# **Section A: Applicant Information**

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| **Postsecondary Institution Name** | |
| **Postsecondary Institution Address (Street Number and Name)** | |
| **City/Town** | **Postal Code** |
| **Correspondence Address (if different than above)** | |
| **Telephone** | **Fax** |
| **Website Address (if applicable)** | **E-mail Address** |
| **Contact Person Name** | **Contact Person Title** |
| **Type of Postsecondary Institution (please select one)**  **□ University**  **□ College**  **□ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **What type of programs/services for people with mental illness does your Campus provide?** | |
| **How many students do you serve?** | |
| **Number of staff/volunteers in your Department:**  **\_\_ # of full-time staff**  **\_\_ # of part-time staff**  **\_\_ # of volunteers** | |

**Section B: Mood Walks Group Capacity & Intent**

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| **Why do you think your campus should host a Mood Walks group?** | |
| **Research & Evaluation**  What experience does your organization have with evaluations and research? |  |
| **Location**  Where will your group meet? Where will walks take place? What conservation area will you visit? Is this something you would need support in? |  |
| **Transportation**  How will participants travel to and from walks? |  |
| **Management**  Who will supervise and coordinate activities? Please describe the roles and their skills, knowledge and expertise. Have they run a physical activity group before? |  |
| **Participants**  How will you find participants? Will you need to advertise beyond students already receiving services from your school? |  |
| **Resources** What in-kind contributions might you secure? Does your organization have volunteers? |  |
| **Barriers and Challenges** Describe any anticipated barriers or challenges to launching and running a successful Mood Walks group. |  |
| **Outcomes**  What do you anticipate will be the benefits of Mood Walks for your participants and your campus? |  |

**Section C: Previous organizational project experience**

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| **Has your campus taken on any other physical activity projects within the last five years? Please indicate type of project, duration, etc.** |

**Attachment Checklist**

**Please attach the following to your application:**

□ Completed “Mood Walks Readiness” checklist

□ A letter of support signed by the Senior Staff of your postsecondary institution

□ Proof of liability insurance

Proposals should be sent to:

**Project Coordinator**

Canadian Mental Health Association, Ontario

180 Dundas Street West, Suite 2301

Toronto, ON M5G 1Z8

Fax 416-977-2813

moodwalks@ontario.cmha.ca

Mood Walks sites will be announced by the end of **June 2018**

Thank you for your interest!