

This form is a PDF. Please save the document to your desktop to save your progress. Please be sure you have read and understood the eligibility requirements before moving forward with the application:

Eligibility & Requirements

Music Heals' mandate is to fund existing music therapy programs in nonprofit organizations and facilities led by Certified Music Therapists. We seek to support the sustainability and expansion of these programs. Please note we are unable to direct funds to private MTA practices and/or individuals.

To qualify for funding, programs must:

- Be currently operational with existing core funding
- Be facilitated by a Certified Music Therapist in Good Standing with the CAMT and their provincial association. Proof of renewal is required.
- Be associated with a registered foundation or charity.
- Agree to use 100% of the funding towards the salary of the Music Therapist.
- Be located in British Columbia

Applications should be written in collaboration between the program manager(s) and music therapist(s).

New & Pilot Programs

Occasionally Music Heals may consider matching funds for a new program. New programs must also be attached to a registered foundation or charity. If you are a new program seeking partial funding and have another donor willing to support a portion of the program, please email info@musicheals.ca

Please submit your application via email to: info@musicheals.ca

Subject: **2025 Music Heals Funding Application - [Program Name]**

Application Deadline: Friday, October 4, 2024

No late applications will be considered.

You will be notified of the status of your application by November 29, 2024.

I. ORGANIZATION CONTACT INFORMATION

1. Name of Facility:

Address:

Website:

Phone:

Name of Program Manager :

Email Address:

Phone:

2. Name of Non-Profit Organization/Charity:

Address:

Website:

Phone:

Charity Contact Name:

Position:

Email Address:

Phone:

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



100 - 2245 W. Broadway, Vancouver BC V6K 2E4

www.musicheals.ca

info@musicheals.ca

Registered Charity: #846495489 RR 0001

II. MUSIC THERAPIST(S) INFORMATION

Please list all the MTA's onsite who will benefit from this funding:

Music Therapist Name:

Email:

MTA #

Contract or Employee at this site:

No. of hours currently at site: _____ Hourly wage: \$ _____ No. of years at site: _____

Additional Music Therapist Name: (If Applicable) _____

Email:

MTA #

Contract or Employee at this site:

No. of hours currently at site: _____ Hourly wage: \$ _____ No. of years at site: _____

Additional Music Therapist Name: (If Applicable) _____

Email:

MTA #

Contract or Employee at this site:

No. of hours currently at site: _____ Hourly wage: \$ _____ No. of years at site: _____



III. ORGANIZATION & PROGRAM INFORMATION

1. Your Organization's Mission Statement

2. Describe the current music therapy program including types of service and demographic of clients served. Include statistics such as number of clients served, age, and background. (200 words max.):

3. Compared to other programs offered at your facility, how does Music Therapy uniquely address the needs of clients in your program? (200 words max.)

4. Describe the ways in which your organization is committed to sustaining and expanding your music therapy program. (200 words max.)





III. NEEDS ASSESSMENT & BUDGET

1. Music Heals Funding runs from January 1, 2025, through December 31, 2025. Please indicate the start date of your program within these dates (For example: for ongoing year-long programs your start date would be January 1, 2025)

DD/MM/YYYY

2. Our funding model is structured to provide matching funds by amplifying core funding already in place. Excluding potential funds from Music Heals, how much funding has your facility budgeted for the program in 2025?

Core Funding for 2025: \$_____

3. How much funding are you requesting from Music Heals (max. \$25,000)?

Matching Funds Requested from Music Heals: \$_____

4. Would this funding be used to sustain or increase music therapy hours at your facility? (Provide details in question 5.)

5. Please describe how this funding will be used (500 words max.) including details such as:

- Total number of hours per week added
- Total weeks per year added
- Expanded reach of clients served
- Hiring an additional Music Therapist
- New programs



IV. ATTACHMENTS & CHECKLIST

Please ensure to prepare and attach the following documents:

- A copy of current MTABC or provincial membership**
- A copy of current CAMT membership**
- (For Contract MTA's) A copy of current liability insurance**
- A letter of support from the Facility and/or Foundation stating 100% of funds will be used towards the salar(ies) of the Music Therapist**

V. ACKNOWLEDGMENT *By submitting this application form you acknowledge and agree that you have read and understood the eligibility requirements.*

I Agree

Thank you. We look forward to reviewing your application. If you have any questions please reach out to info@musicheals.ca



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