

Wellness Day Event

Hosting Wellness Activities on National Aboriginal Day: **June 21, 2015**

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, 2015 or within seven days (either side) of this event.

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 and partnership investment 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)
- Applicants that have submitted the required Closing Report for previous FNHA wellness grants

NOTE: If multiple applications are received from the same community or organization, those applicants may be asked to collaborate with each other.

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 23, 2015**. 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://fnha.fluidsurveys.com/s/Day-Of-Wellness-2015/>
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

A. 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

☐ Healthy Eating

☐ Nurturing Spirit

☐ 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
<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"/> Pregnant women <input type="checkbox"/> All of the above <input type="checkbox"/> Other: _____	<input type="checkbox"/> 10 or less <input type="checkbox"/> between 11 and 25 <input type="checkbox"/> between 26 and 50 <input type="checkbox"/> between 51 and 100 <input type="checkbox"/> between 100 and 150 <input type="checkbox"/> between 151 and 200 <input type="checkbox"/> between 201 and 250 <input type="checkbox"/> between 251 and 300 <input type="checkbox"/> 300+

B. FUNDING AMOUNT CATEGORIES

Please read the applicant categories carefully to ensure you are applying for the appropriate grant.

Funding preference and special consideration will be given to:

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- Applications where collaboration or partnership with other communities and partnership investment is possible and demonstrated at the regional, or sub-regional level (3 or more communities)
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Funding Amounts Available

Amount	Typical Applicant Type
Category 1: \$4000-5,000	Nation, Regional or Sub regional with multiple collaborating communities and multiple partner investments
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 \$1,000	Single Community or Organization or Group serving BC First Nations

Funding Category 1: \$4,000-5,000

Nation-based or regional scale events with multiple collaborating communities or groups and multiple partner investments

- 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

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

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

D. 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):

E.

Partner Name:	Partner types: <input type="checkbox"/> First Nations/Aboriginal Community <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Business <input type="checkbox"/> Other _____
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F. Is there anything else you would like us to know?

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.