

Grant Application

Part A: Who, Where and When			
Name of Organization	Mailing Address	City:	Postal code:
Primary Contact Person:	Primary Contact Phone Number:	Primary Contact Email:	
Secondary Contact Person(s):	Secondary Phone Number(s):	Secondary Contact Email(s):	
*Please Note: Only primary contacts will receive communication regarding this application. Should the primary contact change following submission, please contact us at healthycommunities@northernhealth.ca .			
Project Name:		Project Start Date:	Project End Date:
Project Location: In what community (communities) does your project take place?			

Part B: What, Why and How
<p>What will the PRIMARY community focus area of your project be? (Select <u>ONE</u>): (Please note bullet points provided under each focus area are project examples. Project goals may vary)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Wellness <ul style="list-style-type: none"> o Social Connectedness and community-building o Mental Wellness education and awareness o Art programs (painting, sculpting, writing. etc.) <input type="checkbox"/> Community Diversity <ul style="list-style-type: none"> o Culturally Diverse Community wellness o Promoting dignity and human rights o Addressing discrimination, racism, and stigma <input type="checkbox"/> Harm Reduction <ul style="list-style-type: none"> o Addressing Overdose prevention and response o Peer engagement programs o Reducing alcohol, cannabis, commercial tobacco & vapour use <input type="checkbox"/> Climate Health Action <ul style="list-style-type: none"> o Emergency response planning o Reducing impacts of climate change on community health and wellness o Activities related to improving climate resilience <input type="checkbox"/> Food Security <ul style="list-style-type: none"> o Community gardens, greenhouses or smokehouses o Nutritional skills programs o Harvesting and foraging practices and learning

- Active Living**
 - Outdoor recreation and connection to nature
 - Infrastructural additions to parks and play areas
 - Increased access to physical activity opportunities for all
 - Increased participation in (or opportunities for) safe and active transportation
- Community Safety**
 - Injury and falls prevention
 - Road Safety
 - Violence prevention

What health and wellness need(s) does your project address within your organization or at the community level? Please describe in detail the goal(s) of your project:

What action(s) will you take to reach your goal(s)? Please include any specific activities, steps and milestones that will help you reach your goals:

What are your plans to continue the impacts, effects, and value of this project beyond this one-time grant funding?

Are you partnering with other organizations? If yes, please describe any partners and what their role in your project will be. Partners cannot be part of your organization. Example: If a teacher is applying, they cannot list another teacher in another department as a partner.

Part C: Project Budget

Please Indicate all expenses for your project in the table below, as well as all sources of funding. Complete this section as follows:

- In Table 1, list all project expenses by item, such as materials, equipment, and other fixed expenses
- Indicate whether you are requesting for each item to be funded by NH or if you have funding from another source
- Add up total project expenses and total requested from Northern Health and place in the appropriate boxes (Amount requested from NH should not exceed \$10,000)
- If there are other sources of funding for this project, complete Table 2

TABLE 1

Project Expenses		Funding Source	
Expense (e.g. Materials, Equipment)	Amount (\$)	Funded by NH	Other Funding
TOTAL Project Expenses			
TOTAL Requested from NH			

TABLE 2

If your project requires more funding than you are requesting from NH, list all other funders, the amount they are contributing, and whether or not they are confirmed.

Expense (e.g. Materials, Equipment)	Amount	Confirmed
TOTAL		

Part D: Additional information

Please provide any additional information you would like us to review in consideration of your application and ensure you attach it to the email when you submit. This can include diagrams, articles, PowerPoint presentations, reports, pictures, stories, etc.

Cost quotes for items to be purchased are helpful.

Part E: Submitting your grant application

When submitting this application by email to healthycommunities@northernhealth.ca, you will receive an email confirmation within 48 hours. Please contact us by phone or email if you do not receive confirmation.

Community Granting Contact information:

Email: healthycommunities@northernhealth.ca

Phone: 250-961-0253

What can we do better?

Please take a second to tell us about your experience applying for our grant. We are constantly improving on the work we do for you, so if any part of the process didn't work, let us know so we can try to fix it!

Any questions?

We have done our best to create an application that is easy to fill out and assists Northern Health and grant recipients to learn from their projects. **Please ensure that the application is fully completed, and that your project is explained as clearly as possible.** In order to fairly review your application, it is very important that the screening committee can fully understand your proposal. If you have any questions or need more information prior to submitting your application, please do not hesitate to contact us by email or phone and we will be happy to help.

Please be advised that a signed contract letter between Northern Health and each successful applicant will be required before release of funds. A final project legacy summary will be required upon completion of the project (date will be determined and shared with all applicants).

Northern Health collects, stores and shares your personal information under the authority of the Freedom of Information and Protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially and stored securely. If you have any questions, please contact Northern Health's Privacy Office at 250-565-5822.