



First Nations Health Authority
Health through wellness

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FNHA Northern Region Community Based Men's Health Initiative

REGION	<input type="checkbox"/> Northwest	<input type="checkbox"/> North Central	<input type="checkbox"/> Northeast
First Nations Organization			
Funding Recipient	Name: Address: City: Postal Code:		
Health Director or Equivalent	Name: Signature: Email: Phone:		
Contact Information	Name: Email: Phone:		
PROJECT DETAILS			
Name of Men's Health Initiative			
Project Start Date		Project End Date	
Description of Initiative and Activities	Where meeting will be held: When are the meetings: Who will the project Serve:		

	<p><i>What types of services will be provided to the community:</i></p> <p><i>What steps will be taken to encourage Men to participate:</i></p> <p><i>How will the project be delivered:</i></p>		
<p>Will this initiative include any of the following (check all that apply)</p>	<p><input type="checkbox"/> Traditional Wellness</p> <p><input type="checkbox"/> Mental Wellness & Substance Use</p> <p><input type="checkbox"/> Primary Care</p>		
<p>Expected Outcomes</p>			
<p>BUDGET: <i>The budget is to be inclusive of the total costs projected for the full term of the project.</i></p>			
<p>Category <small>(these are examples only)</small></p>	<p>Details of category items</p>	<p>Budget Assumptions <small>(hourly or daily rates, hours per week, # of weeks or months, etc.)</small></p>	<p>Total</p>
Wages – Men’s Facilitator			
Group Activity - Retreat or Health Fair			
Food			
Volunteers Stipends			
Elder Honorarium			
Meeting Space Rental			
Travel			
Materials & Supplies			
PROJECT TOTAL			\$

REQUEST (Please indicate the amount of support you are requesting from FNHA)		\$
PROJECT PARTNERSHIPS (only include if relevant to proposed project)		
Name of Project Partner	Financial Contribution	In-Kind Contribution
	\$	\$
	\$	\$