



Community Grants Program Application Form

The Western Regional Wellness Coalition (WRWC) is dedicated to the promotion of healthy living and wellness to all people in the western region through a variety of organizational and community activities, events, and projects. A number of wellness priorities have been identified, which include: Healthy Eating, Physical Activity, Tobacco Control, Injury Prevention, Mental Health Promotion, Environmental Health, Child and Youth Development and Health Protection.

All individuals, community groups, and organizations in the western region of Newfoundland and Labrador, who are interested in promoting healthy living and wellness to community members, are eligible to apply for project funding through the WRWC. The maximum amount of funding that may be requested for one specific event is \$1000.00. To receive funding, the event in question must be consistent with the objectives of the WRWC in promoting wellness and focusing on the wellness priorities identified in the previous paragraph.

All successful grant recipients are required to return a completed activity tracking form (provided by the WRWC) to the WRWC Steering Committee upon completion of the event/activity that was funded. We ask that you display the WRWC Logo during the event. If promotional items are required please indicate on application.

Applications for funding will be reviewed on a quarterly basis. **Deadlines for Grant Applications are: September 15, December 15, March 15 and June 15 of each year.** Individuals/groups will be notified of funding status within 3 weeks of each deadline.

Please send applications to:

Regional Health Educator
Contact person: Tanya Barnes Matthews
P.O. Box 2005, Corner Brook, NL, A2H 6C7
Telephone: (709) 637-5000, Ext. 5355
Fax: (709) 637-5160
e-mail: tanyamatthews@westernhealth.ca

**Western Regional Wellness Coalition
Community Grants Application Form**

SECTION 1: APPLICANT INFORMATION – PLEASE FILL IN ALL FIELDS	
Applicant:	Date:
Contact Information: Name: Address: Telephone #: Fax #: Email:	Co-Applicant Information: Name: Address: Telephone #: Fax #: Email:
SECTION 2: PROJECT DESCRIPTION	
Project/Program name:	
Date of activity:	
Wellness Areas Covered: (please check all that apply) <ul style="list-style-type: none"><input type="radio"/> Healthy Eating<input type="radio"/> Physical Activity<input type="radio"/> Tobacco Control<input type="radio"/> Injury Prevention<input type="radio"/> Mental Health Promotion<input type="radio"/> Environmental Health<input type="radio"/> Child and Youth Development<input type="radio"/> Health Protection	
Project Details: Why do you want to do this project (what is your main goal)? Who is the project/program for (target population)? What is the project about? Please give a brief overview: Project start date will be _____ Project finish date _____	

Health Promotion: Please describe how you will promote the importance of healthy living and wellness during your project (guest speakers, videos, learning exercises, etc.)
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Project Work Plan: Please indicate **all** the steps you will take to conduct this project. Please include who will be responsible for each step, and expected timeline for each.

ACTIVITY	PERSON RESPONSIBLE	TIMELINE

Evaluation: How are you going to determine if the event has been a success?

Total number of people expected to take part for the duration of the project/program/event:

Sustainability: How will this project build skills among participants, so that they can continue on with the health promotion once the project ends? Please explain.

Signature of Applicant: _____ **Date:** _____
Signature of Co-Applicant: _____ **Date:** _____

For Office Use Only:

Application Received By: _____ **Date:** _____

Application Reviewed By: _____ **Date:** _____

Application Approved By: _____ **Date:** _____

Amount Awarded: _____