



Central Regional Wellness Coalition Application for Funding for Core Health Promotion Programs

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 CRWC
- Be a not for profit group interested in promoting healthy living and wellness in your community
- Be partnering with at least one other group or agency.

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-Chairs
Central Regional Wellness Coalition
Central Health c/o 50 Union Street
Grand Falls-Windsor, NL, A2A 2E1
Or
info@centralwellnesscoalition.com
or
Fax: 709-489-8844

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** are required 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.**

Please apply for funding at least 2-3 weeks prior to your event start date.

For further information, please contact:

Jill Wheaton, Co-Chair
T: (709) 651-6335
jill.wheaton@centralHealth.nl.ca

Chad Langdon, Co-Chair
T: (709) 257-4905
chad.langdon@centralhealthcsd.ca

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 _____

Have you received a grant from the Central Regional Wellness Coalition in the past year. Yes No

If yes, when? _____ How much?

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

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

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

Project Name:

What do you plan to do?
Program requesting funding for:

| | |
|---------------------------------|---------------------------|
| Food and Fun Camp Program | Moving for Health Program |
| Ticker Tom Summer program | P.A.R.T.Y. Program |
| Ticker Tom After School Program | DARE Program |
| Drop the Pop | Other _____ |

| | |
|-----------------------|---------------------|
| Projected Start Date: | Projected End Date: |
|-----------------------|---------------------|

Who will participate in this project? (e.g. students, preschoolers, seniors, general public, etc.)

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How many people do you expect to participate in the project? If applying for the Food and Fun Camp Program Funding, please specify how many participants per week you expect to have. |
| Who will be involved as partners? What are these partners doing that will help with this project? |
| Is there anything else the you would like the CRWC to know? Comments? |
| How will you recognize the contributions of the Central Regional Wellness Coalition? (posters, newsletters, media, etc.) |

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 Regional 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” (copy 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. Receipts are to be submitted at the end of the program for all foods and materials purchased.

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.

Please return completed application to:

**Central Regional Wellness Coalition
Attn: Co-chairs**

**Central Health, c/o 50 Union Street
Grand Falls-Windsor, NL, A2A 2E1**

Or

Info@centralwellnesscoalition.com

Or

Fax: (709) 489-8844

For Office Use Only:

Date Application Received : _____
Date Application Reviewed: _____
Date Application Approved: _____
Amount Awarded: _____
Reason why application not approved: _____
Date notified of decision: _____