

Provincial Wellness Grants Program

Part 1 – Application Guidelines

Part 2 - Application Form

2011 - 2012



DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

PART 1- APPLICATION GUIDELINES

PROVINCIAL WELLNESS GRANTS PROGRAM

These Guidelines contain information on the **2011-2012** application process for the Provincial Wellness Grants Program funded through the Health Promotion and Wellness Division, Department of Health and Community Services, Government of Newfoundland and Labrador. **Please see pages 11 & 12 for Frequently Asked Questions.**

Each proposal for funding should include the following:

- A completed Application Form (see attached)
- Letters of Support
- Any additional supporting documents/resources

INTRODUCTION

The Provincial Wellness Grants Program is a component of the Provincial Wellness Plan led by the Health Promotion and Wellness Division of the Department of Health and Community Services. The aim of the Wellness Plan is to improve overall health and wellness by focusing on health promotion and by strengthening community action to address the wellness priorities.

Healthy Eating	Mental Health Promotion
Physical Activity	Child & Youth Development
Tobacco Control	Environmental Health
Injury Prevention	

The Provincial Wellness Grants Program supports community-based organizations to promote the wellness priorities. Projects should complement the provincial wellness plan, use one or more health promotion strategies and consider the determinants of health (see page 9 and 10). The *Circle of Health: Health Promotion Framework** is a good tool to guide the planning, delivery and evaluation of programs to address the wellness priorities.

(*Prince Edward Island, Health and Community Services Agency (1996, 2003). *Circle of Health: Prince Edward Island's Health Promotion Framework*. The Quaich Inc. Charlottetown, PE <http://www.thequaich.pe.ca>)

2011-2012 Proposals must:

- **Focus on building community capacity for wellness**
- **Involve strong partnerships among community organizations**
- **Include plans on how to keep the project going after the funding period**

Interested organizations should get together and brainstorm ideas, by asking:

- What are the needs in our community/region?
- Who would the project be for?
- What would we like to accomplish?
- How would we do it?
- What would be the role(s) of our partner(s)

FUNDING GUIDELINES

Grant Applicants

Applicants must be not-for-profit, community-based organizations in Newfoundland and Labrador who are working on one or more of the wellness priority areas. Provincial organization applicants must demonstrate that they plan to deliver their project province-wide to be considered for funding.

An organization is considered not-for-profit if it is organized and operates solely for not-for-profit purposes in the province and it does not make any of its income available for the personal benefit of any of its members or volunteers.

Efforts will be made to ensure that funding will be dispersed equitably throughout the province.

For additional information on eligibility please contact the Health Promotion and Wellness Division, Department of Health and Community Services. (see contact info on page 8)

NOTE: ***In order to be eligible for repeat funding, projects must propose a new project or further develop their existing project.***

Project Timelines

Projects must be completed within a 12 month period of the start date.

Funding Amounts

Funding will be available in the range of \$5,000 to \$50,000.

Eligible Expenses include but are not limited to the following:

- Salaries for project personnel
- Honoraria, speaking fees, travel expenses for resource people
- Meals, travel or accommodations
- Resource material (e.g. educational/instructional manuals)
- Purchase of healthy snacks/foods for project participants
- Advertising, publicity, printing
- Purchase of small physical activity material/equipment (e.g., skip ropes, floor mats, etc.)

Ineligible Expenses

- Contributions to annual fundraising drives
- Core operating expenses (e.g. heat, light, core organizational staff)
- Capital expenditures (e.g. building renovations, sport field/walking trail restoration or construction, office furniture, kitchen appliances, treadmills, exercise bikes, etc.)
- Projects which are a clear duplication of existing activities in your community/region
- Individual scholarships or bursaries
- Membership Fees

Instructions for Completing your Application

It is important that you use the following guidelines when completing your application form:

1. **Organization(s):** Provide general information about your organization. Briefly explain why your organization is in a position to carry out the project (e.g., highlight previous successes/experiences working with community projects or initiatives).
2. **Partnerships:** List all groups and organizations who will be contributing to the planning, implementation and evaluation of the project and what their role will be. To be considered for funding, you must include at least one additional organization which will be actively involved with the project. **Letters of Support alone are not enough to demonstrate partnerships.** Partners need to play an active role in carrying out the project.

Note: Your Regional Health Authority is a key partner (see page 8 for contact information). They can answer any questions you may have on the programs and services that already exist, who is doing what and any questions regarding the completion of the application.

3. **Project Title:**
4. **Wellness Priority Area(s):** Check the ones that apply to your project. Community organizations must be interested in one or more of the priority areas: healthy eating; physical activity; injury prevention, tobacco control, mental health promotion, child and youth development or environmental health.
5. **Project Summary:** Provide a brief summary of the project explaining what the project is about and what you hope to accomplish.
6. **Rationale:**
 - Explain why this project is needed in your community/region (e.g., need identified through needs assessment, community meeting or forum, direct observation, etc) **Check out Community Accounts at www.communityaccounts.ca for information on your community!**
 - Explain why you have chosen this project to address the need (e.g., based on best or promising practices, builds on existing strengths within the community/region, etc.)

7. **Project Description information:**

- **Objectives:** Explain what you hope to achieve as a result of your project
- **Plan of Action:** List the activities which you and your partner(s) will undertake to meet each objective; identify who is responsible for each activity and the time lines
- **Intended Outcomes:** Describe what changes you expect to occur as a result of your project.
- **Project Management:** Describe who will be responsible for the direction and day-to-day management of the project, such as an advisory group or a board of directors and identify the person(s), e.g., staff, volunteers who will lead the project. Include job descriptions, outlining roles and responsibilities of the positions.
- **Intended target audience and communities:** Identify the target audience involved or you hope to reach through the project. **Please list community(s) that will benefit from this project.** Note if there are any anticipated barriers to participation in the project and how you plan to reduce those barriers.

8. **Evaluation Plan:** Describe how you will evaluate the impact the project has had on the participants and/or the community. A good resource is the “*Guide to Project Evaluation: A Participatory Approach.*” This can be found on the Public Health Agency of Canada website:

www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php

9. **Community Capacity Building:** Describe how the project will help build capacity within your community such as: partnerships will be created; increased involvement of people within the community; and increased skills and knowledge.

10. **Communication Plan:**

Describe your plans to share

- **project reports and progress** with your partners and community/region
- **completed project** with other communities and regions
- **evaluation results and lessons learned** from your project with other communities/regions

11. **Future Plans:** Provide information on how your project will be continued in your community/region after the funding has ended. For example:
- Conduct all or part of the project in other communities/regions
 - Integrate all or part of the project within an existing program/initiative
 - Carry on working with established partners on another project/initiative
 - Continue all or part of the project with in-kind or alternative funding source
12. **Budget/ Other Funding Sources:**
- Eligible expenses should be listed by item, cost, in-kind contribution and requested amount. Applicants must adhere to forecasted budget as outlined in the proposal.
 - **Indicate whether your organization has ever applied for a Provincial Wellness Grant.**
 - List any other funding sources that **you have applied for and/or have received** to support any part of this project. Include name(s) of funding agency/organization(s), amount of funding received and if applicable, identify the part of the project that was supported.
13. **Signatures:** Two (2) signatures (i.e. President/Chairperson and Financial Officer/Treasurer) are required on the application from your organization's executive.
14. **Additional documents:**
- a. *Letters of Support* are required from other organizations who will be partnering with you in the development/implementation of the program.
 - b. *Terms of Reference*, memberships and current initiatives for your organization if applicable, should be included as an Appendix to your proposal.

REPORTING REQUIREMENTS

Applicants approved for funding will be required to complete and submit a Midterm Report, as well as a Final Report at the conclusion of their project. The Midterm report must be completed using the Report Form which includes the objectives and list of actions with current status. The Final Report will contain information on the intent of the program, objectives, resources used, and the anticipated outcomes, impacts of the program on the participants, the success or failure of the program, lessons learned and any plans for follow-up. Report forms will be provided to successful applicants.

APPLICATION DEADLINE

Submissions for the **2011-2012 Provincial Wellness Grants Program** must be received at the Health Promotion and Wellness Division, Department of Health & Community Services by **September 30, 2011**.

Applications may be sent or dropped off to:

Provincial Wellness Grants Program
Health Promotion and Wellness Division
Department of Health & Community Services
1st Floor, West Block, Confederation Complex
P. O. Box 8700, St. John's, NL A1B 4J6

Contact: Diane Kieley (709) 729-7443

E-mail: dianekieley@gov.nl.ca

LETTERS OF CONFIRMATION

Successful applicants will receive a *Letter of Confirmation* from the Department of Health & Community Services detailing the amount of the funding and required reporting process.

REGIONAL HEALTH AUTHORITIES

CONTACTS FOR PROVINCIAL WELLNESS GRANTS

Eastern	Natalie Moody Regional Director of Health Promotion Eastern Health 50A Manitoba Drive, Park Place Clareville, NL A5A 1K5	Telephone: 709-466-6334 Fax: 709-466-6305 E-mail: natalie.moody@easternhealth.ca
Central	Beverly White Director Population and Public Health Central Health Bell Building, 3 Bell Place Gander, NL A1V 2T4	Telephone: 709-651-6477 Fax: 709-651-3341 E-mail: bev.white@centralhealth.nl.ca
Western	Tammy Priddle Regional Director of Health Promotion & Primary Health Care Western Health P.O. Box 2005 Corner Brook, NL A2H 6C7	Telephone: 709-637-5000 Ext: 5322 Fax: 709-637-5084 E-mail: tammypriddle@westernhealth.nl.ca
Labrador	Theresa Dyson Regional Director of Community Health & Wellness Labrador-Grenfell Health P.O. Box 7000, Station 'C' Happy Valley-Goose Bay, NL A0P 1E0	Telephone: 709-897-2332/2331 Fax: 709-896-5415 E-mail: Theresa.Dyson@lghealth.ca

Health Promotion Strategies and Determinants of Health

Health Promotion Strategies

Health promotion is process of making it possible for people to take control over and improve their health. We can improve our health when we use a combination of health promotion strategies.

In developing your wellness project please make certain that you use one or more of the following health promotion strategies:

Create supportive environments: Create safe and satisfying environments in which to live, work and play.

Strengthening community action: Encourage people to get involved and take action in decisions that affect their community's health.

Develop personal skills: Provide support, education and information to help people build skills and make healthier choices.

Re-orient health services: Create services which change the focus from illness to wellness.

Build healthy public policy: Make public laws and rules that keep health in mind

Determinants of Health

There are many factors that can affect our well being that fall outside the health care system. These are commonly referred to as **determinants of health** and should be taken into consideration when you are developing your project. They include:

Income and Social Status: Research indicates that income and social status are the single most important factors determining health.

Social Support Networks: Better health is associated with support from families, friends and communities.

Social environments: Societal values and rules affect the health and well being of individuals and populations. Social stability, recognition of diversity, safety, good human relationships and community cohesiveness provide a supportive social environment

with mitigates risks to optimal health.

Education: Health status improves with the level of education and literacy, including self-ratings of positive health or indicators of poor health such as activity limitation or lost work days.

Employment and Working Conditions: Meaningful employment, economic stability and healthy work environment are associated with good health and well being.

Physical Environments: Factors such as air and water quality, the type of housing and the safety of our communities have a major impact on health and well being.

Healthy Child Development: The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills and competence is very powerful.

Personal Health Practices and Coping Skills: Personal practices such as smoking, use of alcohol and other drugs, health eating, physical activity and other behaviors, affect health and well being. Effective coping skills enable people to be self-reliant, solve problems and make choices that enhance health and well being.

Biology and genetics: Inherited predispositions influence the ways individuals are affected by particular diseases and health challenges.

Health Services: Health services, especially those designed to maintain and promote health, prevent disease and injury, and restore health, contribute to population health.

Gender: It is well documented that differences exist between life expectancy of males and females and in their patterns of illness, and that these differences determine health and the need for health care. While gender is inseparable from the physical differences between the male and female body, gender is a social and cultural, rather than a physiological phenomenon.

Culture and Ethnicity: Come from both personal history and wider situational, social, geographic and economic factors.

Frequently Asked Questions

- Q. The Application Guidelines states that projects must be completed within a 12 month period of the start date. Does this refer to the start of the project, the work plan or when funding is received?**
- A.** *The start date refers to the start of your project. Some projects, due to a variety of circumstance, may not start their project for a period of time after receiving funding.*
- Q. Are items such as skates, balls, skip ropes, gym mats, etc, eligible for funding?**
- A.** *These smaller scale items will be considered if they are essential for your project and are not available through other grant programs. For example, if you have an instructor to teach yoga class, you may need to purchase a number of gym mats in order for the class to take place. It is required that any items purchased by your organizations be the property of the organization for future use by participants or members of your community. Larger scale physical activity equipment such as treadmills and exercise bikes are not eligible for funding.*
- Q. How much money is available through the Provincial Wellness Grants this year?**
- A.** *A total of \$500,000 is available through the Provincial Wellness Grants Program this year.*
- Q. How do you determine which proposals are selected for funding?**
- A.** *Proposals will be assessed based on the following criteria:*
- *Includes partner(s) who will be actively involved with the project;*
 - *Includes sound rationale on why the project is needed in your community and why your organization is able to effectively carry out the project;*
 - *Sound research and/or best practice principles were used in choosing your project;*
 - *Proposal clearly outlines what your project intends to do and how to do it;*
 - *You have a clear plan of action - including the role of your partners;*
 - *Builds community capacity such as increasing collaboration among groups, active involvement of people in improving their well-being, developing skills and knowledge and building on existing strengths in the community;*
 - *Proposal includes plans to continue project (all or in part) after funding ends;*
 - *Evaluation plan provided to determine impact project had on participants;*

- *Plans to share project reports/progress to partners, participants, community as well as other communities and regions and*
- *In kind contribution and other funding sources identified and majority of funding used to enhance program and services.*

Efforts will be made to ensure that funding will be dispersed equitably throughout the province.

It is essential that you complete the application form fully. It is very important that you use the Application Guidelines while completing your application to ensure you understand what information you need to provide.

Q. If we are selected for funding, what are our responsibilities?

A. *You will be asked to comply with the following requirements:*

- *Submit a detailed work plan with the help of a regional representative for approval by the Health Promotion and Wellness Division, Department of Health and Community Services;*
- *All monies awarded will be used for the purposes outlined in your approved work plan and*
- *Provide a midterm and final report (a template will be provided) which will include a budget statement outlining how the monies were spent.*

Q. If our organization/group is selected, how and when will we receive the funding?

A. *The funding for larger projects (\$10,000 or larger) will be provided in 2 installments; the first one when your proposal is approved and the second upon the completion of your final report.*



PART 2
PROVINCIAL WELLNESS GRANTS PROGRAM
APPLICATION FORM: 2011-12
 DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

(For office use only)

File # _____

Date Received: _____ Date Reviewed: _____

PLEASE FOLLOW THE APPLICATION GUIDELINES CAREFULLY
WHILE COMPLETING THIS FORM

1. (a) Organization

Name of Organization: _____

Name of Chairperson/President/Main Contact Person: _____

Street address: _____

Mailing address: (if different from street address)

Telephone number: _____ Fax number: _____

E-mail address: _____

(b) In what year were you formed? _____

(c) Are you Governed by:

i. A Board of Directors? Yes No

ii. An Executive Committee? Yes No

iii. Other (please specify) _____

(d) How many active volunteers and staff are involved in assisting your group on this project?

Volunteers:	Full Time Staff:	Part-Time Staff

(e) What is your Charitable Status Number (if applicable)? RR _____

(f) What is your Incorporation Number (if applicable)? _____

(g) Please provide a list of your Group/Committee/Board members.

Name	Address	Position	Phone #

(h) Organization Description: Briefly explain why your organization is in a position to carry out the project (e.g., highlight previous successes/experiences working with community projects or initiatives)

Signing officers: 1) _____ Position _____

2) _____ Position _____

2. Partnerships

Partnerships with other organizations: This must include partnership with at least one other organization which involves a cooperative working relationship. Your Regional Health Authority is a key partner (see Part 1 – page 8). They can answer any questions you may have on the programs and services that already exist, who is doing what and any questions regarding the completion of the application.

Organization _____ Key contact person _____

Organization _____ Key contact person _____

Organization _____ Key contact person _____

Intended Outcomes: _____

Project Management and Personnel (day to day management of your project):

Intended Participants and Community(s) involved- (It is important to list community(s) that will benefit from this project):

8. Evaluation Plan: _____

9. Community Capacity Building: _____

10. Communication Plan: _____

11. **Future Plans:** _____

12. **Budget Summary**

Item	Cost	In-kind Contributions	Requested Amount
Travel	\$	\$	\$
Publicity			
Salaries			
Honoraria			
Facilities			
Materials			
Evaluation			
Other			
Total	\$	\$	\$

Has your organization ever *applied* for a Provincial Wellness Grant? Yes No

Has your organization ever *received* a Provincial Wellness Grant? Yes No

If yes, please identify the year. _____

Other funding sources

Has your organization applied or received funds from other sources to support this project?

Yes No

If yes: identify the organization and the amount(s) received or requested.

13. This section to be completed by Project Signing Officers.

Name: _____

Name: _____

Title: _____

Title: _____

Organization: _____

Organization: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

14. Please include additional documents, including letters of support, etc.