

**For Office Use Only:**

Date received:

Date reviewed:

Approved: Yes No

Amount awarded:

**Wellness Coalition-Avalon East  
Wellness Grant Application Form**

**Annual application deadlines: Midnight February 1<sup>st</sup> and Midnight October 1<sup>st</sup>**

Late applications will not be considered and incomplete applications will not be processed.

Please read the Wellness Grant Guidelines document prior to completing your application.

**1. Applicant Profile:**

Name of organization/group _____
Briefly describe your organization's mandate _____ _____
Mailing Address _____
Contact Person(s) _____
Role _____
Telephone _____ Fax _____
E-mail _____ Web Site _____

**2. Eligibility:**

Eligibility Questions	Yes	No
Is your group a member of the Wellness Coalition- Avalon East?		
Are you a non-profit group involved in initiatives that promote the health and well-being of the community?		
Are both the project and target audience located in the geographical area served by the Wellness Coalition -Avalon East?		
Are you partnering with at least one other group on this project?		
Have you received a grant from the Wellness Coalition-Avalon East for the last granting period?		
Have you received funding for this project from a Provincial or Eastern Health grant program?		

Your project must address one or more of the priority areas. Descriptors of each area are available in the Wellness Grant Guidelines. Check all that apply.

<input type="checkbox"/> Healthy Eating	<input type="checkbox"/> Healthy Environments
<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Tobacco Free Living
<input type="checkbox"/> Child & Youth Development	<input type="checkbox"/> Health & Literacy
<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Mental Health Promotion

### 3. Project Description

<b>Project Name:</b>	
<b>Start Date:</b>	<b>End Date:</b>
<b>Project Summary:</b> What is the goal or purpose? What outcomes do you want to achieve?	
<b>Target Group:</b> Who is the project intended for? Are they involved in planning the project?	
<b>How many will attend?</b> How many do you hope to reach?	
<b>What do you plan to do and how will you do it?</b>	

**Evaluation:** How do you know you achieved your intended outcome? How will you know you impacted the wellness priority area (s) checked on page 8? What information will you collect to show that the goal or outcome has been achieved?

**Who are your partners or resource people for this project and what are they doing to help?**

**Additional comments or project information:**

**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
Example: Honoraria – 5 @ \$25 each	\$125	\$100	\$25	

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

\*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.

**5. SIGNATURE**

We the undersigned do hereby agree that the application constitutes a true and correct statement. 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 in the promotion of this project
- Sign a release form giving the Wellness Coalition -Avalon East permission to use pictures
- Allow Wellness Coalition -Avalon East to share project information with its members and interested groups

\_\_\_\_\_  
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.

Please return this completed application to the Wellness Grants Committee by:

**Drop Off: Health Promotion Division, Eastern Health, Mount Pearl Square  
760 Topsail Road, Mount Pearl**

**Mail: Wellness Coalition – Avalon East  
c/o Health Promotion Division, Eastern Health  
Mount Pearl Square, Community Services  
760 Topsail Road  
Mount Pearl, NL A1N 3J5**

**Fax: (709) 752-4833  
Email: heather.powell@easternhealth.ca**

For further information, please contact Heather Powell at (709) 752-4912;  
[heather.powell@easternhealth.ca](mailto:heather.powell@easternhealth.ca)