



Stewardship Report

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Application Deadline: September 1st, 2019

Stewardship Reports submitted after this date may be in jeopardy of future funding from Music Heals.

Please submit your report and required attachments via email to: cat@musicheals.ca

Subject: 2019 Stewardship Report

Attention to: Cat Thomson

If submitting by mail, please send to the following address, attention:

Cat Thomson

% Music Heals Charitable Foundation

Suite 400 - 2245 West Broadway | Vancouver BC | V6K 2E4





Stewardship Report

I. CONTACT INFORMATION:

1. Facility Name: _____

Facility/Program Manager Name: _____

Email: _____ Phone: _____

2. Music Therapist Name: _____

Email: _____ MTA#: _____

3. If there were any other Music Therapists at this facility who also benefited from the grant from Music Heals please provide the following:

Music Therapist Name: _____

Email: _____ MTA#: _____

Music Therapist Name: _____

Email: _____ MTA#: _____

Music Therapist Name: _____

Email: _____ MTA#: _____



II. DESCRIPTION OF POPULATION SERVED:

1. Please describe the population served:

2. What is the age of population?

3. What is the gender of population?

III. DESCRIPTION OF MUSIC THERAPY SERVICES OFFERED:

1. What was the original plan for the use of the funding? *(Please attach a separate sheet if needed)*

2. What was the funding actually used for? *(Please attach a separate sheet if needed)*

3. Please elaborate on the details of your program. This could include group sessions, one-to-ones, out-patients, bedside care, etc. *(Please attach a separate sheet if needed)*

IV. BENEFITS OF THE FUNDING:

1. Please detail the number of clients served as a result of the funding:

2. Please describe any increase in music therapy services that you were able to provide, related to the funding. This can include new clients, new areas of care within the facility, new programs you were able to offer, etc: *(Please attach a separate sheet if needed)*

V. STORYTELLING:

1. Please provide a 200-400 word story of a client(s) or experience that greatly resonated with you and was made possible by the funding granted by Music Heals: *(Please attach a separate sheet if needed)*

2. If possible, please attach a picture (jpeg format) that relates to the story told above. Please send this as a separate .jpeg attachment to your email. Do not include the picture in this form.

VI. QUOTES:

Use this section to provide some quotes from your facilities music therapy program. *(Please attach a separate sheet if needed)*

1. Quotes from patients/ recipients of the music therapy (optional):

2. Quotes from family members/ clients (optional):

3. Quotes from the facility/ foundation (required):

VII. PICTURES:

Please upload and attach at minimum of 3 pictures to your report. These could include photos from clients, families, the music therapy room, music therapy sessions, etc. Please send these as separate .jpeg attachments in your email. Do not include the pictures in this form. Pictures should be well-lit, and clear.

VIII. APPLICATION CHECKLIST:

Please ensure that a copy of all the documents listed below are attached to your submitted stewardship report:

1. A financial statement or letter from the foundation, demonstrating how the funding from Music Heals was spent. Yes No
2. Consent forms for anyone featured in any form of media (photo/video). See last page of this document for the form. Yes No
3. A picture related to the story that was told in Section V (optional). Yes No
4. Three (3) pictures as outlined in Section VII. Yes No

IX. ACKNOWLEDGMENT:

By submitting your stewardship report you acknowledge and agree that you have read and understood all the requirements, and have attached all required documents.

I agree



Consent and Release Form

MUSIC HEALS CHARITABLE FOUNDATION (“Music Heals”) brings awareness to the healing powers of music and raises funds for music therapy programs. We simply cannot do this without the assistance of those who benefit from our efforts by allowing us to share their stories with images. Music Heals respects the sensitivity of the intimate moments that may sometimes be captured and strives to treat them in a mindful manner.

CONSENT

For valuable consideration, the receipt of which is hereby acknowledged, I, the undersigned, grant to Music Heals the irrevocable right and permission throughout the world to use in perpetuity, my biographical information, image, likeness, and performance as recorded on or about the date below, in photographs, filmed footage, and audio recordings (together, the “Materials”), **BUT ONLY FOR THE ADVERTISING, PUBLICITY AND PROMOTION OF MUSIC HEALS.**

The material may be used for that purpose however Music Heals deems appropriate in any and all manner and media now known or hereafter devised including but not limited to social media channels, websites, newsletters, printed publications, information videos, and press releases operated by Music Heals or its partners.

RELEASE

I waive all rights (including but not limited to copyright or moral rights) with respect to the Materials under copyright or other intellectual property laws. I also waive right to inspect or pre-approve the use of the Materials.

So long as the materials are used according to the terms of this Agreement, I release Discharge Music Heals and any of its Directors, officers, agents, employees or affiliated companies from all other claims of any kind with respect to the reproduction or use of the Materials.

* * *

IF I AM THE PHOTOGRAPHER, I GRANT MUSIC HEALS OWNERSHIP OF THE MATERIALS THAT I CAPTURE

We request your signature to permit us to use the images taken of you

Print Name

Date of Shoot

Signature of Name or Legal Representative

Date Signed

Name of Legal Representative

If the subject of the Materials is under the age of 19 or lacks legal capacity to sign on their own behalf, the signature of their representative is required that that representative also agrees to indemnify Music Heals for any claim made by or on behalf of the subject in relation to the reproduction or use of the Materials



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