

2025 Change Can't Wait! Application Form

ALL INFORMATION PROVIDED IS PUBLIC

Description of funding:

The 2025 Change Can't Wait! funding call invites applications for pilot projects that focus on the "Getting Help" outcome area of [Calgary's Mental Health and Addiction Strategy](#) and supporting [Investment Framework](#). Projects should address the needs of a specific population group experiencing mental health challenges.

Eligible pilot projects must be completed, and funds spent, by December 31, 2026

Applications are due on Monday, September 22, 2025 at 11:59 p.m.

Organization Information

Organization Name <i>(legal name)</i>	<i>Text, 100 character max, required</i>	
Year of Registration	<i>Text, 100 character max, required</i>	
Act Registered Under	<ul style="list-style-type: none"> • The Alberta Societies Act • The Alberta Companies Act • The Canada Not-for-Profit Corporations Act • The Canada Business Corporations Act • A Private Act of the Legislature • Other <i>drop-down list, required</i>	
If you selected "Other," identify what act your organization is registered under.	<i>Text, 100 character max, optional</i>	
Mailing Address	<i>Text, 100 character max, required</i>	
Street Address <i>(if different from above)</i>	<i>Text, 100 character max, required</i>	
Website	<i>Text, 100 character max, required</i>	
Phone Number	<i>Text, 100 character max, required</i>	
Email Address	<i>Text, 100 character max, required</i>	
Program Lead Name	<i>Text, 100 character max, required</i>	
Program Lead Phone Number	<i>Text, 100 character max, required</i>	
Program Lead Email Address	<i>Text, 100 character max, required</i>	
If your application is successful, will you obtain adequate liability insurance (no less than 2 million dollars Commercial General Liability insurance including The City as an additional insured)? <i>The costs associated with obtaining insurance are an eligible expense and should be included in your budget. The ability for successful organizations to be awarded funding is contingent upon meeting this requirement in a timely manner.</i>	<i>(Yes/No)</i>	

<p>If your application is successful, will you provide audited financial statements for your organization as a whole within three months after your organization's fiscal year-end?</p> <p><i>The audit must be completed by an independent, third-party Chartered Professional Accountant in good standing. The costs associated with conducting an audit are an eligible expense and can be included in your budget.</i></p>	(Yes/No)
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Supporting Documents	Yes	No
<p><i>If the items in the list below have not been previously submitted to The City, these documents will be required for this application process. These items can be uploaded in FIMS in the 'Documents' section. Applications submitted without these documents will be considered incomplete and will not be processed for funding consideration unless an acceptable explanation has been provided.</i></p> <ul style="list-style-type: none"> • Certificate of incorporation • Organization's provincial or federal annual return • Organization's most recent financial statement • Financial statements for previous year 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Provide an explanation if your organization has not uploaded these documents.</p> <p><i>Text, 1000 characters max, optional</i></p>		

<p>1. What is the overall goal or priority of your organization?</p> <p><i>This could be your mission, vision, purpose, or some other guiding statement. Share how this aligns with the outcomes of this funding call.</i></p>
<i>Text, 3000 characters max, Required</i>

<p>2. Provide an overview of your organization's experience providing mental health or addiction programs and services, and the population groups you currently serve.</p>
<i>Text, 3000 characters max, Required</i>

<p>3. Is your Board of Directors representative of the community it serves?</p>
<i>Text, 1000 characters max, Required</i>

Pilot Information and Alignment

Project Name	<i>Text, 300 characters max, required</i>
Contractual Start Date	<i>Text, 100 characters max, required</i>
Contractual End Date	<i>Text, 100 characters max, required</i>

<p>4. Project Delivery Location(s).</p> <p><i>Provide the postal code for each location where the program will operate and/or indicate if the program will be delivered exclusively online.</i></p>
<i>Text, 500 characters max, Required</i>

<p>5. Is this a new project, or a new approach for a current program/initiative?</p> <p><i>Select one, required</i></p> <p><input type="checkbox"/> Brand new project or initiative</p> <p><input type="checkbox"/> A new approach or design being piloted within an existing program</p>
<p>6. If you selected “a new approach or design for an existing program”, describe why this new approach is necessary and what specific changes or innovations will be implemented.</p> <p><i>Note: this funding opportunity is intended to support the piloting of new ideas, approaches, or designs. It is not intended for the expansion or scaling of existing programs without a clear innovation component.</i></p> <p><i>Text, 3000 characters max, optional</i></p>
<p>7. Project Description.</p> <p><i>Provide a brief description of the program or initiative and its intended impact. This description is used when sharing approved programs with Council and on our public website.</i></p> <p><i>Text, 500 characters maximum, Required</i></p>
<p>8. Target Population Description.</p> <p><i>Identify the targeted population(s) your pilot will serve. If your program will also engage additional populations through intersectional approaches, please describe that here. Refer to the applicant guide for further information if needed.</i></p> <p><i>Text, 3000 characters max, Required</i></p>
<p>9. What is the community need or pressing mental health and addiction issue you are trying to address within your targeted population?</p> <p><i>Describe how this particular issue and population became your focus and the systemic behaviours, attitudes/mindsets, relationships, flow of resources, and/or policies have you identified that are holding the issue in place. Share any data, evidence, and community insights that supports your approach. Include if and how the target population(s) have been engaged in the development of this initiative.</i></p> <p><i>Text, 4000 characters max, required</i></p>
<p>10. What is the goal of the project?</p> <p><i>Provide a brief statement that clearly states the ultimate goal that the project (not the organization) is expecting to achieve.</i></p> <p><i>Text, 1000 characters max, required</i></p>
<p>11. Describe the specific strategies, process or plan that will be used to achieve the goal (including what will be done, when, and what timeframe).</p> <p><i>Text, 4000 characters max, required</i></p>

Project Evaluation and Outcome Measurement

12. Priority Outcome Area

Select the outcome area most aligned or relevant with your proposed program:

- Improved knowledge among Calgarians about how to access help for mental health and addiction issues when needed.
- Improved access for Calgarians to mental health and addiction services through coordinated points of access.
- Reduced unmet needs reported for people experiencing mental illness who access formal mental health and addiction services.
- Improved access to shared data between organizations that facilitate client care.

Select one, Required

13. Outcome Indicators

Select the indicator(s) that will be measured throughout program delivery. Response should correlate with your answer to question #12.

Select all that apply, Required.

☐

Improved knowledge among Calgarians about how to access help for mental health and addiction issues when needed.

☐ Indicator: % of participants that report they have improved their knowledge about how to access help for mental health and addiction issues when needed

☐ Indicator: % of participants that report an increased understanding of how to support their family, friends, and neighbours who are experiencing mental health and addiction concerns

☐

Improved access for Calgarians to mental health and addiction services through coordinated points of access.

☐ Indicator: # of participants receiving services through coordinated points of access

☐

Reduced unmet needs reported for people experiencing mental illness who access formal mental health and addiction services.

☐ Indicator: % of participants reporting that their needs were met through services received

☐ Indicator: # of referrals made to additional services to address unmet needs

☐

Improved access to shared data between organizations that facilitate client care.

☐ Indicator: # of organizations who report increased access to shared data – particularly those which facilitate client care

14. If you wish to include additional outcomes and indicators to measure project success describe them here.

Text, 2000 characters, optional

15. Describe how the outcomes and indicators above will be tracked and measured.

Text, 2000 characters, required

16. Given the limited term of this funding opportunity, what is your plan for the program's future once the funding ends?

How will you assess the pilot's viability, and what steps will you take to either sustain, adapt, or conclude the initiative? Please describe any strategies, partnerships, or funding pathways you anticipate exploring to support continuity or scale if the pilot proves successful.

Text, 4000 characters max, Required

Reflections

17. In the spirit of continuous improvement, what feedback can you offer us regarding this application process?

Text, 1000 characters max, optional

Data Collection (OPTIONAL)

The questions in this section are being asked to gather data in support of The City's commitment to continuous improvement, diversity, equity, inclusion, and anti-racism. All questions in this section are optional and therefore do not need to be completed to submit your application. Answers will not have an impact on the success of your application.

18. Is your organization led by a majority (51% or more) of individual(s) from the following groups?

Indigenous, Black or diverse Racialized Peoples community;

Yes or No, Optional

Gender diverse community;

Yes or No, Optional

LGBTIQ2S+ sexually diverse community

Yes or No, Optional

19. Does your organization have a majority (51% or more) of programming specifically for the following groups?

Indigenous, Black or diverse Racialized Peoples community;

Yes or No, Optional

Gender diverse community;

Yes or No, Optional

LGBTIQ2S+ sexually diverse community

Yes or No, Optional

20. If you wish, you may provide any important information to elaborate on the response(s) selected above.

Text, 500 characters maximum, Optional