

Northern First Nations Health Partnership Committee

2019/2020 Community Wellness Awards

Instructions

1. Maximum funding available is \$5,000 per project application.
2. Successful applications must utilize any funding prior to **April 30th, 2020**. Applicants must complete the Wellness Award Final Report template upon completion of the project and submit by **May 31st, 2020**.
3. Evaluation of applications will begin in December 2019 and will be subject to a minimum rating.
4. Evaluation of applications will continue on an ongoing basis until all funding is allocated. First priority will be communities and projects that have not received funding in previous calls for proposals.
5. Organizations can submit more than one application for review. However, funding will be limited to only one grant per organization. If more than one application is submitted please identify your organization's priority of projects (e.g. 1st, 2nd, etc.). Evaluation of any additional applications may be considered once all applications have been reviewed and where there is grant funding still available.
6. **Only completed applications will be accepted for evaluation.** Please ensure you complete all fields and provide additional contact information should we need to contact you.
7. Completion of the attached application form can be sent to:

Email: Indigenous.Health@northernhealth.ca
Phone: 250.649.7226 **Fax:** 250.564.7198
Mail: Northern Health – Indigenous Health
#600 – 299 Victoria St.
Prince George, BC
V2L 5M8

Application Deadline: December 6th, 2019

2019/2020 Community Wellness Awards

APPLICATION FORM

Funding Recipient:			Region:	<input type="checkbox"/> Northwest <input type="checkbox"/> North Central <input type="checkbox"/> Northeast
First Nations Organization:				
Contact Information: (Health Director or Equivalent) <i>Contact Person</i> <i>Box Number</i> <i>City/Town</i> <i>Postal Code</i> <i>Phone</i> <i>Email</i>				
PROJECT DETAILS				
Name of Project:				
Short Description:				
Background:				
Priority Area <i>Select 1 or more priority areas this project addresses.</i>	<input type="checkbox"/> Cultural Safety <input type="checkbox"/> Primary Care <input type="checkbox"/> Mental Wellness & Substance Abuse <input type="checkbox"/> Population & Public Health			
Will your project be a multiple community investment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>A multiple community investment is a project that will serve more than one community.</i>	
Please identify the communities that will be served by this project:				
Expected Outcomes:				

Project Overview:			
Demonstrate how the project meets one or more of the following aspects: <ol style="list-style-type: none"> 1. Collaboration, 2. Health & Well-being 3. Building Healthy Relationships 4. Capacity Building and Training? 			
BUDGET <i>The budget is to be inclusive of the total costs projected for the full project.</i>			
Category <small>(these are examples only)</small>	Details of category items	Budget Assumptions <small>(hourly or daily rates, hours per week, # of weeks or months, etc.)</small>	Total
Wages			\$
MERCs/Benefit			\$
Contractor Fees			\$
Honorarium			\$
Rent			\$
Travel			\$
Materials & Supplies			\$
Other (explain)			\$
Administration			\$
PROJECT TOTAL			\$
PROJECT PARTNERSHIPS <i>Only include if relevant to proposed project</i>			
Name of Project Partner		Financial Contribution	In-Kind Contribution
		\$	\$
		\$	\$
		\$	\$

WE UNDERSTAND AND AGREE:

- ☐ That a separate financial account or project cost centre must be set-up for any projects funded by Northern Health.
- ☐ Any reports will be submitted by May 31st, 2020
- ☐ To participate in on-site financial monitor(s) and contract management visits upon the request of Northern Health or FNHA.

I hereby certify that to the best of my knowledge all information contained in this application is true and complete.

Signature of Signing Officer

Job Title/Position of Signing Officer

Print Name of Signing Officer

Date