

Central Regional Wellness Coalition Application for Funding for Food and Fun Camp Summer Program

Who is eligible to apply?

To be eligible to apply for funding for the Core Health Promotion Programs, a group must:

- Be a networking member, or apply to become a networking member of the CRWC
- Be operating in the geographic area served by the CWC
- Be a not for profit group interested in promoting healthy living and wellness in your community

In the spirit of sharing our limited resources and supporting a variety of wellness activities in our region, priority will be given to groups who do not have access to other funding sources.

Maximum amount of funds approved are at the discretion of the CRWC. The Central Regional Wellness Coalition reserves the right to determine suitable uses of funds.

The completed application should be forwarded by email, mail or fax to:

**CRWC Co-Chair, c/o Jill Wheaton
3 Bell Place, Level 1
Central Health
Gander, NL, A1V 2T4
or
Fax: (709) 651-3341
or
info@centralwellnesscoalition.com**

Acknowledgement

We ask that funding recipients acknowledge the contribution of the Central Wellness Coalition as appropriate in their project e.g. in media interviews, displays, and publications etc.

Please note that **original receipts** may be requested to be returned as proof that the money was spent as intended and any monies not spent as outlined in the project budget must be returned to the Coalition at the end of the project. **Failure to comply with this requirement will result in the organization becoming ineligible for future funding from the Coalition.** There are feedback forms required to be submitted after Food and Fun camps are completed.

**Deadline to apply for Food and Fun Camp summer support is June 27, 2019.
Applications will be accepted after the deadline, but funds may be exhausted at that time.**

Applicant Profile:

Name of organization/committee/group _____
Briefly describe the role of your organization/committee/group _____
Mailing Address _____ _____
Contact Person(s) _____
Position in organization _____
Telephone _____ Cell _____
Email _____

Have you received funding for Food and Fun Camp from the Central Wellness Coalition in the past?

Yes No

If yes, when? _____ How much? _____

Does your organization have a core operating budget, or access to other funding for this program? Yes No

If yes, explain why you are requesting funds from the CRWC

Food and Fun Camp (FFC) details:

1. How many leaders will be available on a daily basis to run the FFC? _____
2. Do you plan to offer the FFC as recommended in the manual, ie. 5 days in row (Monday-Friday) for 8-10 children with 2 leaders per group? Yes or No

If no, please provide a detailed description on how you plan to offer the camps?

3. How many weeks (full 5 days) do you plan to offer the camp? _____
4. How many children in total do you plan to attend the camps over the summer?

5. Do you plan to avail of training from Central Health for the camp leaders?
Yes or no

If yes, when would you need this training (approx. 3 hour training session on the camp) please state approximate date (e.g. Week of July 4-8)

If no, and you will not be seeking training for leader please explain why?

6. Do you plan to use the most recent 2019 version of the FFC manual that includes information on the NEW Canada's Food Guide. It will be available by June 27, 2019 at www.centralwellnesscoalition.com Yes or No

Do you need the CWC to send you a copy of the printed manual? Yes or No

7. Are you willing to submit the end of camp report, and forward receipts, FFC evaluations and pictures if requested? Yes or No

8. How will you acknowledge the CWC's support of the FFC?

Section 3: Signature

I, the undersigned do hereby agree that the application constitutes a true and correct statement, and provides permission to use information and pictures of the project events. We also understand that events sponsored by the Central Wellness Coalition must have healthy wellness messages and help meet our vision "*that the residents of Central Newfoundland will enjoy optimal health and well being.*" As well, foods sponsored by the Central Regional Wellness Coalition should follow the CRWC "Healthy Eating Guidelines for Meetings and Events" and follow recipes and instructions in the Food and Fun Camp Manual (available at www.centralwellnesscoalition.com). Changes to approved programs core programs are to be approved by the CRWC. e.g. recipe or food substitutions that are not in the original Food and Fun Camp Program Manual need prior approval before funding is given. If requested, receipts are to be submitted at the end of the program for all foods and materials purchased. Failure to comply may result in not being rewarded future funding.

Signature of Applicant Date

* Application must be signed by an authorized individual of the group/organization/committee. Please include pictures of the event with your completed evaluation form.

For Office Use Only:

Date Application Received : _____

Date Application Reviewed: _____

Date Application Approved: _____

Amount Awarded: _____

Reason why application not approved: _____

Date notified of decision: _____