



## Community Grant Application Form

**Deadlines:** *March 15, June 15, September 15 & December 15*

**Please note:** We cannot accept late or incomplete applications. All applications should be emailed, faxed or post-marked no later than midnight of the deadline date.

### 1. Applicant Information:

Name of Organization/Group \_\_\_\_\_

Main Focus of Organization/Group \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Contact(s) Role with Organization/Group \_\_\_\_\_

Project Partner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### 2. Project Description:

Project Name

Project Summary (Briefly describe the main aspects of your project)

Projected Start Date

Projected End Date:

Target Audience (Youth, Seniors, Children, etc.)

Project Goal(s) (What do you hope to accomplish with this project?)

Objectives (How will you meet your planned goals?)

Evaluation (How will you know your project has been a success?)

Acknowledgement (How will you acknowledge the contributions of the coalition?)

### 3. Project Budget

Project Needs (Please List)	Cost (Estimate)	Funding Source*		
		Coalition	Other Partners	In-Kind Service
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Total Cost (Each Source):				

\*Please list the sources from which you expect to receive support for each item (*Coalition* or *Other Partners*). *In-Kind Service* refers to any free services you expect to receive to support the program (volunteer time, use of space, etc.). All columns should add up to the total cost of your project.

### 5. Authorization:

We the undersigned acknowledge that this application was completed with true and accurate information. If we are successful in receiving funding from the coalition, we will use those funds in accordance with our outlined project plan and budget.

Signature of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Signature of Co-signer \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Applications are kept in strict confidence. Please return this completed application to:

***Tanya Barnes Matthews***  
***P.O. Box 2006, Corner Brook, NL, A2H 6J7***  
<mailto:tanyamatthews@westernhealth.nl.ca>

### 6. Application Details:

**Eligibility:** Please ensure you meet all the requirements for eligibility as outlined on page 5 before sending your application to the coalition. Incomplete, late, or ineligible applications cannot be considered.

**Review Process:** The review process may take up to 6 weeks to complete. All applications received before the deadline will be considered. Late or incomplete applications will not be considered, but may be carried forward to the next review deadline. All applicants will be informed by letter about the status of their application.

**Project Completion:** Projects must be completed and groups must complete a summary report within one year of receiving funds. A Summary Report Form will be provided to all successful applicants with their letter.

**Receipts:** All original receipts must be compiled and sent to the coalition with the final summary report. Any monies not spent as outlined in the project budget must be returned to the coalition at the end of the project.

For further information, please contact:

***Tanya Barnes Matthews***  
***P.O. Box 2006, Corner Brook, NL, A2H 6J7***  
<mailto:tanyamatthews@westernhealth.nl.ca>

## 7. Eligibility:

Your project promotes *at least one* of the priority areas of wellness. Please check all which apply:

- Healthy eating
- Active living
- Smoke-free
- Injury prevention
- Child and youth development
- Health protection
- Healthy environments
- Mental health promotion

Your project will take place within the geographical area of the Wellness Coalition.

Yes  No

Your group is partnering with at least one other group/organization on this project.

Yes  No

You have completed all sections of the application where appropriate.

Yes  No

## 8. Suitable Uses of Grant Funds:

### **The following costs can be funded:**

- Community wellness events or initiatives
- Materials, supplies, and minor equipment directly related to your project
- Community wellness needs assessments
- Educational activities directed toward your target audience or general public
- Publications and web sites
- Travel to community activities that promote wellness

### **The following costs cannot be funded:**

- Contributions to fund raising drives
- Registration fees for memberships, program participation, and conferences
- Core operating expenses (rent, heat, lights, office supplies, etc.)
- Capital expenditures (such as computers)
- Salaries, honoraria, coordinating fees, or payment for guest speakers
- Prize money, contest money, scholarships

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