**Spirit of Healthy Kids Regional Program Application 2019**

**PART A: Contact Information**

**Name of School:** Click here to enter text.

**Mailing Address**: Click here to enter text.

**Community:** Click here to enter text. **Postal Code**: Click here to enter text.

**Primary Contact Person:** Click here to enter text.

**Contact Phone Number:** Click here to enter text.

**Contact Email:** Click here to enter text.

**Project Start Date**: Click here to enter text. **Project End Date:** Click here to enter text.

**PART B: School Information**

**2019 Student Population:** Click here to enter text.

**Please describe any unique challenges your school faces in supporting healthy behavior in students:** Click here to enter text.

**PART C: Project Proposal**

**Project Name:** Click here to enter text.

**Please identify the focus area(s) for your project *(Please check all that apply)***

Reading & Literacy Physical Activity

Healthy Eating & Nutrition Tobacco Prevention

Injury Prevention Dental Health

Prevention of Substance Harms Mental Wellness

Philanthropy (giving of your time and assisting others) Other

If other, please list: Click here to enter text.

**Please describe in detail the activities you will complete if your project budget is $5000, and explain why the project is needed or will benefit the students in your school:**

Click here to enter text.

**Please describe in detail the activities you will complete if your project budget is $1000, and explain why the project is needed or will benefit the students in your school:**

Click here to enter text.

**Are there plans in place to sustain the impact of your project beyond this year? If yes, please explain:**

Click here to enter text.

**Will you be partnering with any organizations or groups outside the school for your project? If so, please list below:**

Click here to enter text.

**How will you measure the success or impact of your project?**

Click here to enter text.

**PART D: PROJECT BUDGET**

|  |  |
| --- | --- |
| **1. Project Budget ($5000)** | |
| **EXPENSE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **2. Project Budget ($1000)** | |
| **SOURCE** | **AMOUNT** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

|  |  |
| --- | --- |
| **3. Will additional resources (Funding, In-Kind Donation, Volunteer Hours) be utilized in this project?** | |
| **SUPPORTS** | **VALUE** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL** | Click here to enter text. |

**Part E: 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. **Letters of support from project partners or community members and cost quotes for items to be purchased are strongly encouraged.**

Click here to enter text.

**PART E: SUBMITTING YOUR GRANT APPLICATION**

If submitting this application electronically or by fax, you will receive an email confirmation within 48 hours. Please contact us by phone or email if you do not receive confirmation.

Please send your completed reports and attachments via email, fax or mail to:

Email: [SpiritOfHealthyKids@northernhealth.ca](mailto:SpiritOfHealthyKids@northernhealth.ca)

Healthy Settings- Community Granting

Centre for Healthy Living

1788 Diefenbaker Drive

Prince George, BC

V2N 4V7

Phone: 250-565-7390

Fax: 250-612-0810

**Any Questions?**

We have done our best to create an application that is easy to fill out and assists the Spririt of Health Kids partners and Grant recipients to learn from their projects. 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 the Spirit of Healthy Kids Partnership and each successful applicant will be required before release of funds. A final evaluation report 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.