

Grant Application – Cover page for Email or Fax versions.

Date: _____ / 2019

Type of Application: Fax to Email to
604-913-2081 Active@fnha.ca

Contact email/Phone Number: _____

Contact Person: _____

A member of the Wellness Programs Support (WPS) team will confirm your application has been received within 48 business hours. If you do not receive a confirmation, please contact the WPS team.

Contact Information for the FNHA WPS (Active) team:

Email: Active@fnha.ca
Phone: 604-693-6529
Fax: 604-913-2081

A few notes before submitting your application:

- **Please ensure your application is complete.** We cannot accept incomplete applications, so please review your application to ensure you have provided everything we need to assess your application.
- **Please remember to keep a copy of your submission handy!** The WPS team is here to help. However, there are often more than 150 applications and can be an administrative challenge with many requests for a copy of a submitted application.
- **Deadline for applications is April 30, 2019.** The review and assessment process will be between May 1 and 17, 2019 – please ensure the Indigenous Day of Wellness Coordinator is available during these times.

By sending in your application, you are confirming all information is accurate / correct, and complete!

Thank you.

For office use only: REC : _____ on date _____ Entered _____

Contact Information

Host Organization (Legal name; or name as is should appear on the grant cheque)

Application type: (Businesses, For-Profit, and individuals **do not** qualify for a grant)

- First Nations Community School or Education Institute Organization/Agency for First Nations

Complete Mailing Address of Host Organization (include postal code)

Has your organization received day of wellness or winter wellness grants in the past?

- Yes No

If yes, have you submitted a closing report on your previous event/initiative?

(Note: only communities with no outstanding closing reports will be considered):

- Yes No (email active@fnha.ca)

Name of Day of Wellness Coordinator:

Day of Wellness Coordinator's phone number (include area code & ext.):

Day of Wellness Coordinator's email address:

Region (Check off which region your organization is located):

- Northern Region
 Interior Region
 Vancouver Island Region
 Vancouver Coastal Region
 Fraser Salish Region

Event information

Title and/or Tagline for your event/initiative

Please provide a short description of the event/initiative. Please tell us how your event brings to life, the 2019 Indigenous Peoples Day of Wellness theme.

Which Wellness Stream applies to your event/initiative?

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Being Active | <input type="checkbox"/> Nurturing Spirit |
| <input type="checkbox"/> Healthy Eating | <input type="checkbox"/> Respecting Tobacco |

What type of event/initiative are you hoping to hold?

- | | |
|--|---|
| <input type="checkbox"/> Community Meal | <input type="checkbox"/> Community Activity |
| <input type="checkbox"/> Community Event | <input type="checkbox"/> Information Sharing/Workshop |
| <input type="checkbox"/> Community Challenge | <input type="checkbox"/> Other: _____ |

This event/initiative is open to participation/involvement from?

- | | |
|--|---|
| <input type="checkbox"/> Open to everyone | <input type="checkbox"/> Students/parents/teachers only |
| <input type="checkbox"/> Community members only | <input type="checkbox"/> Local health care providers |
| <input type="checkbox"/> Regional Health Authority | <input type="checkbox"/> FNHA |

Participants expected (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Pre-school age | <input type="checkbox"/> School age / youth |
| <input type="checkbox"/> Adults – Women | <input type="checkbox"/> Adults - Men |
| <input type="checkbox"/> Elders | <input type="checkbox"/> Two-Spirit / LGBTQ2 (safe) |
| <input type="checkbox"/> All of the above | <input type="checkbox"/> Other: _____ |

Number of participants expected:

Note: Please keep track of actual numbers of participants during your event. This will be needed in your closing report.

Funding Categories

Here are the four funding categories available. Please review and select your applicable category. *FNHA may reclassify your funding category after our assessment.

Funding Category One \$4,000-5,000

- Participation from greater than 4 First Nations communities/organizations or health or social organization providing health services to BC First Nations,
- Ability to leverage community and corporate partnerships for increased collaboration and cost-sharing,
- Event or Initiative that benefit a high number of BC First Nation community members living *home or away from home*

Funding Category Two \$3,000-3,999

- Participation from First Nations communities (up to 4), organizations or health/social organizations providing health services to BC First Nations,
- Ability to leverage community and corporate partnerships from increased collaboration and cost-sharing,
- Event or Initiative that benefit a high number of BC First Nation community members living *home or away from home (300 or more participants)*

Funding Category Three \$1,000-2,999

- Participation from First Nations communities (up to 4), organizations or health/social organizations providing health services to BC First Nations,
- Ability to leverage community and corporate partnerships from increased collaboration and cost-sharing,
- Event or Initiative that benefit a high number of BC First Nation community members living *home or away from home (Between 299 to 100 participants)*

Funding Category Four Up to \$999

- A remote or isolated individual First Nation Community
- A collaboration of 1-3 communities that are relatively remote or isolated (i.e. First Nations Health Center serving multiple communities) up to 100 participants

Please choose which funding category you are applying for

- Funding Category One
- Funding Category Two
- Funding Category Three
- Funding Category Four

Partnerships and Collaboration

Please list official First Nations communities and other community partner agencies (Health Authority, School District, non-profit organizations, business etc.) for your Indigenous Peoples Day of Wellness event or activity (willing to share in expenses, resource materials, host facilities, tobacco control, health promotions expertise, knowledge in culture/traditions etc.):

Partner Name 1:

Contribution:

Partnership type:

- First Nations / Aboriginal Organization Business
 Non-Profit Organization Other _____

Partner Name 2:

Contribution:

Partnership type:

- First Nations / Aboriginal Organization Business
 Non-Profit Organization Other _____

Partner Name 3:

Contribution:

Partnership type:

- First Nations / Aboriginal Organization Business
 Non-Profit Organization Other _____

Partner Name 4:

Contribution:

Partnership type:

- First Nations / Aboriginal Organization Business
 Non-Profit Organization Other _____

What are your goals for the event/Initiative for Indigenous Peoples Day of Wellness?

Provide any additional information you think may assist you in assessing your application:

End of application.