



# **Community Grant Program Information and Application**

**Feb. 2017**

# **Community Grant Information**

## **(Application begins on Page 7)**

### **What is the purpose of the Community Grant Program?**

The purpose of the Eastern Regional Wellness Coalition (ERWC) Community Grant program is to support community involvement and action to promote wellness. This program provides opportunity to foster and strengthen community partnerships.

This Community Grant Program will support coalition members with initiatives and/or projects related to the Coalition's priority areas outlined below:

#### **Healthy Eating**

Healthy eating is about the foods we eat *and* how we eat them. It includes eating together with family and friends; eating at home, at work, at school, and at social events. It's about eating what we enjoy; trying new foods; learning how to cook; having a routine of meals and snacks and so much more. All of these are part of how we develop healthy eating habits for a life time.

#### **Physical Activity**

Physical activity includes exercise as well as other activities which involve bodily movement. For example, playing, working, and using active ways to get around your community, household chores, and recreational activities. Physical activity has numerous benefits across the life span. It promotes healthy growth and development in children and youth and is important for healthy aging, improving and maintaining quality of life and independence in older adults.

#### **Tobacco Control**

Communities, organizations and agencies, working together, play an important role in preventing youth and young adults from starting to use tobacco, supporting people in quitting and staying smoke free, protecting people from second hand smoke (i.e. creating smoke-free spaces and policies) and helping change attitudes about tobacco.

#### **Healthy Environments**

Healthy Environments is about creating and maintaining environments which promote public health. It involves activities that help create healthier conditions such as recycling, composting and developing green spaces.

### **Mental Health Promotion**

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 can often be prevented if safety measures are considered ahead of time. Many of the injuries from car, snowmobile or ATV accidents, poisonings, falls, fire or water-related incidents can be prevented or reduced.

### **Child & Youth Development**

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

### **Sexual Health & Wellbeing**

The promotion of sexual health and wellbeing is about getting people to take control over, protect and improve their sexual health. Sexual health should be maintained as you would any other aspect of your health, such as healthy eating or active living.

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

Grants are available up to a maximum of **\$1000.00**.

## **Who can apply?**

To be eligible to apply, a group must be:

- a member of the ERWC. If your group is not currently a member, it can join by completing a membership form located on ERWC website [www.easternwellnesscoalition.com](http://www.easternwellnesscoalition.com) or call 466-6302 to get a copy. Membership is free.
- a non-profit group interested in promoting the health and well-being of their community. A group is considered non-profit if it meets all the following conditions: it is organized and operates solely for not-for-profit purposes and it does not make any of its income available for the personal benefit of any of its members. *Business and for-profit groups are not eligible to apply.*
- operating in the geographic boundary of the Coalition (from Port Blandford to Holyrood including the Bonavista and Burin Peninsulas, Placentia and Trinity Conception areas).

- in good standing with the Community Grant Program (if your group received a Coalition grant previously, all required reports and receipts must have been submitted).

### **What should our project include?**

- partner with at least one other community group
- involve members of the intended target group (e.g. project of the youth should have youth involved with the planning and project activities).
- address one or more priority areas.

### **What expenses are eligible?**

Below are some examples for eligible expenses:

- Materials and small equipment (e.g. resistance bands, snow shoes, basket and soccer balls, pedometers).
- Materials for a community garden and community kitchens (e.g. seeds, top soil, blenders).
- Cost for food for ongoing community-based cooking programs.
- Healthy snacks to be provided for participants during the grant project or program. Up to a maximum \$100 per grant. *If request for healthy snacks is not attached to a grant project, group can apply to Discretionary Funding.*
- Guest speaker and instructor fees to a maximum of \$300. Speakers or instructors may include experts in wellness topics. The speaker/instructor cannot be a member of your group or organization and she/he must provide an invoice to your group as documentation for fee payment.

### **What expenses are not eligible?**

- Fund-raising drives/events, prizes or contest money
- Honoraria
- Registration or conference fees
- Services which are mandated through agencies/organizations (e.g. individual or group services that are offered through Eastern Health to community)
- Core operating expenses (e.g. utilities, rental fees, light, heat, routine office functions, salaries)
- Scholarships, bursaries
- Capital costs (e.g. computers, treadmills, furniture, remodeling/renovations)
- Travel
- Activities considered outside best practice for health and safety (e.g. helmet sharing, food rewards)
- Infrastructure (e.g. trail development, play ground equipment)

## **How will our group know whether or not we are approved for a grant?**

The ERWC Finance Sub-Committee reviews all applications. All applicants will be mailed a letter about the status of their grant application. This process can take up to 6 weeks. Groups who have been successful will receive a letter containing necessary details along with a cheque in the amount of the approved grant funding.

*The ERWC Finance Sub-Committee-reserves the right to determine suitable uses of the grant funds.*

## **Is a final report required?**

**YES!** All grant recipients must complete the final report that will be mailed to you along with your letter of notification and grant money. This final report must be submitted to the Coalition by September 30 for spring grants and March 1 for fall grants. Receipts (original or copy) must be provided and any monies not spent as outlined in the project budget must be returned to the Coalition at the end of the project. The Coalition requires this information for accountability purposes. **If your group does not submit your final report with copies of the receipts, your group will not be eligible for future grants through the Eastern Regional Wellness Coalition.**

## **When should our group send in the grant application?**

- Applications must be received on or before the deadline date. Applications received after the deadline date will not be considered. However, a group can reapply for the next grant round if they choose to do so. Coalition members are eligible for grant funding only once in a calendar year.
- Applications must fit within the time frames listed below:

**February 1:** Applications for spring grants must be received  
**(September 30:** Final reports for spring grants must be received)

**September 30:** Applications for fall grants must be received  
**(March 1:** Final reports for fall grants must be received)

## **How does our group apply for a community grant?**

Interested Coalition members must complete the grant application form (pages 7-11). The completed form should be forwarded by mail, email or fax on or before deadline date to:

**Eastern Regional Wellness Coalition  
Health Promotion Division  
35 Tilley's Road  
Clareville, NL A5A 1Z4  
Email: [tammy.greening@easternhealth.ca](mailto:tammy.greening@easternhealth.ca)  
Fax: 709-466-6305**

Additional copies of the Community Grant application can be downloaded from the Coalition's website at [www.easternwellnesscoalition.com](http://www.easternwellnesscoalition.com) or call the number below.

## **Who can we talk to if our group has questions about the application or about our group's project or initiative?**

You can contact the Coalition's Co-Chair: Tammy Greening at 466-6316 or email: [tammy.greening@easternhealth.ca](mailto:tammy.greening@easternhealth.ca)

## **Acknowledgement**

Grant recipients are asked to acknowledge the contribution of the Eastern Regional Wellness Coalition as appropriate in their project such as in written materials, displays, media interviews. The Coalition logo and promotional items are available upon request.



## Eastern Regional Wellness Coalition Community Grant Application

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(If this person will not be the lead person for your project, please indicate who will be leading the project:  
\_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Please indicate the name of the group that should appear on the grant cheque:  
\_\_\_\_\_

### **Important Dates to Remember:**

**February 1:** Applications for spring grants must be received.

**September 30:** Final reports for spring grants must be received.

**September 30:** Applications for fall grants must be received.

**March 1:** Final reports for fall grants must be received.

### **Send completed application to:**

**Eastern Regional Wellness Coalition  
Health Promotion Division  
35 Tilley's Road  
Clareville, NL A5A 1Z4  
Email: [tammy.greening@easternhealth.ca](mailto:tammy.greening@easternhealth.ca)  
Fax: 709-466-6305**

#### **For Office Use Only:**

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

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

Approved By: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

## **Project Description**

Project Name: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

1. Wellness areas covered (definitions outlined in community grant information)

(Please check all that apply):

- Healthy Eating
- Physical Activity
- Tobacco Control
- Healthy Environments
- Mental Health Promotion
- Injury Prevention
- Child & Youth Development
- Sexual Health & Well Being

2. Who is the project intended for (target group)?

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3. Are the people in your target group involved in the planning of the project?

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4. How many do you expect will participate?

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5. What do you plan to do and how?

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6. How will this project benefit your community?

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7. Do you have any project partners or resource people connected to your project?  
And if so, who are they?

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8. What are these partners doing to help with this project?

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9. What will you do to find out if your project worked?

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10. What else would you like us to know about your project?

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

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Budget				
Project needs (list each specific item along with how many)	Estimated Cost	Funding Sources*		
		Wellness Coalition	Other Cash	In-kind
Example: 10 snowshoes	\$100 each= \$1000			

\*Please note that Funding Sources include where all money for the project is expected to come from. You may not have any other funding sources.

- **Wellness Coalition** - Please indicate the amount of funding you are requesting for each item.
- **Other Cash-** includes money your group/organization can contribute as well as funding from other sources. Some money may be received to cover some costs like printing, nutrition breaks, rental etc.
- **In-Kind** – *Please estimate if possible.* Includes any contribution that you do not receive or pay money for. Examples are: use of meeting space, outdoor space for a community garden, equipment from another group.

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

<b>Total Cost and Funding</b>	
<b>Total funding requested from Wellness Coalition (maximum \$1,000.00)</b>	\$
<b>Total cash from other sources</b>	\$
<b>Total for in-kind donations</b>	\$
<b>Total cost for this project</b>	\$

**Please Note: Two signatures are required**

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

\_\_\_\_\_  
Signature of another person in your group

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date