions that are accessible to community members most at risk of developing type 2 diabetes

### Characteristics of a Peer Leader

- Committed to promoting health within their community
- Strong communication skills in English and able to speak a second language
- Responsible, respectful and trustworthy
- Able to keep confidentiality
- Experience and comfort in speaking before groups
- Able to communicate on sensitive issues, by being an active listener
- Enjoys meeting new people
- Ready to become a healthy role model

Each funded organization will receive a Diabetes Prevention Facilitator's Guide. This facilitator's guide will contain resources as well as educational lesson plans that focus on type 2 diabetes prevention. At the beginning of the community grant, peer leaders will have thorough training on the facilitator's guide. Peer leaders will be responsible for delivering health education their community. The facilitator's guide can be tailored to meet the needs of the community. Peer leaders will be encouraged to be creative and provide programs that are culturally appropriate.

Each funded organization will be required to support peer leaders in attending a maximum of 4 days of training on the Diabetes Prevention Facilitator's Guide. The training will include education on type 2 diabetes prevention, healthy eating, physical activity, facilitation/presentation and outreach skills.

Grant recipients will be responsible for outreaching to one or more of the following population groups:

- People from an ethno-racial group at a higher risk for developing type 2 diabetes (e.g. South Asian, East Asian, African, Caribbean, Aboriginal and Latin American)
- People under the age of 65 years
- People who are living **without** diabetes OR have **not yet** been diagnosed with the disease (type 1 and type 2 diabetes)
- Diverse groups, low income and/or people who experience barriers and challenges in accessing health promotion programs, services and information

## ELIGIBILITY

### Eligibility – Who Can Apply

The Applicant Organization must be a community-based agency working in the City of Toronto.

#### Administrative Requirements

Applicant Organizations **may NOT**:

- Request funds that will replace funds already allocated to existing projects within their agency/organization
- Propose projects that will take place outside of the City of Toronto
- Propose projects of a commercial or profit-making nature

### Applicant Commitments

By applying, the Applicant consents to the collection, use and disclosure of information contained within this application. If funded, the Applicant must:

- Agree to act as the Project Lead for the duration of the community grant
- Meet all funding conditions and sign a formal Letter of Agreement with the Toronto Public Health.
- Abide by the terms, conditions and obligations outlined in this document and the commitments described in this application
- Satisfy the reporting requirements of the Peer Leadership Community Grant (Project, In-kind, Financial and Evaluation Reports, Final Report)
- Have suitable financial control and expenditure approval processes to ensure that funds are used for the purposes approved by the Peer Leadership Community Grant
- Provide a financial statement showing budget and actual expenditures upon request
- Provide in-kind and other support to the program as outlined within this application
- Provide supervision and support to peer leaders in implementing health education programs in their community

### Eligible Projects

Each project will be reviewed for its potential to make an impact upon its community. Projects must meet the following criteria in order to be considered for funding:

- The project focuses on the **primary prevention** of type 2 diabetes.
- There is a demonstrated need for the project in the community.
- The intended population group is clearly identified.

## **FUNDING**

### **Funds Available**

Funding is available for 5 months. A maximum of **\$5000** can be requested. The number of community grants awarded within the Peer Leadership Community Grant will be determined according to the number of highly rated proposals received and their demonstrated ability to meet all criteria.

### **Funding Period**

The funding period is from November 1<sup>st</sup>, 2011 to March 31<sup>st</sup>, 2012.

### **Use of Funds**

Funds awarded may **ONLY** be used for:

- Program costs
- Transportation and communication
- Rental of equipment and meeting space
- Food (must not exceed 20% of budget)
- Honorarium (must not exceed 40% of budget)
- Project materials and supplies

The following will **not be considered eligible** for program funding:

- Organization/agency staff salaries and benefits
- Leasing of office space
- Capital expenditures (e.g. assets such as computers, etc.)
- Programs aimed at the direct treatment or management of diabetes or other chronic diseases
- Programs with a primary research component
- Replacing funds already allocated to existing programs or organizational operational programs
- Registration fees for conferences/training

## **FUNDING DECISIONS/NOTIFICATIONS**

### **Funding Decisions**

Applicants who are found to be ineligible (i.e. do not meet the stated eligibility criteria) or who submit incomplete application forms will receive written notification that their application did not qualify for review. All decisions made will be final and there will be no appeal process.

### **Applicant Notifications**

Application Submission Deadline: **Monday, September 26<sup>th</sup>, 2011**

Notification of Funding Decisions: **Monday, October 3<sup>rd</sup>, 2011**

# ---APPLICATION FORM---

## Applicant Organization

|   |            |                         |
|---|------------|-------------------------|
| Applicant Organization Name   |            |                         |
| Street Address of Applicant Organization                            |            |                         |
| City/Town   | Province   | Postal Code             |
| Name of Contact Person at Applicant Organization                    |            | Title of Contact Person |
| Telephone Number and Extension                                      | Fax Number | E-mail Address          |
| Charity Registration Number OR Incorporation Number of Organization |            |                         |

## Requested Funding Amount

|                                       |                   |
|---------------------------------------|-------------------|
| A maximum of \$5,000 can be requested | Amount Requested: |
|---------------------------------------|-------------------|

## Project Summary

### Project Team

The Project Team is a group of people who will have a role in the project's activities as well as project planning and evaluation.

The following are examples of Project Team members:

- Peer leaders who are volunteering with the project **and** who will have a significant role in the project planning
- Community residents representative of the population being served
- The Applicant Organization's employees or representatives (i.e. members, volunteers, etc.)

List in the chart below all of the people who will be involved in the planning and implementation of this project. If you need more room, please add more than one team member to a row.

| Name of Project Team Member | Organization | Contact Information | Tell us about the work that they will be doing for the project? |
|-----------------------------|--------------|---------------------|---|
|                             |              |                     |   |
|                             |              |                     |   |

| Name of Project Team Member | Organization | Contact Information | Tell us about the work that they will be doing for the project? |
|-----------------------------|--------------|---------------------|---|
|                             |              |                     |   |
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**Project Need**

Provide a brief explanation of the need for type 2 diabetes prevention education within your community. Point-form is acceptable. Your response should be approximately 100 words but not more than 200 words.

**Peer Leaders**

How many peer leaders do you anticipate recruiting for this project? Please write number in box below.

How do you plan to recruit peer leaders to implement diabetes prevention education within your community? In addition, how do you plan to ensure that the peer leaders remain committed to the project for its duration?

**Target Audience**

The project team should consider the following population groups when outreaching in their communities:

- People from an ethno-racial group at a higher risk for developing type 2 diabetes (e.g. South Asian, East Asian, African, Caribbean, Aboriginal and Latin American)
- People under the age of 65 years
- People who are living **without** diabetes OR have **not yet** been diagnosed with the disease (type 1 and type 2 diabetes)
- Diverse groups, low income and/or people who experience barriers and challenges in accessing health promotion programs, services and information

Describe the population groups that the project team will outreach to (i.e. where they live, age range, ethno-cultural background, language, etc.) and how they will outreach to them (e.g. Distribute flyers at recreation centers) Point-form is acceptable. Your response should be approximately 100 words but not more than 200 words.



**Health Education**

Peer leaders will be responsible for delivering health education using the Peer Leadership Facilitator's Guide. To ensure that the health education is accessible and has maximum attendance, please describe:

1. Possible challenges you anticipate in implementing the education (e.g. language, transportation)
2. How you plan to deal with these challenges

Point-form is acceptable.

Over the entire duration of the community grant, what is the total number of people do you hope to reach?

## **Project Workplan**

The workplan is designed to provide Toronto Public Health with a clear idea of how you are going to carry out your project.

Please outline the high-level steps you plan to take to accomplish this project. Use only as many rows as needed.

| <b>Key Components</b> | <b>Description</b> | <b>Projected Start Date</b> | <b>Projected Completion Date</b> |
|-----------------------|--------------------|-----------------------------|----------------------------------|
|                       |                    |                             |                                  |
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Upon approval of funding and after completion of the four day peer leader training, each funded organization will be required to submit a more detailed step-by-step workplan. In addition, each organization will be provided with an activity tracking template. This template will be provided and described in detail at the peer leader training.

## BUDGET

### Project Financial Information

Detail the budget for your project by completing the budget form below. Please specify what the funds will be used for under each section. **You will be required to maintain all records of spending, including receipts and original financial documentation. Your records may be subject to audit in the future.** Funds not spent or spent inappropriately are to be repaid in full to Toronto Public Health, c/o the City of Toronto.

| Budget Items (Description)   | Sum Requested |
|--|---------------|
| Honorarium<br><ul style="list-style-type: none"><li>• Must <b>NOT</b> exceed 40% of budget</li></ul>                                 |               |
| Travel Costs<br><ul style="list-style-type: none"><li>• E.g. TTC</li></ul>   |               |
| Project Material/Supplies<br><ul style="list-style-type: none"><li>• E.g. Printing, Photocopying, Supplies</li></ul>                 |               |
| Food<br><ul style="list-style-type: none"><li>• Must NOT exceed 20% of budget</li></ul>  |               |
| Rental<br><ul style="list-style-type: none"><li>• E.g. Equipment/meeting space</li></ul>   |               |
| Other<br><ul style="list-style-type: none"><li>• Anything that does not fit into the above categories (e.g. child minding)</li></ul> |               |
| <b>TOTAL:</b>  |               |

**Administrative Requirements:**

The successful Applicant Organization agrees to:

- Act as the Project Lead for the duration of the project
- Meet all funding conditions and sign a formal Funding Agreement with the City of Toronto
- Abide by the terms, conditions and obligations outlined in this document and the commitments described in this application
- Satisfy the reporting requirements of the TPH Peer Leadership Community Grant for the Prevention of Type 2 Diabetes (Project, In-kind, Financial and Outcome Evaluation reports)
- Have suitable financial control and expenditure approval processes to ensure that funds are used for the purposes approved by the TPH Peer Leadership Community Grant for the Prevention of Type 2 Diabetes
- **NOTE:** If the applicant **does not** have a Charity Registration Number OR Incorporation Number, they will have to appoint another organization to act as a trustee of the funds. The trustee would have to submit the grant on behalf of the organization. That is, the trustee would be the grant applicant. The trustee/applicant would have suitable financial control and expenditure approval processes to ensure that funds are used for the purposes approved by the TPH Peer Leadership Community Grant for the Prevention of Type 2 Diabetes
- Provide a financial statement showing budget and actual expenditures upon request
- Carry suitable liability insurance to cover the proposed project activities
- Provide in-kind and other support to the program as outlined within this application

**Project Management Requirements:**

The successful Applicant Organization agrees to:

- Submit in writing, any changes to the original application for approval
- Allow peer leaders to attend a maximum of 4 days of mandatory training provided by Toronto Public Health
- Acknowledge TPH for funding in any print materials and any media opportunities/events regarding the Peer Leadership Community Grant
- Submit for approval any materials produced using TPH logo
- Provide TPH with media clippings and copies of any materials produced using TPH project funds

**SIGNATURES**

A signature must be provided below for each of the following:

- The Executive Authority of the Applicant Organization
- The Lead Contact Person named at the start of the application

I/We confirm the information given in this application is true, complete and correct to the best of my/our knowledge.

I/We the undersigned have read and understood the TPH Peer Leadership Community Grant. As the Applicant Organization, we will meet the terms, conditions and obligations outlined in the TPH Peer Leadership Community Grant and the commitments made in this application.

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|  |                           |      |
|--|---------------------------|------|
| Printed Name of Applicant Organization<br>Contact Person | Signature (if applicable) | Date |
|--|---------------------------|------|

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|   |                           |      |
|---|---------------------------|------|
| Printed Name of Applicant Organization<br>Executive Authority | Signature (if applicable) | Date |
|---|---------------------------|------|

**----End of Application Form----**