

## 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 Food and Fun Camp Program a group must:

- Be a networking member or apply to become a networking member of the Central Wellness Coalition (CWC).
- Be operating in the geographic area served by the CWC
- Be a not for profit group or municipality/service district 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 CWC. The Central Wellness Coalition reserves the right to determine suitable uses of funds. Programs can get funded \$250-\$800 depending on how the program will be offered and funding available.*

The completed application should be forwarded by  
email to: [info@centralwellnesscoalition.com](mailto:info@centralwellnesscoalition.com) or  
fax to: (709) 651-1024

If you are unable to email the application, please contact Jill Wheaton at  
(709) 651-6335 to discuss alternate ways to send application.

### 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.

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 offered the Food and Fun Camp in the past? Yes  or No

If yes, do you remember when? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

### Food and Fun Camp (FFC) details

1. How many leaders (staff e.g. summer students) will be available on a daily basis to run the FFC? \_\_\_\_\_

2. Please tell us how to you plan to offer the FFC program this summer? Please tell us option a, b, or c and provide details.

2 a. As described in the Food and Fun Camp Manual- 5 days in a row.

If you plan offer it this way, please tell us...

How many weeks you plan to repeat it? \_\_\_\_\_

How many children participate in the FFC program each week? \_\_\_\_\_

2 b. We will offer the FFC camp “days” throughout the summer within another summer program. For example every Wednesday for 5 weeks FFC program will take place to cover the 5 days of the program (Wednesday week 1 of the program FFC program Day 1 will be covered, then week 2 of the summer program Day 2 of the FFC program will be covered, etc. for 5 weeks).  
If you plan to run it this way, how many children will complete the full 5 day so of the FFC program? \_\_\_\_\_

2 c. You plan to offer it another way please provide a detailed description on how you plan to offer the camps. Be sure to state how many full weeks you plan to offer the camp and how many children will partipate.

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3. Summer students need training on how to run the FFC program. Would you be interested in your summer students attending a 2-3 hour online (i.e. live web meeting early July) FFC training session with NL Health Services Regional Nutritionist? Yes  or No

If you answered no, please tell us how your summer student leaders will receive training on how to faciliate the FFC program?

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4. Do you plan to use the most recent 2023 version of the FFC manual that includes information on the NEW Canada’s Food Guide available for download at [https://www.centralwellnesscoalition.com/images/Food and Fun Camp Program Guide 2019 UPDATE.pdf](https://www.centralwellnesscoalition.com/images/Food_and_Fun_Camp_Program_Guide_2019_UPDATE.pdf) Yes  or No

5. Do you need a printed copy of the 2023 updated FFC program manual sent in the mail to you?  
Yes  or No

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

7. How will you acknowledge the Central Wellness Coalition's support of the FFC?

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**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 (it is implied the organization receiving funding would gain proper consent for photo sharing of participants) of the project events that are submitted to the Central Wellness Coalition (CWC). We also understand that events sponsored by the CWC 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 CWC should follow the CWC "Healthy Eating Guidelines for Meetings and Events" and follow recipes and instructions in the Food and Fun Camp Manual (available at [www.centralwellnesscoalition.com](http://www.centralwellnesscoalition.com)). Changes to approved programs core programs are to be approved by the CWC. 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.

**For Office Use Only:**

Date Application Received: \_\_\_\_\_

Date Application Reviewed: \_\_\_\_\_

Date Application Approved: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

Reason why application not approved: \_\_\_\_\_

Date notified of decision: \_\_\_\_\_