**Wellness Day Event**

**Hosting Wellness Activities on National Aboriginal Day: June 21, 2014**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Eligibility**

Organizations and agencies engaged in direct health service delivery to BC First Nations and/or Aboriginal people may be eligible for funding to host a run, walk, or traditional activity (not including federal or provincial governments). To be eligible this event must be held on June 21, 2014 or within seven days (either side) of this event.

Grants this year will be awarded differently from 2013. For each region there will be one Category 1 grant available, up to three Category 2 grants and multiple Category 3 grants awarded (further information about categories can be seen on pg. 5). Funding preference and special consideration will be given to:

* BC First Nations community based applications (single or multiple)
* Applications where collaboration or partnership with other communities is possible and demonstrated at the regional, or sub-regional level (3 or more communities)
* Fairness and equity within and across the regions
* Host organizations that can involve higher numbers of participants (urban setting)

**Application Form**  
Please complete this form if you are interested in hosting an event on behalf of your BC First Nation or Aboriginal Community/Organization. This application form is for use by all BC First Nations, Aboriginal Community/Organizations in their application for funding to support the planning and delivery of their community Wellness Event. Funds may be used for any required costs necessary to carry out the event (except assets or infrastructure). Only fully completed application forms will be considered

Applications can be received via email, fax or via the Fluid Survey link no later than **April 9, 2014** . If a fax is being sent then you must first call the phone number below to let them know that your entry will be received that way:

**First Nations Health Authority – Wellness Event**

**Email: active@fnha.ca** **Phone: (604) 693-6575 Fluid Survey Link:** **http://fluidsurveys.com/surveys/ifnha/wellness-day-event-grant-application/ Fax: (604) 913-2081**

**LEGAL NAME OF HOST ORGANIZATION *(as it should appear on grant cheque)*:**

|  |
| --- |
|  |

**HOST ORGANIZATIONS COMPLETE MAILING ADDRESS: *(include Postal Code)***

|  |
| --- |
|  |

**NAME OF WELLNESS DAY GRANT APPLICANT:**

|  |
| --- |
|  |

**NAME OF WELLNESS DAY EVENT COORDINATOR:**

**(*Whom we will be contacting in the lead up to event)***

|  |
| --- |
|  |

**WELLNESS DAY EVENT COORDINATOR’S POSITION/JOB TITLE WITH THE HOST ORGANIZATION:**

|  |
| --- |
|  |

**WELLNESS DAY EVENT COORDINATOR’S CONTACT NUMBERS:**

|  |
| --- |
| Work:  Cell: |

**WELLNESS DAY EVENT COORDINATOR’S EMAIL ADDRESS:**

|  |
| --- |
|  |

**HOW DID YOU HEAR OF THE WELLNESS DAY EVENT?**

E-Blast Newsletter FNHDA Email FNHA Facebook Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FNHA website Word of Mouth Aboriginal Run/Walk Leader Training

Partner’s Council email

1. **EVENT TYPE** **AND DESCRIPTION**

Describe your event and how it fits into one or more of the First Nations Health Authority wellness streams. For more information on the Wellness Streams please see our website (<http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/wellness-streams>)

Which wellness streams will be part of your event?

(Check all that are applicable)

Being Active  Nurturing Spirit

Healthy Eating  Respecting Tobacco

|  |
| --- |
| Describe your event and how it will fit into one or more of the FNHA wellness streams here: |

|  |  |
| --- | --- |
| **TARGET GROUP  (Optional to complete)**  **Please check all that apply:** | **ESTIMATED NUMBER OF PARTICIPANTS YOU HOPE TO INVOLVE** |
| Pre-school age  School age / youth  Adults – women  Adults - men  Elders  Pregnant women  All of the above  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10 or less  between 11 and 25  between 26 and 50  between 51 and 100  between 100 and 150  between 151 and 200  between 201 and 250  between 251 and 300  300+ |

|  |  |
| --- | --- |
| Did you receive this grant last year? |  |
| * Yes * No |  |

1. **FUNDING AMOUNT CATEGORIES**

For each region there will be one Category 1 grant available, up to three Category 2 grants and multiple Category 3 grants awarded. Funding preference and special consideration will be given to:

* BC First Nations community based applications
* Applications where collaboration or partnership with other communities is possible and demonstrated at the regional, or sub-regional level (A confirmation letter of partnership during the event may be required)
* Fairness and equity within and across the regions
* Host organizations that can involve higher numbers of participants (e.g. urban setting)

***Funding Amounts Available***

|  |  |
| --- | --- |
| Amount | Typical Applicant Type |
| Category 1: $4000-5000 | Nation, Regional or Sub regional collaborations. |
| Category 2: $1,000-3,999 | Multiple (4 or more) BC First Nations Community(s), **and** partner agencies Groups, or Organizations |
| Category 3: Up to $1000 | Single Community or Organization or Group serving BC First Nations |

### Funding Category 1: $4000-5,000 Nation-based or regional scale events with collaborating communities or groups

* First Nations communities and organizations (excluding provincial and federal governments) providing health services to BC First Nations
* BC First Nation groups or organizations may submit requests for funding or partnership investment that benefit a greater number of BC First Nation communities and/or community members (home or away from home)

### Funding Category 2: $1,000-$3,999 Sub-regional level event (multiple community collaboration of 4 or more)

* First Nations communities (4 or more) and organizations (excluding provincial and federal governments) providing health services to BC First Nations
* BC First Nation groups or organizations may submit requests for funding or partnership investment that benefit a greater number of BC First Nation communities and/or community members (home or away from home)

### Funding Category 3: Up to $1,000 Single BC First Nation community or small collaboration of communities (1-3) that is/are isolated and/or remote

* A remote or isolated individual First Nation Community
* A collaboration of 1-3 communities that are relatively remote or isolated (ie. First Nations Health Center serving multiple communities) with less than 200 participants expected

1. **BUDGET:** How will your funding be spent (your best estimate):

|  |  |
| --- | --- |
| **BUDGET** | **ESTIMATED COST ($)** |
| **Revenues (cash or in kind):**  Host organization  Partner organization(s)  FNHA  **Total Revenues:** |  |
| **Expenses:**  Transportation  Food/Water  Honoraria  Supplies/Resource Material  Promotional Advertising  Other:  **Total Expenses:** |  |
| **Net** |  |

1. **PARTNERS:** Please list official First Nations communities and other community partner agencies (Health Authority, non-profit organizations, businesses, etc.) for your event (willing to share in expenses, resource materials, host facilities, tobacco control/health promotions expertise, knowledge in culture/traditions, etc. Please note providing a community based letter of support may be requested):

|  |  |
| --- | --- |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**The FNHA would like to learn from these Wellness experiences and share resources and information in order to continue to grow in our Wellness Journey. We ask that you submit pictures, a brief synopsis of the activities undertaken, numbers in attendance and join the Day of Wellness Facebook event that will be in place. We look forward to connecting with you in the near future to discuss your successes.**

For any questions regarding grant application and guidelines please contact us at: **active@fnha.ca.**