



First Nations Health Authority  
Health through wellness

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## FNHA 2018 Winter Wellness Grants Application Form

Coming together as one  
#FNHAWinterWellness

### Grant Eligibility

Organizations, schools and agencies that are engaged in direct health service delivery to BC First Nations and/or Aboriginal people may be eligible for funding to host a Community-Driven Winter Wellness event or initiative. To be eligible, the event or initiative must be held between **January 1<sup>st</sup> - February 18<sup>th</sup>, 2018**. The deadline for applications is **October 27, 2017**.

**\*\*If you have received Day of Wellness and/or Winter Wellness grant funds in the past, previous closing reports must be submitted before applying for new funds.**

The First Nations Health Authority (FNHA) envisions healthy, self-determining and vibrant BC First Nations children, families and communities playing an active role in decision-making regarding their personal and collective wellness. In line with our Directive #1 - Community-Driven, Nation-Based, the FNHA is encouraging First Nations to create their own health event or initiative!

The 2017-2018 theme is "Togetherness". This is the time of the year where coming together is important for us as individuals and as a community. Here at the FNHA we want Wellness events and initiatives to include a gathering aspect so that participants are encouraged to celebrate wellness by bringing people, families and communities together. It is our wish to see the Winter Wellness events sustaining wellness in our communities by starting the year in a good way.

### *Applications will be weighed against the following criteria:*

- Includes a coming together/gathering aspect that participants can implement within their lifestyle/community
- Event or initiative that focuses on one or more of the FNHA Wellness Streams
- BC First Nations community-based applications (single or multiple)
- Applications where collaboration or partnership with other communities are possible and demonstrated at the regional, or sub-regional level
- Fairness and equity within and across the five regions

## Samples of FNHA Wellness Streamed initiatives and events:

<b><u>Nurturing Spirit</u></b>
Organize a Volunteer Challenge! Have youth participants commit to coming together to cut firewood and deliver it to Elders in the community. Following that, celebrate the good work and feelings spread across the community by having a community meal and circle to share your experiences.
<b><u>Respecting Tobacco</u></b>
Community members collectively pledge to go 48 hours smoke-free, as a group. A 5 km walk can be held. At the end of the walk, the community members who have gone smoke free will be acknowledged and rewarded.
<b><u>Being Active</u></b>
Organize a 5 km snowshoe, ski, sled or walk and have a warm meal at the end of it.
<b><u>Healthy Eating</u></b>
Have community members come together to learn about traditional food and prepare traditional meals. Gatherings can be held during the month of January.

## Application Form

To apply for a grant, please complete this application. Funds may be used for any required costs necessary to carry out the event or initiative (with the exception of purchasing assets or infrastructure).

Only fully completed application forms will be considered.

Applications can be submitted via email, fax or online link no later than **October 27, 2017**.

**Please Note:** If the application is being sent via fax, please call the phone number below and leave a message to let us know it has been sent. It is the applicant's responsibility to ensure that the fax is sent and received:

### First Nations Health Authority – Winter Wellness Grants

Application Link: <https://interceptum.com/s/en/FNHA-2018-Winter-Wellness-Grant-Application>

Email: [active@fnha.ca](mailto:active@fnha.ca)

Phone: (604) 693-6575

Fax: (604) 913-2081

## FNHA Winter Wellness Grant Application Form

**Legal name of host organization (as it should appear on grant cheque):**

**Host organization's complete mailing address: (include postal code)**

**Name of Winter Wellness coordinator:  
(Person within your organization who will be the contact with FNHA)**

**Winter Wellness coordinator's position/job title with the host organization:**

**Winter Wellness coordinator's contact phone numbers:**

Work:	Ext:
Cell:	

**Winter Wellness Day event coordinator's email address:**

**How did you hear of the Wellness Day event or initiative?**

- eBlast Newsletter     FNHDA Email     FNHA Facebook     Other: \_\_\_\_\_
- FNHA website     Word of Mouth     Regional Caucus Session
- Partner's Council email     AHLA Regional Leadership Training Sessions

**Region: (Check off which region your organization belongs to. For help, click the link**

**to view the regional divisions)**

- [Northern Region](#)
- [Interior Region](#)
- [Vancouver Island Region](#)
- [Vancouver Coast Region](#)
- [Fraser Salish Region](#)

**Which Wellness Streams will be part of your event or initiative?**

**(Check all that are applicable)**

**(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>) )**

- Being Active     Nurturing Spirit     Healthy Eating     Respecting Tobacco

**What type of event or initiative are you hoping to hold?**

- Community Meal     Community Activity     Community Event  
 Community Challenge     Community workshop/information sharing  
 Other: \_\_\_\_\_

**Please provide a title or tagline for your event/initiative**

**Please give us a short description of what you will be doing**

**This event/initiative is open to participation/involvement from:**

- General public    Local healthcare providers    Regional Health Authority  
 Community members only

**Participants expected**

- Pre-school age  
 School age / youth  
 Adults – women  
 Adults - men  
 Elders  
 Pregnant women  
 All of the above  
 Other:

**Number of participants expected**

**NOTE:** Please keep track of actual numbers of participants during your event. This will need to be reported on the closing report.

**Has your host organization received past Day of Wellness or Winter Wellness grant funds?**

- 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

**Below are the descriptions of the 4 Funding Categories available. Please review and select your applicable category.**

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

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

**Funding Category 2: \$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 for increased collaboration and cost-sharing
- Event or initiatives that benefit a high number of BC First Nations community members living home or away from home (300 or more participants)

**Funding Category 3: \$1,000-2,999**

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

**Funding Category 4: Up to \$999**

- 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 up to 100 participants

**Please choose which Funding Category you are applying for**

- Funding Category 1: \$4,000-5000
- Funding Category 2: \$3,000-3,999
- Funding Category 3: \$1,000-2,999
- Funding Category 4: Up to \$999

**Partnership/Collaboration information:**

Please list official First Nations communities and other community partner agencies (Health Authority, non-profit organizations, businesses, etc.) for your Winter Wellness Day 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:**

**Contributions from partnership 1:**

**Partner types:**

- First Nations/Aboriginal Community
- Non-profit organization
- Business
- Other:

**Partner name 2:**

**Contributions from partnership 2:**

**Partner types:**

- First Nations/Aboriginal Community
- Non-profit organization
- Business
- Other:

**Partner name 3:**

**Contributions from partnership 3:**

**Partner types:**

- First Nations/Aboriginal Community
- Non-profit organization
- Business
- Other:

**Please provide any additional information you think may assist us in assessing your application.**

### **Reporting and Sharing Your Wellness Stories**

The FNHA would like to learn from these Winter Wellness experiences and share resources and information in order to continue to grow in our collective Wellness Journey. We **require** a brief closing report on your event or initiative (details to be provided to successful grant recipients). Photos of your Winter Wellness activity or event are greatly appreciated!

For any questions regarding grant application and guidelines please contact us at:

Email: [active@fnha.ca](mailto:active@fnha.ca)

Phone: (604) 693-6575