

Thrive 2025 Grant Applications- Okanagan & Vancouver

Q1 Campus or work-site location:

- UBC Okanagan
- UBC Okanagan - Off site
- UBC Vancouver - Point Grey
- UBC Vancouver - Off site

Q2 Contact information - Application lead

Name: _____

UBC Email: _____

Q3 Please select the term that best describes your role at UBC and specify your group, unit, department name in full.

Faculty member. Please specify faculty/department:

Staff. Please specify unit/department:

AMS club. Please specify:

UBC student with staff/faculty sponsor. Please include sponsor name and unit/faculty/department: _____

Q4 Did you (or your group) receive a Thrive Grant last year?

Yes

No

Q5 Please share some details about the Thrive event or initiative that you are planning to use the grant for.

Q6 Name of Thrive event/initiative?

Q7 Event format

In-person

Online

Hybrid (in-person and online)

Q8 Primary audience of your Thrive event/initiative (select all that apply)

Students

Faculty

Staff

Other _____

Q9 Estimated number of participants

Q10 Please describe how your proposed event/initiative aligns with Thrive's goals:

- Increase mental health literacy and promote resources
- Foster a supportive and inclusive community
- Build skills to support positive mental health and resilience
- Provide opportunities for social connection

Q11 Please indicate how your event/initiative will be inclusive of equity deserving groups and diverse perspectives on campus?

Q12 Amount of funding requested (up to \$500)

Q13 Please indicate your Cost Centre/Program Code.

Q14 If my application is awarded funding, I agree to follow all reimbursement guidelines and to submit receipts/proof of payments by the deadline.

I have read the above and agree