



VANCOUVER ISLAND REGION
First Nations Health Authority

WELLNESS GRANT APPLICATION FORM
VANCOUVER ISLAND REGION
Tribal Journeys 2025

LEGAL NAME OF ORGANIZATION *(as it should appear on grant funding letter)*

ORGANIZATION'S COMPLETE MAILING ADDRESS *(include Postal Code)*

CONTACT PERSON – NATION HEALTH LEAD *(authorized to receive funds)*

First and Last Name: _____

Job Title: _____

Email: _____

Phone: _____

USE OF GRANT: *(how will your funding be spent, please provide details)*

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GRANT REQUEST: *(\$1,000 per registered canoe, \$5,000 for host site)*

Number of registered canoes		Canoe Family Name(s)	\$
Host site	Y	If yes, please include site location	\$
	N		
TOTAL AMOUNT:			\$

NOTES/COMMENTS

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****Completed Grant Applications Forms can be submitted to PlanningVI@fnha.ca by June 30, 2025**
Please note that applicants must be from the Vancouver Island region.