



# Community Grant Program Guidelines and Application

## What is the purpose of the Community Grants?

The purpose of the Community Grants is to support groups and organizations in the central region (health authority boundaries) who are working to promote wellness in their communities and to foster partnerships among community groups.

## What amount of funding is available?

- Grants are available for a maximum of \$1500.00.
- Funding must be used within one year of receiving grant.

## Who is eligible to apply?

To be eligible to apply for funding from the Community Grants Program, a group must be:

- A community group, not for profit organization, municipality or a school,
- Operating within the central region and
- A Central Wellness Coalition (CWC) networking member (can join for free on the website).

## Things to consider:

- Priority will be given to groups that have not received funding from the Community Grants Program in the past 12 months.
- Applicants are encouraged to partner with other community groups or organizations.
- Priority will be given to applicants who do not have access to other funding sources (e.g. Provincial Community Healthy Living Fund).
- Applicants are encouraged to contact their local Community Development Public Health Nurse for consultation when preparing grant applications and/or for help with implementation of awarded grants. Phone numbers for each area are as follows:

Service Area	Phone Number
Green Bay & Baie Verte	673-4316
Exploits/Lewisporte	257-4907
Coast of Bays	885-3136
Isles of Notre Dame/Gander Bay	629-7393
Kittiwake Coast	536-1157
Gander	651-6341
Grand Falls-Windsor	489-8155
Gambo/Glovertown/Eastport Area	674-4568

### **Applicants must:**

- Acknowledge the contribution of the Central Wellness Coalition as appropriate in their project. (e.g. in media interviews, displays, and publications etc.).
- Support at least one of the following priority wellness areas and Provincial action plans such as *The Way Forward* in their grant proposal.
  - Healthy Eating (e.g. choosing healthy food and beverages, cooking, community gardens, etc.).
  - Mental Wellness (e.g. stress management, coping skills, self-esteem building).
  - Injury Prevention (e.g. car seat safety, bike helmet safety, prevention of slips & falls).
  - Child & Youth Development.
  - Physical Activity.
  - Tobacco Control.
- Follow CWC Nutrition Guidelines for any foods purchased and/or served.

### **What are some examples of eligible expenses?**

- Community wellness events or activities.
- Materials, supplies (paper, resources, etc).
- Minor equipment directly related to your project.
- Small honoraria approved up to a maximum of \$100; guest speaker/professional fees approved up to \$300.
- Costs associated with booking or renting a venue.
- Food: must follow the CWC Nutrition Guidelines.
- Travel expenses (please note: some exceptions may apply).

### **What expenses are ineligible and will not be considered?**

- Core operating expenses usually covered by your organization (e.g. power or phone bills).
- Contributions to annual fundraising drives or scholarships or individual gains, including scholarships or bursaries.
- Registration fees for individual membership, program participation, and conferences.
- Salaries and coordinating fees.

### **When are application deadlines?**

Applications are accepted three times per year and can be emailed, faxed or mailed by midnight of the deadline day. *Late or incomplete applications will not be considered.*

- **February 1**
- **September 1**
- **November 1**

## How to apply?

Each applicant must complete the application form and attach supporting documentation (e.g. agenda for event, recipes for cooking program, etc.) if necessary. Please keep applications as accurate and concise as possible. Please forward completed applications via email (preferred method) fax or mail to:

- email: [info@centralwellnesscoalition.com](mailto:info@centralwellnesscoalition.com)
- Fax: (709) 651-3341
- Mail: Central Wellness Coalition Grants Committee c/o Jill Wheaton  
3 Bell Place, Level 1  
Bell Place Community Health Centre  
Gander, NL, A1V 2T4

## Notification

The Central Wellness Coalition Grants Committee will review all applications. All applicants will be informed by email within 4 weeks of application deadline.

Successful applicants will receive an email outlining the conditions of the grant approval, a project reporting form, CWC nutrition guidelines, and a copy of the CWC logo. Once the CWC receives a reply from you, a cheque will be issued by Central Health for the approved amount (this can take up to 3-4 weeks to process).

## Project completion and final report

- Grant funding must be used within one year of project start date.
- Summary report form will be provided to all successful applicants. This form must be completed within one month of grant funds being used/end of program.
- Please note that **original receipts** are required. If any monies are not spent as outlined in the project budget you must connect with one of the co-chairs to discuss as it may have to be returned or redirected.

***Failure to comply with these requirements will result in the organization becoming ineligible for future funding from the Central Regional Coalition.***

***The Central Wellness Coalition reserves the right to determine suitable uses of grant funds.***

**Applicant Profile:**

<b>Name of organization/group</b>
<b>Briefly describe the role of your organization//group</b>

<b>Contact Person #1</b>	<b>Contact Person #2</b>
<b>Name:</b>	<b>Name:</b>
<b>Role/position:</b>	<b>Role/position:</b>
<b>PO Box:</b>	<b>PO Box:</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>Community:</b>	<b>Community:</b>
<b>Postal Code:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Email:</b>	<b>Email:</b>

**Project Description (If you need more space, please attach an additional sheet)**

<b>Project Name:</b>	
<b>Estimated Start Date:</b>	<b>Estimated End Date:</b>
<b>Who will participate in this project? (e.g. preschoolers, students, seniors, adults, general public, etc.)</b>	
<b>How many people do you expect to participate in the project?</b>	

**Goals and Objectives**

**What do you wish to accomplish with your project? What activities will help you meet your project goals?  
How will your project benefit your community or area?**

**Project Partner(s): Please list your project partners and their roles.**

**Please identify your partner(s) contributions:**

- Partner(s) are assisting with planning and delivery of project.**
- Partner(s) are contributing resources (funding, space, food, prizes, tools, equipment, etc.)**
- Partner(s) are subsidizing costs (reducing prices for project materials).**
- Other (please specify): \_\_\_\_\_**

**Length of project:**

- This is a one-time event.
- This project will run for  days,  weeks,  months
- Other: \_\_\_\_\_

**Eligibility:**

Are you a not for profit group involved in initiatives that promote the health and well-being of the community?  Yes  No

Your project must promote at least one of the priority areas of wellness. Please check all that apply.

- Healthy Eating
- Physical Activity
- Injury Prevention
- Mental Wellness
- Child & Youth Development
- Tobacco Control

Have you or your group received CWC grant funding in the past 12 months?  Yes  No

If yes, when did you receive funding and how much did you receive?

Have you returned the final report and receipts?  Yes  No  Unknown  
 Previously funded project is still ongoing

Have you received or applied for other funding such as a Provincial Healthy Living grant for the project/event in this application?  Yes  No

Do you have approval from your organization/school to submit this application to ensure it meets with their policies and guidelines? We require schools to have administrator's approval signature on this application (see last page).  Yes  No

**Evaluation:**

How will you know that your project has been a success? Please check all that apply to your grant:

- An evaluation plan and tools are available
- Participants and organizers will complete an evaluation survey
- We are recording the number of participants
- The project leaders will complete a final report and include observations of program success
- Other \_\_\_\_\_

**Sustainability**

Are there ways that your project will help benefit the health and wellness of your target population or community even after the project is completed? For example, participants learning new skills, walking group will continue, etc.

Click or tap here to enter text.

## Project Budget

How will these funds be used?

Budget:				
Items	Cost	Funding Sources*		
		Wellness Coalition	Other Cash	In-kind
<b>Totals</b>	\$	\$	\$	\$

\*Please note that funding sources include where all money for the project is expected to come from. Your funding sources totals should equal the total cost of your project. You do not need to include salaries of paid staff or volunteers. Just list items required to make this grant possible.

- **Wellness Coalition** - Please indicate the amount of funding you are requesting for each item.
- **Other Cash**- includes money your organization can contribute as well as funding from other sources. For example, any money you will use to cover some costs like printing, nutrition breaks, etc.
- **In-kind** – *Please estimate if possible.* Includes any contribution that you do not receive or pay money for. For example, use of office/meeting space, a cost discount on an item (e.g. If an item normally cost \$50.00 and you get it for \$30 - your in-kind is \$20.00).

Funding Request	
Total funding requested from Central Wellness Coalition (maximum \$1500.00)	\$

**Signature**

We the undersigned do hereby agree that the application constitutes a true and correct statement.

If approved for a grant, we agree to:

- Submit a final report, including receipts, within one month of the completion of the project
- Acknowledge the CWC funding contribution in the promotion of this project
- Sign a release form giving the CWC permission to use any submitted pictures
- Allow CWC to share project information with its members and interested groups
- Follow the CWC Nutrition Guidelines for any foods purchased and/or served for this grant
- Become a member or the CWC Network (free)

X

X

Signature of applicant\*  
Date

Signature of applicant\*  
Date

\*Application must be signed by an authorized signing officer of the group/organization/committee or school administrator (principal or vice principal).

Please provide the name of the organization that will receive the cheque for this project. Note that the applicant receiving the cheque must be an organization, not an individual with a bank account. Failure to provide accurate information will result in a delay of funding.

Name of Organization: \_\_\_\_\_

**FOR WELLNESS COALITION USE ONLY**

Date application received: \_\_\_\_\_

Date application reviewed: \_\_\_\_\_

Approved:  Yes     No                      Date: \_\_\_\_\_

If not approved, reason: \_\_\_\_\_

Amount awarded: \_\_\_\_\_

Date notified of decision: \_\_\_\_\_