

**Providing problem gambling awareness and/or counseling services for immigrants, refugees, and ethnocultural populations in Ontario**

**Application Form**

**Project Overview:**

**Project Title:**

**Keywords to describe project** (e.g. awareness campaign, problem gambling, South Asian, rural, etc.):

**Target audience** (specific immigrant, refugee and/or ethnocultural community):

**Main project goal or objective:**

**Principal Applicant:**

**Is this individual a member of a regulated health profession?**

**If yes, please identify:**

**Surname, Given name:**

**Organization:**

**Department:**

**Job Title:**

**Address:**

**City:**

**Postal Code:**

**Phone Number:**

**Extension:**

**E-mail:**

**Registered Charitable Organization Number:**

(if applicable)

**Primary Contact Name:**

(if different from above)

**Primary Contact E-mail:**

(if different from above)

**Additional Questions:**

Are you aware of, and do you agree to be, in compliance with the Psychotherapy Act which comes into full effect on December 31, 2019?

Does your organization/agency have liability insurance of \$2,000,000?

**Declaration by Principal Applicant:**

I have been given authority to submit this application on behalf of my organization. I declare the information provided in this application to be true, complete, and accurate to the best of my ability.

**Surname, Given Name:**

**Signature (type name):**  **Date:**

**Additional Team Members**  
(if applicable)

**Team Member 1:**

**Is this individual a member of a regulated health profession?**

**If yes, please identify:**

**Surname, Given Name:**

**Organization:**

**Department:**  **Job Title:**

**Address:**

**City:**  **Postal Code:**

**Telephone Number:**  **Extension:**  **E-mail:**

**Team Member 2:**

Is this individual a member of a regulated health profession?

If yes, please identify:

Surname, Given Name:

Organization:

Department:  Job Title:

Address:

City:  Postal Code:

Telephone Number:  Extension:  E-mail:

**Team Member 3:**

Is this individual a member of a regulated health profession?

If yes, please identify:

Surname, Given Name:

Organization:

Department:  Job Title:

Address:

City:  Postal Code:

Telephone Number:  Extension:  E-mail:

**Team Member 4:**

Is this individual a member of a regulated health profession?

If yes, please identify:

Surname, Given Name:

Organization:

Department:

Job Title:

Address:

City:

Postal Code:

Telephone Number:

Extension:

E-mail:

**Team Member 5:**

Is this individual a member of a regulated health profession?

If yes, please identify:

Surname, Given Name:

Organization:

Department:

Job Title:

Address:

City:

Postal Code:

Telephone Number:

Extension:

E-mail:

**Team Member 6:**

Is this individual a member of a regulated health profession?

If yes, please identify:

Surname, Given Name:

Organization:

Department:

Job Title:

Address:

City:

Postal Code:

Telephone Number:

Extension:

E-mail:

**Project Information:**

**Title:**

**Abstract** (maximum 1250 characters)

**What are the main goals and objectives of your project/initiative?** (maximum 1250 characters)

*(E.g. to increase the awareness of problem gambling risks for Mandarin and Cantonese speaking new immigrants and refugees in Ottawa, Ontario)*

**What is the gambling related issue/problem and why is this project/initiative important? Support this information with evidence** (maximum 1500 characters)

*(E.g. The Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities' final report by COSTI Immigrant Services (2004), shared action plans set forth by the Afghan community in Toronto to raise more awareness/education (treatment) for problem gambling. Our project will address this need by conducting a series of awareness-raising workshops to the Afghan community in Toronto)*

**Provide a detailed description of the proposed project/initiative and include a brief description of the project plan**  
(maximum 3000 characters)

Consider answering the following in your description:

- a. What immigrant, refugee and/or ethnocultural population is included in your project/initiative?
- b. Do you already have a working relationship with this community? If so, please describe.
- c. What is the geographical location of your project/initiative?
- d. Is your project/initiative new or will it expand from an existing one?
- e. How many people are you planning to reach through this project?
- f. Will this project/initiative be an ongoing project or will it have an end date?
- g. How is the project/initiative aligned with your agency's mandate?

## Describe the evaluation plan for your project/initiative

<p><b>Project goals/objectives</b></p> <p>Enter all goals/objectives displayed on pg. 6 of this application.</p>	<p><b>Evaluation questions/ measures</b></p> <p>What do you intend to do?</p>	<p><b>Data collection method</b></p> <p>How will you gather this information? Specify who will collect it and at what frequency.</p>	<p><b>Data source</b></p> <p>From whom or what will you collect the data?</p>
<p><i>E.g. to increase the awareness of problem gambling risks for Mandarin and Cantonese speaking new immigrants and refugees in Ottawa, Ontario.</i></p>	<p><i>Was there an increase in awareness?</i></p>	<p><i>Brief pre- and post-workshop questionnaire.</i></p>	<p><i>Workshop participants.</i></p>



**Describe the role(s) and qualification(s) of each project team member** (maximum 1250 characters)

Provide a job description and/or job posting and include with this application (see Appendix for specific information about references)

**SCHEDULE A: Project Deliverables and Milestones**

Provide a detailed project work plan. For each deliverable/milestone, include start and end dates and the person or people responsible for that deliverable.

<b>Deliverable /Milestone:</b>		Start date:		<b>Person or people responsible:</b>	
		End date:			
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