

1. Please be sure you have read and understood the eligibility requirements in order to apply for funding. Funding from Music Heals must only be used specifically for the salaries of music therapists.

To apply for funding, you must be:

1. An Accredited Music Therapist in good standing with the Canadian Association of Music Therapists.
2. A member in good standing with your provincial association (i.e: MTABC in BC, etc)
3. A legal resident of your province
4. A citizen or permanent resident of Canada
5. Currently employed at a facility/organization that has an existing music therapy program. It is our mandate to support facilities who have existing music therapy in their institution to which Music Heals may provide support and expansion for these existing programs. Such programs MUST be attached to a registered foundation or charity.
6. The funding application must be written by the accredited music therapist in collaboration with the applicable foundation or charity.

Please note: Music Heals supports accredited music therapist's who have existing music therapy programs. However, occasionally Music Heals may consider matching funds for a new program.

New programs must be attached to a registered foundation or charity. If a new program is seeking partial funding and has another donor willing to support a portion of the program, we will accept applications to partner with another donor to fund that program.

2. Please submit your application and required attachments via email to: cat@musicheals.ca
Subject: **2020 Facility Application**
Attention to: **Cat Thomson**

3. Application Deadline: October 1st, 2019

4. If applying by mail, please send to the following address, attention:

Cat Thomson

% Music Heals Charitable Foundation

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

I. CONTACT INFORMATION: *Organization and charitable foundation supporting this application*

1. Organization Name: _____

Address: _____

Website: _____ Phone: _____

Program Manager Name: _____

Email Address: _____ Phone: _____

2. Charitable Foundation Name: _____

Address: _____

Website: _____ Phone: _____

Charity Contact Name: _____ **Position:** _____

Email Address: _____ Phone: _____

3. If funding is approved, the cheque is to be made out to:

II. CONTACT INFORMATION: *Music Therapist/MTA(s) applying*

1. **MTA applicant name:** _____

Email Address: _____ Phone: _____

2. **MTA #:** _____

3. **Have you received funding from Music Heals in the past?:** _____

4. **If you answered “Yes” to the previous question, please provide the organization that received the funding, and the date in which you received funding:**

5. **Number of hours at current facility:** _____

6. **Hourly wage:** \$ _____

7. **Number of years at site:** _____

8. **Are there any other music therapists currently working at this site?:** _____

9. **If you answered “Yes” to the previous question, please provide the following information:**

a) Co-applicant's name: _____ MTA # _____
No. of hours currently: _____ Hourly wage: \$ _____ No. of years at site: _____

b) Co-applicant's name: _____ MTA # _____
No. of hours currently: _____ Hourly wage: \$ _____ No. of years at site: _____

III. APPLICATION PROPOSAL:

1. Start date of the program you are applying for (Please note: if successful, applicants will receive funding by January 1st, 2020. Funds from Music Heals are to be used in entirety by December 31, 2020):

2. How much funding are you applying for? (maximum \$15,000 CAD):

\$ _____

3. Total number of hours per week this funding would add: _____

4. Total number of weeks this funding would add: _____

5. If there is more than one MTA applicant, please include the breakdown of the number of hours and budget of the funds for each MTA. *Please attach a separate sheet if needed.*

6. How will funding from Music Heals benefit your clinical music therapy services at this site? Describe the programs/services you hope to offer, number of clients served, age range of clients, what benefits will be gained, etc. *Please attach a separate sheet if needed.*

IV. APPLICATION CHECKLIST:

- | | | |
|---|------------------------------|-----------------------------|
| 1. I have a current MTABC or provincial membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I have a current CAMT membership | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am an employee at this site
(i.e liability insurance covered by employer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I am on contract at this site and have current liability insurance
(please attach a scanned copy of liability insurance policy. Please label document as follows: "LiabilityInsurance.Your Facility Name") | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I have signed a consent form for my photo to be used in Music Heals promotion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I have attached one letter of support from the organization | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I have attached one letter of support from the charity
(stating they are committing all monies directly to the music therapy program) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IV. ACKNOWLEDGMENT

By submitting this application form you acknowledge and agree that you have read and understood the eligibility requirements, and have attached all required documents. Only current and completed applications will be considered.

I Agree

Completed applications can be sent via email to cat@musicheals.ca or mailed to:
Music Heals
400-2245 W. Broadway
Vancouver BC
V6K 2E4

Office Use Only

Date application received: _____

Date reviewed: _____

Is the application complete? _____



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

