

*Wellness Coalition
Avalon East*



**Community Grant Program
Guidelines and Application**

Wellness Coalition-Avalon East

Community Grants Guidelines

The purpose of the Community Grants is to support groups and organizations in the Avalon East area who are working to promote wellness in their communities and to foster partnerships among community groups. **Partnering with at least one other group is an expectation of your project.** (The Avalon East includes the St. John's and Mount Pearl metropolitan areas, Bell Island, Conception Bay South, the Southern Shore to St. Shotts and Torbay to Portugal Cove.)

- You must be a member of the Wellness Coalition-Avalon East to apply. Membership in the coalition is free. If you are not currently a member, you may join by completing a membership form located on our website: www.wellnesscoalition-avaloneast.ca
- Grants are available for a maximum of **\$1000.00**.
- Priority will be given to groups that haven't received funding from the Community Grants Program in the past year. Any previous grant recipients must have submitted their project report prior to submitting a new application.
- In the spirit of sharing our limited resources and supporting a variety of wellness activities in our area, the Wellness Coalition-Avalon East will not consider applications for projects currently funded by the Provincial Wellness Grants Program.

Suitable Uses of Grant Funds

The grants can be used to fund a variety of health promotion activities:

- Community wellness events or initiatives
- Materials, supplies, and equipment directly related to your project which may enhance its sustainability
- 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 usually covered by your organization
- Capital expenditures e.g. computers
- Salaries, honoraria, coordinating fees, or payment for guest speakers
- Prize or contest money; scholarships

The Wellness Coalition-Avalon East reserves the right to determine suitable uses of grant funds.

Notification

The Wellness Coalition-Avalon East Community Grant Review Committee will review and approve all applications. This process can take up to 6 weeks. All applicants will be informed by letter about the status of their application.

Acknowledgement

- We ask that grant recipients acknowledge the contribution of the Wellness Coalition-Avalon East as appropriate in their project e.g. in media interviews, displays, publications, etc.
- The coalition logo and promotional items are available upon request.

Project Completion and Final Report

- Grant funding must be used within one year of receipt.
- A Summary Report Form will be provided to all successful applicants. This form should be completed within one month of grant funds being used.
- Please note that original receipts are required and that any monies not spent as outlined in the project budget must be returned to the Coalition at the end of the project.
- Applications for future projects will not be accepted until reports are received.

Wellness Priority Areas

Healthy Living is about people living in healthy ways and making positive choices about personal health practices. Healthy living focuses on prevention. It promotes overall well-being by helping people take action to improve their health in the areas of healthy eating, physical activity, tobacco control.

Healthy Environments are about creating and maintaining environments which promote good public health. It involves those aspects of human health that are determined by physical, chemical, and biological factors in the environments such as contaminants in food, air, soil, and water.

Mental Health Promotion is about promoting good mental health and well-being for all individuals and communities. It includes such things as creating supports in our communities, developing positive coping skills, building strong self-esteem, and being able to use the resources available to us.

Injury Prevention

Injuries that happen as a result of “accidents” can often be prevented if safety measures are considered ahead of time. Many of the injuries from car, snowmobile or ATV accidents, poisonings, falls, fires or water-related incidents can be prevented or reduced.

Child and Youth Development

Infant and early childhood experiences influence health throughout life. It is important to support health and well-being from infancy through the teen-age years in areas such as healthy pregnancy and birth, parenting and family support, early childhood learning and care, and community support.

Health and Literacy

Health and literacy are linked. People with reading problems often have more health problems. Literacy is also linked with how much control people feel they have over their lives.

Wellness Coalition-Avalon East Community Grant Application Form

Annual application deadlines: January 15th, May 15th, and September 15th.

Late applications will not be considered. Applications should be faxed or post-marked no later than midnight of the deadline date. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

1. Applicant Profile:

Name of organization/group _____

Briefly describe your organization's mandate _____

Mailing Address _____

Contact Person(s) _____

Role _____

Telephone (W) _____ (H) _____ Fax _____

E-mail _____ Web Site _____

Eligibility:

- Is your group a member of the Wellness Coalition- Avalon East? Yes No
- Are you a non-profit group involved in initiatives that promote the health and well being of the community? Yes No
- Is the target audience for your project located in the geographical area served by the Wellness Coalition – Avalon East? Yes No
- Is your group partnering with at least one other group/organization on this project? Yes No
- Have you received a grant from the Wellness Coalition-Avalon East in the past year (April 1st – March 31st)? If Yes, when? _____ Yes No
- Have you received a Provincial Wellness Grant for the project referred to in this proposal? Yes No

- Your project must address one or more of the wellness priority areas. (Check those that apply.):

Healthy Living (e.g. healthy eating, physical activity, being smoke-free)	<input type="checkbox"/>	Healthy Environments	<input type="checkbox"/>
Child & Youth Development	<input type="checkbox"/>	Health & Literacy	<input type="checkbox"/>
Injury Prevention	<input type="checkbox"/>	Mental Health Promotion	<input type="checkbox"/>

3. Project Description (If you need more space, please attach an additional sheet)

Project Name:	
Start Date:	End Date:
Target Group: Who is the project intended for?	
Participants: How many might take part?	
Goals & Objectives: What do you plan to do?	
Activities: How will you do it?	
Evaluation: What will you do to find out if your project worked?	
Project partners (list):	
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?

How will you recognize the contributions of the coalition? (posters, newsletters, etc.)

4.

Budget:				
Project Needs (please itemize)	Cost	Funding Sources*		
		Wellness Coalition	Other Cash	In-kind

*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.

- **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, salary and administrative costs will be paid by your organization. Some money may be received 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 volunteer time on your project (minimum wage and/or going rate for professionals), 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).

The total from the three sources should add up to the total cost of the budget item. You can have an item that will use all three funding sources.

Total Costs and Funding	
Total Funding Requested from Wellness Coalition (Maximum \$1,000.00)	\$
Total Cash from Other Sources	\$
Total Value of In-kind Donations	\$
Total Costs for this Project	\$

5. SIGNATURE

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

Signature of Applicant*

Signature of Witness

Telephone Number

Telephone Number

Date

Date

*Application must be signed by an authorized signing officer of the group or organization.

- If approved for a grant we agree to:
- Submit a final report, including receipts, within one month of the completion of the project.
 - Acknowledge Wellness Coalition-Avalon East funding contribution in the promotion of this project.
 - Sign a release form giving the Wellness Coalition -Avalon East permission to use pictures.
 - Allow the Wellness Coalition -Avalon East to share information about the project to its membership and interested groups.

Please return this completed application to:

**Community Grants Committee
Wellness Coalition – Avalon East
c/o P.O. Box 13122, St. John’s, NL A1B 4A4
Fax: (709) 752-4833**

For further information, please contact:

Heather Powell, Co-Chair
Phone: (709) 752-4912 Fax: (709) 752-4833
e-mail: heather.powell@easternhealth.ca

or

Greg Noel, Co-Chair
Phone: (709) 726-4664 ext. 213
e-mail: greg.noel@nf.lung.ca

FOR OFFICE USE ONLY

Date application received:

Application reviewed by:

Date:

Approved: Yes No

Amount awarded: