

Central Regional



Wellness Coalition

[www.centralwellnesscoalition.com](http://www.centralwellnesscoalition.com)

**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 who are working to promote wellness in their communities and to foster partnerships among community groups.

## **Who is eligible to apply?**

To be eligible to apply for funding from the Community Grants Program, 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 CRWC
- Be a non-profit group interested in promoting healthy living and wellness in your community
- Be partnering with at least one other group or agency.

Priority will be given to groups that have not received funding from the Community Grants Program in the past calendar year.

Preference will be given to groups who indicate that this grant will contribute to an ongoing plan to address the issue/topic identified in the application.

In the spirit of sharing our limited resources and supporting a variety of wellness activities in our region, the Central Regional Wellness Coalition will not consider applications for projects currently funded by the Provincial Wellness Grants Program. Priority will be given to groups who do not have access to other funding sources.

## **Suitable Use of Grant Funds**

The grant funds **can** be used to fund a variety of health promotion/wellness activities such as:

- Community wellness events or activities
- Materials, supplies, and items directly related to your project which may enhance its sustainability
- Community wellness needs assessments
- Educational activities directed toward your target audience or general public
- Publications and websites

The grant funds **cannot** be used for the following expenses:

- Contributions to annual fundraising drives
- Core operating expenses usually covered by your organization
- Capital expenditures, e.g. computers
- Individual gains, including individual scholarships or bursaries: prize or contest money
- Registration fees for membership, program participation, and conferences
- Salaries, honoraria, coordinating fees or payment for guest speakers
- Road trips for outing for groups or schools
- Ongoing sustainability of established programs

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

## How do we get money from the Community Grants Program?

The **maximum amount** of funding that may be requested is **\$1500.00**

To be eligible for funding the proposal must be consistent with the objectives of the CRWC or address one or more of the following areas of wellness which support the Provincial Wellness Plan:

- Healthy Eating (e.g. choosing healthy food and beverages, cooking, community gardens, etc.)
- Healthy Environments (e.g. recycling program, pollution education)
- Mental Health Promotion (e.g. stress management, coping skills, self-esteem building)
- Injury Prevention (e.g. car seat safety, bike helmet safety, prevention of slips & falls), and
- Child & Youth Development
- Health Protection
- Physical Activity
- Tobacco Control

## How do we apply for a Community Grant?

Each group must complete the application form. If you feel you need more space when completing the application, please attach a written description. Be accurate and concise. This is not intended to be a burdensome task. Please forward completed applications via mail, email or fax to:

**CRWC Grants Committee**  
**Central Regional Wellness Coalition**  
**3 Bell Place, Level 1**  
**Bell Place Community Health Centre**  
**Gander, NL, A1V 2T4**  
**Tel: (709) 651-6335**

Or email: [info@centralwellnesscoalition.com](mailto:info@centralwellnesscoalition.com)  
Or Fax: (709) 651-3341

## Connecting with Community Development Nurses

Grant applicants are encouraged to connect with the Community Development Public Health Nurse in their area for guidance in completing the grant application and/or help with implementation of awarded grants. Phone numbers for each area are as follows:

| <b>Service Area</b>                       | <b>Phone Number</b> |
|---|---------------------|
| Green Bay                                 | 673-4316            |
| Exploits                                  | 257-4907            |
| Coast of Bays                             | 885-3136            |
| Isles of Notre Dame                       | 884-4220            |
| Kittiwake Coast                           | 536-1157            |
| Baie Verte Peninsula                      | 532-8054            |
| Lewisporte area                           | 535-2130            |
| Gander                                    | 651-6341            |
| Grand Falls-Windsor                       | 489-8155            |
| Gander Bay/Gambo/Glovertown/Eastport area | 674-4568            |

## When should we send our grant application?

Applications will be accepted at any time throughout the year. All applications will be collected and reviewed by our grants committee periodically (approximately once every 4-6 weeks) and another three-four weeks for cheques to be processed for approved projects. Please keep this in consideration when applying for CRWC funding. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

## Notification

The Central Regional Wellness Coalition Grants Committee will review all applications. All applicants will be informed by email about the status of their application. **This process can take up to 6 weeks.**

## Acknowledgement

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

## Project Completion and Final Report

Grant funding must be used within one year of receipt. A Summary Report Form will be provided to all successful applicants. This form must be completed within one month of grant funds being used. Please note that **original receipts** are required 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.**

In addition, you must submit a summary of the wellness activity to the CRWC to be posted on the Coalition website.

For further information, please contact:

Jill Wheaton, Co-Chair

T: (709) 651-6335

F: (709) 651-3341

[jill.wheaton@centralhealth.nl.ca](mailto:jill.wheaton@centralhealth.nl.ca)

Chad Langdon, Co-Chair

T: (709) 257- 4905

F: (709) 257-3640

[chad.langdon@centralhealth.nl.ca](mailto:chad.langdon@centralhealth.nl.ca)

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## 1. 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 \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Eligibility:

- Is your group a member of the Central Regional Wellness Coalition? Yes  No
- Are you a not for profit group involved in initiatives that promote the health and well being of the community? Yes  No
- Is the target audience for your project located in the geographical area served by the Central Regional Wellness Coalition? Yes  No
- Is your group partnering with at least one other group/organization on this project? Yes  No
- Have you received a grant from the Central Regional Wellness Coalition in the past year? Yes  No   
If yes, when? \_\_\_\_\_ How much? \_\_\_\_\_
- Have you received a Provincial Wellness Grant for the project referred to in this proposal? Yes  No
- Your project must address one or more of the wellness priority areas. (Check those that apply):
  - Healthy Eating
  - Injury Prevention
  - Mental Health Promotion
  - Health Protection
  - Child and Youth Development
  - Healthy Environment
  - Tobacco Control
  - Physical Activity

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

|   |                            |
|---|----------------------------|
| <b>Project Name:</b>  |                            |
| <b>Projected Start Date:</b>  | <b>Projected End Date:</b> |
| <b>Who will participate in this project? (e.g. students, preschoolers, seniors, general public, etc.)</b> |                            |
| <b>How many people do you expect to participate in the project?</b>                                       |                            |
| <b>What do you plan to do?</b>  |                            |
| <b>How will you do it?</b>  |                            |
| <b>How will you know if you have achieved what you said you would (evaluation)?</b>                       |                            |
| <b>Who will be involved as partners?(list):</b>   |                            |
| <b>What are these partners doing to help with this project?</b>   |                            |

|   |
|---|
| <b>How will this project benefit your community?</b>  |
| <b>What else would you like us to know about this project?</b>  |
| <b>How will you recognize the contributions of the Central Regional Wellness Coalition? (posters, newsletters, media, etc.)</b> |

**4. Amount of monies being requested (maximum amount allowed is \$1,500)\_\_\_\_\_**

**How will these monies be used?**

| <b>Budget:</b> |             |                           |                   |                |
|----------------|-------------|---------------------------|-------------------|----------------|
| <b>Items</b>   | <b>Cost</b> | <b>Funding Sources*</b>   |                   |                |
|                |             | <b>Wellness Coalition</b> | <b>Other Cash</b> | <b>In-kind</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.

- **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, salary and administrative costs will be paid by your organization. Some money may be received 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 volunteer time on your project (minimum wage and/or going rate for professionals), 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).

The total from the three sources should add up to the total cost of the budget item. You can have an item that will use all three funding sources.

| <b>Total Costs and Funding</b>  |    |
|---|----|
| <b>Total funding requested from Central Regional Wellness Coalition (maximum \$1500.00)</b> | \$ |
| <b>Total cash from other sources</b>  | \$ |
| <b>Total value of In-kind donations</b>   | \$ |
| <b>Total projected costs for this project</b>   | \$ |

**5. SIGNATURE**

We 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.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

\*Application must be signed by an authorized signing officer of the group/organization/committee. Please include pictures of the event with your completed evaluation form, or email them.

| <b>FOR OFFICE USE ONLY</b>   |             |
|--|-------------|
| Date application received:   | _____       |
| Date application reviewed:   | _____       |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date: _____ |
| If not approved, reason:   | _____       |
| Amount awarded:  | _____       |
| Date notified of decision:   | _____       |