



## COMMUNITY GRANTS APPLICATION

### APPLICANT INFORMATION:

**Name of Organization/Group:**

**Organization/Group Description:**

**Contact Person:**

**Co- Applicant:**

**Mailing Address:**

**Mailing Address:**

**Telephone:** (Day)  
(Evening)

**Telephone:** (Day)  
(Evening)

**Email:**

**Email:**

### PROJECT DESCRIPTION

**Project Name:**

**Start Date:**

**End Date:**

**Project Summary:**

**Wellness Areas Chosen** (Please check ALL that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Healthy Eating</b>    | <input type="checkbox"/> <b>Child &amp; Youth Development</b> |
| <input type="checkbox"/> <b>Physical Activity</b> | <input type="checkbox"/> <b>Health Protection</b>             |
| <input type="checkbox"/> <b>Tobacco Control</b>   | <input type="checkbox"/> <b>Mental Health Promotion</b>       |
| <input type="checkbox"/> <b>Injury Prevention</b> | <input type="checkbox"/> <b>Environmental Health</b>          |

**Target Group: Who is the project intended for?**

**Participants: How many might take part?**

**Goals: What do you plan to do?**

**Activities: How will you do it?**

**Evaluation: Please complete the Project Reporting Form within 30 days of completion. Failure to do so, will compromise approval for any future funding.**

**Project partners:**

**What are these partners doing to help with this project?**

**How will this project benefit your community?**

**What else would you like us to know about this project?**

**PROJECT BUDGET**  
 (See budget example of the end of the application)

Budget Items	Details	Estimated cost	
		Requested in current application	Provided from another source
<b>Total</b>			

**How will you recognize the contributions of the coalition?** (Posters, Newsletters, etc.)

**AUTHORIZATION**

- Please check if you agree to the following:
- 1. permission to share information      Yes \_\_\_\_\_      No \_\_\_\_\_
  - 2. permission to use any photos sent in      Yes \_\_\_\_\_      No \_\_\_\_\_

I agree that the Northern Wellness Coalition has full use of information and/or photos of my event to promote healthy living in any future publication.

Signature: \_\_\_\_\_

**PLEASE NOTE**

Successful applicants must allow approximately 6 weeks for review of application and the receiving of funds.

**BUDGET EXAMPLE**

Item	Details	Estimated Cost	
		Requested in current application	Provided from another source
Equipment	3 soccer balls- 3 @ 11.99 plus tax- \$40.65 4 badminton sets- 4 @ 19.99 plus tax- \$90.35	\$131.00	\$50 donation from Lion's Club
Room/Space Rental			In kind from school
Materials	12 pks colored paper- 12 @ 5.99 plus tax- \$81.22 24 glue sticks- 24 @ 4.49 plus tax- \$121.77 2 packs pipe cleaners- 2 @ 2.00 plus tax- \$4.52 2 packs popsicle sticks- 2 @ 2.00 plus tax- \$4.52	\$212.03	\$100 from town recreation committee
Food	4 fruit trays at \$25 each- \$100 4 veggie trays at \$30- \$120 8 cases of water at 5.99 each plus bottle deposit and tax- \$71.50 16 boxes granola bars at 3.49 each plus tax- \$63.10	\$354.60	
Other	Incentives/prizes		\$ In kind from Northern Committee Against Violence
Total		\$697.63	\$150.00