

Northern First Nations Health Partnership Committee

2018/2019 Community Wellness Grants

Instructions

1. Maximum funding available is \$5,000 per project application.
2. Successful applications must utilize any funding prior to **April 30, 2019**. Applicants must complete the Wellness Award Final Report template upon completion of the project.
3. Evaluation of applications will begin in November 2018 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.
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: November 22nd, 2018

2018/2019 Community Wellness Grants

DIGITAL APPLICATION FORM

REGION	Northwest <input type="checkbox"/>	North Central <input type="checkbox"/>	Northeast <input type="checkbox"/>
First Nations Organization:			
Funding Recipient:			
Health Director or Equivalent:			
Contact Information:			
	<ol style="list-style-type: none"> 1. <i>Contact Person</i> 2. <i>Box Number</i> 3. <i>City/Town</i> 4. <i>Postal Code</i> 5. <i>Phone</i> 6. <i>Email</i> 		
PROJECT DETAILS			
Name of Project:			
Short Description:			
Background:			
Priority Area <i>Select 1 or more priority areas this project addresses.</i>	Cultural Safety <input type="checkbox"/>	Primary Care <input type="checkbox"/>	Mental Wellness & Substance Abuse <input type="checkbox"/>
			Population & Public Health <input type="checkbox"/>
Is this project 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 which communities will be supported by this project.			



Project Overview:	
Expected Outcomes:	
Demonstrate how the project meets one or more of the following aspects: <ul style="list-style-type: none"> • Collaboration, • Health & Well-being, • Building Healthy Relationships, and • Capacity Building and Training? 	

BUDGET

The budget is to be inclusive of the total costs projected for the full project.

Category (these are examples only)	Details of category items	Budget Assumptions (hourly or daily rates, hours per week, # of weeks or months, etc.)	Total
Wages			\$
MERCs/Benefit			\$
Contractor Fees			\$
Honorarium			\$
Rent			\$
Travel			\$
Materials & Supplies			\$
Other (explain)			\$
Administration			
PROJECT TOTAL			\$

PROJECT PARTNERSHIPS (only include if relevant to proposed project)

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, 2019
- 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