



## Community Grant Program Application and Guidelines

**Please review guidelines on pages 6-8 before completing this application**

### Applicant Profile:

<p><b>Name of organization/group</b></p> <p><b>Briefly describe the role of your organization//group</b></p>
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<p><b>Contact Person #1 (required)</b></p> <p>Name:          Role/position:          PO Box #      Street Address:          Community:          Postal Code:          Telephone:      Cell Phone:          Email:</p>	<p><b>Contact Person #2 (required)</b></p> <p>Name:          Role/position:          PO Box #      Street Address:          Community:          Postal Code:          Telephone:      Cell Phone:          Email:</p>
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### Project Description (If you need more space, please attach an additional sheet)

<p><b>Project Name:</b></p>	
<p><b>Estimated Start Date:</b></p>	<p><b>Estimated End Date:</b></p>
<p><b>Who is the target audience for this project? (e.g. preschoolers, students, seniors, adults, general public, etc.)</b></p>	
<p><b>How many people do you expect to participate in the project?</b></p>	

**Please give us a detailed description of:**

- 1. What you plan to do and 2. How it will benefit your group/school/community?**

**Project Partner(s): Please list your project partners and their roles (partnerships are strongly encouraged)**

**Please identify your partner(s) contributions, check all that apply:** *Partnerships are strongly encouraged for most projects.*

- Partner(s) are assisting with planning and delivery of project.
- Partner(s) are contributing resources (funding, space, food, prizes, tools, equipment, etc.)
- Partner(s) are subsidizing costs (reducing prices for project materials).
- Other (please specify):

**Length and frequency of project:**

- This is a one-time event
- It will run more than one time (provide details):

**Eligibility:**

Are you a not for profit group involved in initiatives that promote the health and well-being of the community?  Yes  No

Your project must promote at least one of the priority areas of wellness. Please check all that apply.

- Healthy Eating
- Physical Activity
- Injury Prevention
- Mental Wellness
- Child & Youth Development
- Tobacco Control

Have you or your group received CWC grant funding in the past 12 months?  Yes  No

If yes, when did you receive funding and how much did you receive?

Have you returned the final report and receipts?  Yes  No  Unknown  
 Previously funded project is still ongoing

Have you received or applied for other funding such as a Community Active NL Fund from Gov NL for the project/event proposed in this application?  Yes  No

Do you have approval from your organization/school to submit this application to ensure it meets with their policies and guidelines? We require schools to have administrator's approval signature on this application (see last page).  Yes  No

**Please provide the name of the organization that will receive the cheque for this project. Note that the applicant receiving the cheque must be an organization with a bank account, not an individual. Failure to provide accurate information will result in a delay of funding. If approved, the funding cheque will be issued by Central Health.**

**Address cheque to (Group/town/school name):**

**To the attention of:**

**PO Box #**

**Street Address:**

**Community:**

**Postal Code:**

**Evaluation:**

How will you know that your project has been a success? Please check ALL that apply to your grant:

- An evaluation plan and tools will be developed for the project
- We will develop a feedback form for participants to complete
- We will record the number of participants
- The project leaders will complete a final report and include observations of program success
- Other

**Sustainability**

Are there ways that your project will help benefit the health and wellness of your target population or community even after the project is completed? For example, participants learning new skills, walking group will continue, etc.

**Project Budget:**

How will the requested funds be used?

Budget:				
Items required (e.g. food, rent, supplies, etc.)	Total Cost	How are you covering this cost?		
		Wellness Coalition	In-Kind	Other funds
<b>Totals</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. You do not need to include salaries of paid staff or volunteers. Just list items required to make this grant possible.

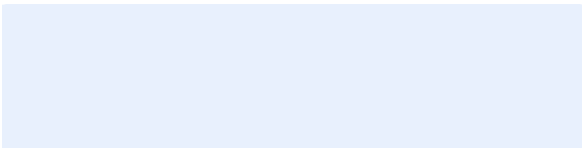
- Wellness Coalition - Please indicate the amount of funding you are requesting for each item.
- Other Cash- includes money your organization can contribute as well as funding from other sources. For example, any money you will use to cover some costs like printing, nutrition breaks, etc.
- In-kind – *Please estimate if possible*. Includes any contribution that you do not receive or pay money for. For example, 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).

**Signatures:**

**We the undersigned do hereby agree that the application constitutes a true and correct statement.**

If approved for the CWC community grant funding, we agree to:

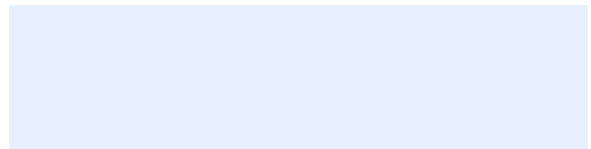
- Submit a final report within one month of the completion of the project.
- Keep all receipts/financial information related to the community grant funds for 24 months (you do not have to submit them unless we request to see them).
- Acknowledge the CWC funding contribution in the promotion of this project
- Sign a release form giving the CWC permission to use any submitted pictures
- Allow CWC to share project information with its members and interested groups
- Follow the CWC Healthy Eating Guidelines (or School Food Guidelines if this is a school event) for any foods purchased and/or served for this grant.
- Become networking members or the CWC Network (free).



X

\_\_\_\_\_  
*Signature of applicant\**

Date: \_\_\_\_\_



X

\_\_\_\_\_  
*Signature of applicant\**

Date: \_\_\_\_\_

**\*Application must be signed by two people and at least one must be an authorized signing officer of the group/organization/committee or school administrator (principal or vice principal).**

# Community Grant Program Guidelines

***Please review before completing 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 (health authority boundaries) who are working to promote wellness in their communities and to foster partnerships among community groups.

## **What amount of funding is available?**

- Grants are available for a maximum of \$1500.00.
- Funding must be used within one year of receiving grant.

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

To be eligible to apply for funding from the Community Grants Program, a group must be:

- A community group, not for profit organization, municipality or a school,
- Operating within the Central Regional Health Authority area and
- A Central Wellness Coalition (CWC) networking member (can join for free on the website).

## **Things to consider:**

- Priority will be given to groups that have not received funding from the Community Grants Program in the past 12 months.
- Applicants are encouraged to partner with other community groups or organizations.
- Priority will be given to applicants who do not have access to other funding sources (e.g. Provincial Active NL Fund [www.recreationnl.com/funding-opportunities/](http://www.recreationnl.com/funding-opportunities/) ).

## **Applicants must:**

- Acknowledge the contribution of the Central Wellness Coalition as appropriate in their project. (e.g. in advertising, media interviews, displays, social media posts, publications etc.).
- Support at least one of the following priority wellness areas and Provincial action plans such as *The Way Forward* in their grant proposal.
  - Healthy Eating (e.g. choosing healthy food and beverages, cooking, community gardens, etc.).
  - Mental Wellness (e.g. stress management, coping skills, self-esteem building).

- Injury Prevention (e.g. car seat safety, bike helmet safety, prevention of slips & falls).
  - Child & Youth Development.
  - Physical Activity.
  - Tobacco Control.
- Follow CWC Healthy Eating Guidelines for Meetings and Events for any foods purchased and/or served; see [https://www.centralwellnesscoalition.com/images/Healthy\\_Eating\\_Guidelines\\_for\\_Meeting\\_and\\_Events\\_2022.pdf](https://www.centralwellnesscoalition.com/images/Healthy_Eating_Guidelines_for_Meeting_and_Events_2022.pdf).

### **What are some examples of eligible expenses?**

- Community wellness events or activities.
- Materials, supplies (paper, resources, etc).
- Minor equipment directly related to your project (outdoor play equipment, outdoor classroom materials, snowshoes, etc.)
- Small honoraria approved up to a maximum of \$100; guest speaker/professional fees approved up to \$300.
- Costs associated with booking or renting a venue.
- Food: must follow the CWC Healthy Eating Guidelines.
- Travel expenses (please note: some exceptions may apply).

### **What expenses are ineligible and will not be considered?**

- Core operating expenses usually covered by your organization (e.g. power or phone bills).
- Contributions to annual fundraising drives or scholarships or individual gains, including scholarships or bursaries.
- Registration fees for individual membership, program participation, and conferences.
- Salaries and coordinating fees.

### **When is the application deadline?**

- Applications will be accepted until end of day **January 30, 2023** and must be emailed or faxed by midnight of the deadline day. *Late or incomplete applications will not be considered.*

### **How to apply?**

Each applicant must complete the application form and attach supporting documentation (e.g. agenda for event, recipes for cooking program, etc.) if necessary. Please keep applications as accurate and concise as possible. Please forward

completed applications via email or fax. If you are unable to email or fax the application, please connect with Jill Wheaton at (709) 651-6335 before the deadline to discuss.

email: [info@centralwellnesscoalition.com](mailto:info@centralwellnesscoalition.com)

Fax number: (709) 651-1024

### **Notification**

The Central Wellness Coalition Grants Committee will review all applications. All applicants will be informed by email or phone call within 4 weeks of application deadline.

Successful applicants will receive an email outlining the conditions of the grant approval, a project reporting form, CWC Healthy Eating Guidelines, and a copy of the CWC logo. A cheque for the approved amount will be issued by Central Health, which can take up to 3-4 weeks.

### **Project completion and final report**

- Grant funding must be used within one year of project start date.
- Summary report form will be provided to all successful applicants. This form must be completed within one month of grant funds being used/end of program.
- Please email copies of all receipts for items purchased with grant funding. If any monies are not spent as outlined in the project budget, you must connect with one of the co-chairs to discuss as it may have to be returned or redirected.

***Failure to comply with these requirements will result in the organization becoming ineligible for future funding from the Central Regional Coalition.***

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