

# Wellness Coalition

**COMMUNITY GRANTS APPLICATION** 

# Tips for successful application:

- Read all instructions
- Please ensure ALL parts of the application are filled out
- Please provide a detailed budget
- Please indicate how many participants are expected at events
- Please ensure that previous Evaluation Reports for other LRWC grants have been submitted
- Grant deadlines: January 1, April 1, July 1, October 1

#### COMMUNITY GRANTS APPLICATION

# A: What is the Labrador Regional Wellness Coalition?

The Labrador Regional Wellness Coalition is comprised of community members, community based organizations, agencies and government departments. The goal of our Coalition is to work with communities to keep people healthy, build upon successes and celebrate community champions to create a healthier Labrador. It is our hope to move this process forward through health promotion. The Provincial Wellness Strategy (August 2003) states that Wellness is a state of emotional, mental, physical, social and spiritual well-being which enables people to reach their personal potential within their communities. In keeping with this ideology, our Coalition is presently undertaking initiatives that promote and support the areas of healthy living, healthy environments, mental health promotion, and child and youth development.

## **B:** What is the purpose of Community Grants?

The purpose of the Community Grants is to support community involvement and action that promotes Wellness priority areas (highlighted above) by providing funding and resource support.

The Community Grant can be used for a variety of activities that promote one or more areas of Wellness.

## C: What is the deadline for applications?

We have broken the deadline into four (4) different end dates, depending on when your project/initiative is to take place:

- Jan 1
- Apr 1
- July 1
- Oct 1

Please apply as early as possible; the grant review process (including the issuing of funds) takes <u>AT LEAST 4 WEEKS</u> following the deadline.

#### D: Who is eligible?

Our Community Grants will target non-profit groups and/or individuals who are working to promote Wellness in their communities. Eligible groups and/or individuals may include but are not limited to:

- Community groups/centers targeting children/youth
- Community groups/centers targeting seniors
- Family Resource Centers
- School Councils

## **Reminder for Repeat Applications:**

- Organizations seeking repeat funding must have submitted receipts and an evaluation report from the previous successful application.
- Repeat applications must propose a new project or further develop their existing proposal.
- Due to high number of grant requests, repeat grants are eligible for review on a yearly basis.

#### Please note:

Eligible groups/individuals must be operating from the geographical area served by the Labrador Regional Wellness Coalition. The Coalition serves 14 communities in Labrador: Labrador City/Wabush, Churchill Falls, Happy Valley-Goose Bay, North West River, Sheshatshiu, Nain, Hopedale, Makkovik, Cartwright, Postville, Black Tickle, Natuashish, Mud Lake and Rigolet.

## E: Who will not be funded/not eligible?

- Contributions to fund-raising drives
- Core operating expenses
- Capital expenditures (e.g. computers)
- Scholarships or bursaries awarded to individuals
- Salaries

### F: What amount of funding will be available?

Grants will be available up to a maximum of \$1000.00. Any monies not used for the activity/ initiative applied for must be returned to the Labrador Regional Wellness Coalition.

Included in your confirmation of receiving a grant you will also find a handout on easy tips for providing healthy snacks at your event. We ask that you review it and try to provide healthy food, as this event will be partially or entirely funded by wellness we would like you to help us spread the healthy living message.

# G: Do grant recipients have to complete a final report to the Coalition?

**YES.** All grant recipients will be required to submit a final report/evaluation (included with the Community Grant Application). *Failure to comply with this requirement will result in the group/individual becoming ineligible for future funding from the Coalition.* Please include participant feedback with your final report.

The final report/evaluation MUST be submitted to the Community Grants Committee <u>no later</u> then four (4) weeks after the money is spent.

**ALSO**, When you send back your final report please send along a **few pictures of the event/ initiative** for us to place on our website and in our newsletter – help us get your Labrador Wellness Stories out to our communities and the rest of the Province.

APPLICANT INFORMATION:			
Name of Organization/Group:			
Organization/Group Description:			
	1		
Contact Person:	Co- Applicant:		
Mailing Address:	Mailing Address:		
Telephone: (Day) (Evening)	Telephone: (Day) (Evening)		
Fax: Email:	Fax: Email:		
CHECK AUTHORIZATION			
Name of <i>business or organization</i> to be on the check we issue?			
PROJECT DESCRIPTION			
Project Name:			
Project Location:			
Start Date:	Date: End Date:		
Brief Description of what you want to do:			

Wellness Areas Covered (Please check ALL that apply):		
□ Healthy Eating		
<ul> <li>Physical Activity</li> </ul>		
□ Tobacco Control		
□ Injury Prevention		
□ Mental Health Promotion		
□ Environmental Health		
<ul> <li>Child and Youth Development</li> </ul>		
Target Group: Who is the project intended for?		
Number of Expected Participants:		
Goals: What do you plan to achieve?		
Activitica, Have will you do it?		
Activities: How will you do it?		
Final and the second of the se		
Evaluation: What will you do to find out if your project worked?		

Project partners:			
What are these partners doing to help with this project?			
How will this project benefit	your community?		
What else would you like us	to know about this project?		
PROJECT BUDGET			
	rom Labrador Regional Welln		
Budget Items (Details Required)	Cost	From Whom? (in-kind, others, coalition, etc.)	
Example: Refreshments –	\$200	LRWC	
apples, bananas, water	Φ.		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Total requested from LRWC

How will you recognize the contributions of the coalition? (Posters, Newsletters, etc.)			
Would you like some promotional material displaying the coalition logo? Please email grants@lrwc.ca to order some.			
FOR OFFICE USE ONLY			
Application received by:	Date:		
Application reviewed by:	Date:		
Application approved by:	Date:		
Amount awardad:			

Updated: Fall 2019

Please send completed form to:

**Community Grants Coordinator, LRWC** 

grants@lrwc.ca Fax: 709 896 2726