CENTRAL WELLNESS
COALITION

Central Wellness Coalition (CWC) Community Grant Application

Please review CWC Grant Application Guidelines and use the Grant Checklist on the website before submitting.

Name of group (note: group refers to any type of organization, school, municipality, etc.):

Please provide 2 contacts for this project:

Name:	Name:
Role/position:	Role/position:
Civic Address:	Civic Address:
P.O. Box:	P.O. Box:
Town:	Town:
Postal Code:	Postal Code:
Telephone:	Telephone:
Email:	Email:

What group (organization/school/municipality) should the funding cheque be addressed to?

Has the group been approved for CWC Community Grant funding in the past year?

☐ Yes ☐ No

If yes, what was the funding for?

Project Name:

Who is the target audience for this project? (E.g. preschoolers, school aged, adults, older adults, general population, indigenous, gender diverse, persons with special needs, etc.)

Who many people do you expect to participate?

What are the anticipated timelines of the project?

Start Date:	End Date:

☐ This is a one-time event

☐ It will run more than one time (provide details):

Which focus area(s) of wellness will your initiative address? (To learn more about the focus areas, please see the CWC Community Grant Guidelines). Please select all that apply.

- [ ] Nutrition & food skills
- [ ] Tobacco & vape free living
- [ ] Physical activity
- [ ] Healthy environments
- [ ] Injury prevention
- [ ] Sexual & reproductive health
- [ ] Healthy aging
- [ ] Mental health promotion
- [ ] Child & youth development

What do you plan to do? Provide a detailed description of the project/activities.

Who will help your group with this project? List all partners.

What or how will your partners contribute to this project? (E.g. assist with the delivery, provide resources, materials, advice, education, space, funding, etc.)

Is there an identified need for this project in your community? (E.g. identified need for education, equipment, etc.)

Tell us how this project can benefit your target population and/or community short and long term, if any? (E.g. participants gain new skills or knowledge, walking group will continue, resources are developed or built for community to use, etc.)

How will you determine if this project is successful? (E.g. participant surveys/ feedback, attendance, photos, stories, resources developed or built, etc.)

Tell us about your project costs

Required costs for the project Please provide itemized list of supplies, materials, equipment, food, soil, lumber, instructors fees, rent, etc.	Estimated cost	How do you plan to cover the cost?		
		A. Wellness Coalition	B. In-kind	C. Other funds
Totals of each category		A=	B=	C=
Total project cost		A+B+C= $		

Total amount requested from the Central Wellness Coalition: Insert total from column A wellness coalition from above; should not exceed $1000	A= $

Notes about how to complete the cost form:

Provide details of the items required to make your project possible and specify how you plan to cover the cost. Include as much detail as you can including the names of partners providing in-kind or other funding your group has available for this project. You can attach quotes or details about materials/equipment listed in the budget table to the application.

Column A. Wellness coalition	Specify what items you plan to cover with funds from the grant. Be sure to read the grant guidelines to ensure items listed are eligible for funding. The total for this category is what you are requesting for the grant therefore should not exceed grant maximum of $1000.
Column B. In Kind from partners	This includes any contribution to the project that you will receive and will not have to pay for. It can include donations of goods or services, discounts (e.g. item is $50 but a local store will provide it for $25, the in kind is $25), free rental of space, or service fees waived for a presenter/instructor (e.g. yoga instructor normally charges $100 but will provide service for free, that's $100 in kind). Do not include salaries of paid staff or group volunteers for time spent administering the project. Anyone providing in kind should also be listed as a partner (see questions #11-12).
Column C. Other funds	Includes funding your organization can contribute as well as funds from other sources. E.g. town council is giving $500 towards the project for lumber.

Signatures

We, the undersigned acknowledge that this application is completed with true and accurate information, we have approval from our group and are authorized to submit this application and we have read, understand and agree to the terms stated in the Central Wellness Coalition Community Grant Guidelines and Application documents (see website for details). Final project report INCLUDING all receipts for grant funds will be submitted as stated in Central Wellness Coalition Community Grant Guidelines. At, least one signature on the application should be from an executive member (e.g. president or vice, treasurer, secretary) from the group or a Principal or Vice Principal from a school.

_____	_____
Name printed	Name printed
_____	_____
Position/role (if applicable)	Position/role (if applicable)
X _____	X _____
Signature*	Signature*
_____	_____
Date	Date

**You can insert image of signature in blue box or sign and scan.*