



ONTARIO INSTITUTE
BRAIN ONTARIEN
INSTITUTE DU CERVEAU

Growing Expertise in Evaluation and Knowledge Translation (GEEK)

Letter of Intent

Contact:

GEEK Program team
GEEK@braininstitute.ca



WELCOME TO BRAIN CENTRAL

1 Richmond Street West, Suite 400, Toronto, Ontario M5H 3W4 | T: 647-847-9000 / 1-866-637-6301 | braininstitute.ca



ONTARIO INSTITUT
BRAIN ONTARIEN
INSTITUTE DU CERVEAU

The questions in the Letter of Intent (LOI) are outlined below. Questions with an asterisk require a response. Word limits are provided for relevant questions.

GENERAL INFORMATION

Name of Organization. *

Provide a brief description of your organization. *

Organization representative name. *

Contact information (email, phone number, address). *

Program name. *

ELIGIBILITY CRITERIA

Applicant/program must meet all 6 criteria to be eligible for GEEK funding.

You are an incorporated organization with prior or existing funding. (Yes/No) *

You are a community-based organization. (Yes/No) *

Your program is currently being offered (or has previously been offered, even if in a different format). (Yes/No) *

Your program is brain health related (includes mental health). (Yes/No) *

GEEK funding will support activities in Canada, with the head office or lead site residing within Ontario. (Yes/No) *

Your program is community-led and takes place outside of a hospital or primary care setting. (Yes/No) *

If you answered no to any of the eligibility criteria but feel you are eligible for GEEK funding, please explain.

WELCOME TO BRAIN CENTRAL

1 Richmond Street West, Suite 400, Toronto, Ontario M5H 3W4 | T: 647-847-9000 / 1-866-637-6301 | braininstitute.ca



PROGRAM OVERVIEW

What brain health challenge does your program address? (multiple responses available) *

This includes programs that support the family, caregivers, or care partners of the person with lived experience.

- | | |
|--|--|
| <input type="checkbox"/> Depression, anxiety, mood disorders | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Cerebral palsy |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Neurodevelopment | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Neurodegeneration (e.g., dementia, Alzheimer's disease) | <input type="checkbox"/> Brain tumour |
| <input type="checkbox"/> Brain injury (e.g., concussion, ABI, TBI) | <input type="checkbox"/> Spinal cord injury |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Spina Bifida |
| | <input type="checkbox"/> Motor neuron disease |
| | <input type="checkbox"/> Other, please describe. |

What type of support(s) does your program provide? (multiple responses available) *

- Delivers an intervention (e.g., CBT)
- Provides education and skill building (e.g., post-stroke education, life skills)
- Provides system navigation (e.g., finding, navigating, transitioning services)
- Provide peer support (e.g., emotional, social/connection building, practical assistance such as coping strategies or resources, self-advocacy)
- Other, please describe.

What geographical level does your program serve? (select one response) *

- Local (neighbourhood/town/municipality), provide the name.
- Regional (i.e., Ontario health regions: Toronto, North East, North West, East, Central, West)
- Provincial (i.e., Ontario)
- National (i.e., Canada)

Please provide a description of your program. (250 words) *

Include details about the population you serve and who your program targets, the program goal, and a brief description of program activities.

What challenge is your program trying to solve for people living with brain health challenges and/or their caregivers? (200 words) *

What are your current sources of funding for this program? *

WELCOME TO BRAIN CENTRAL



BUILDING AN EVIDENCE BASE TO IMPROVE BRAIN HEALTH IN ONTARIO

Please describe the evidence (or sources of evidence) that has informed the planning and implementation of your program (e.g., research literature, needs assessment). (200 words) *

What results/evidence do you have of your program's effectiveness/success? (250 words) *

COMMITTEMENT TO LEARNING AND EVALUATION

Evaluation is an important component of GEEK funding.

What evaluation experience or capacity does your program currently have and what are your needs? (100 words) *

Include current abilities and your evaluation capacity needs/goals to help us understand the evaluation support your program would need. Note: prior evaluation experience is not required.

What do you want to learn from an evaluation of your program? (150 words) *

HOW WILL GEEK SUPPORT YOUR PROGRAM

The GEEK program supports the delivery, spread, scale, adaptation, and/or sustainment of your program, the evaluation of your program in this context, and organizational evaluation capacity building.

Please describe how evaluation support and funding through GEEK would support your program. (200 words) *

- What aspects of your program will GEEK funding support? (e.g., delivery, scaling, spreading, adapting, and/or sustaining your program)
- How will the program benefit from GEEK support and funding?
- How will the organization benefit from GEEK support and funding?
- What will the funds be allocated towards?

What is the anticipated budget and timelines for this proposal? (150 words) *

Note: Evaluation support costs about 20% or more of the project budget, though this can vary depending on support needs. The annual total budget range for projects supported by GEEK are typically between \$50,000 - \$75,000. GEEK projects average 2-years in length.

What other sources of funding are you interested in attaining to fund your program in a more sustainable way? (150 words) *



APPLICANT CHARACTERISTICS

Please note, these questions are for us to better understand who applies for the GEEK program and has no bearing on the success of your application.

What is the size of your organization not including volunteers? *

- 0 – 5 employees
- 6 – 10 employees
- 11 – 20 employees
- 21 – 50 employees
- 51 + employees
- Do not wish to answer

What is your organization's annual operating budget? *

- 0 - \$99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$2,999,999
- \$3,000,000 - \$9,999,999
- \$10,000,000 +
- Do not wish to answer

How long has your organization been in operation for? *

- 0 – 5 years
- 6 – 10 years
- 11 – 50 years
- 51 – 100 years
- 100 + years
- Do not wish to answer

How did you learn about the GEEK program? *

- Email communication
- Newsletter (OBI or partner organization)
- Social Media (Facebook, LinkedIn, X, Instagram)
- Other, please describe.