

MAMAWETAN CHURCHILL RIVER HEALTH REGION

WELLNESS GRANTS

Grant Criteria – 2011 - 2012

PURPOSE:

To assist community groups in the Mamawetan Churchill River Health Region (MCRHR) in implementing community wellness initiatives.

FUNDING:

- Up to \$1,500 is available for a community project.
- Applicants are encouraged to utilize local resources for Wellness Grant projects as much as possible.
- Funding can be sought from multiple sources.

ELIGIBILITY:

1. The project must be community-based and address a wellness issue, focus on youth engagement or include youth participation, and one or more of the following four population health pillars:
 - Mental Well-being
e.g. parenting conferences, programs or events that build skills, confidence and leadership capacity in youth
 - Decreased Substance Use and Abuse
e.g. tobacco reduction or addictions awareness strategies or events
 - Accessible Nutritious Foods
e.g. implementation of collective kitchens or community gardens
 - Active Communities
e.g. engaging youth in the design of a skate board park or implementation of a neighbourhood pedometer challenge
2. The project must have a clear start and end date.
3. Groups must submit a detailed project budget.
4. MCRHR requires an evaluation report be submitted within 60 days after project completion. Successful applicants must submit this final report in order to be eligible for Wellness Grants in future years.
5. Both on reserve and off reserve community groups are eligible as long as both on and off reserve residents are welcome to participate in the project.



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INELIGIBLE PROJECTS OR EXPENDITURES:

- The following individuals/groups are not eligible to apply for wellness grants:
 - For profit businesses/organizations
 - Federal, provincial, municipal government offices, and band or band-funded offices
 - Organizations that receive core funding from MCRHR
 - MCRHR employees, in their work roles, or as individuals

Note: Although ineligible to apply for Wellness Grants, all of the above are encouraged to partner with and/or support funded projects when appropriate.

- Treatment programming or initiatives are ineligible.
- Projects in which participation is restricted to on or off reserve community members/residents are ineligible.
- Completed projects are ineligible.
- Ongoing projects are ineligible.
- Grant dollars may not be used to pay for salaries or honoraria for project coordinators.
- Other expenses that are ineligible include: capital items such as the purchase of buildings, structures, land, furniture, electronics, as well as door prizes and/or raffle items.

PROCEDURE:

1. For more information or to submit completed applications please contact or send to:

Wellness Grants
Mamawetan Churchill River Health Region
Box 6000
La Ronge, SK S0J 1L0

Phone: (306) 425-2422
Fax No.: (306) 425-5513
2. The MCRHR Manager of Health Promotion and Community Therapy Services will review applications on an ongoing basis.
3. Deadline for application submission is:
May 30, 2011.
4. Approved applicants will submit an evaluation and follow-up report, with pictures if available, upon completion of project. Pictures and excerpts from the evaluation report may be used in the MCRHR Newsletter or other promotions or reports. Note: in order for MCRHR to use photos or videos associated with the project, a photo release form must be signed (find form attached.)
5. Approved applicants will give credit to Mamawetan Churchill River Health Region in any promotional and educational material produced for the project.
6. Funds must be used for the project as outlined in the application; if significant changes to the project are being considered, please notify the Manager of Health Promotion and Community Therapy Services in order to seek approval.

APPLICATION FORM: (USE EXTRA PAGES IF NEEDED)

GRANT NO: _____

Project Name _____

ORGANIZATION APPLYING

(If this is a joint application, list in this space the organization which will handle the money for the project. List joint applicant(s) on a separate page.)

Organization Name _____

Contact Person _____

Address _____ Town _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____

What are you going to do? Briefly describe the community wellness project you are planning.

Where will this project take place and when will it start and end?

Who is this project expected to help?

How does this project engage and/or impact youth?

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How many people do you think might participate?

What is the goal of the project?

What will people learn or how will it affect the people who take part in it?

Why is the project important to your community?

Are there any other communities or community groups participating in this project? If so, please list them and say how they will be participating.

Do local leaders support the proposal? Yes___ No ___

Does the local health committee or interagency group support the proposal? Yes___ No ___

The Mamawetan Churchill River Health Region requires an evaluation of each project, with pictures if possible, as soon as possible after completion. Please describe how you will evaluate your project and assess how your goals were achieved. How will you know if it is a success or not?

For Office Use Only

Grant No. _____ Date _____

Signature _____ Amount Approved _____

PROJECT BUDGET - AMOUNT OF FUNDING REQUESTED

Please provide us with a detailed project budget. Include under revenue self-help any resources, financial or gifts in kind, that have been provided by your organization or community. If you need more space, add extra pages with the details of the budget.

Proposed Budget (fill in the items that are expenses for your project and what you think it will cost)	Actual (To be filled in <u>after</u> project completion and sent in with evaluation report.)
Expenditures Rent - example: facilities - eg. equipment Resource People - eg. honoraria - eg. travel expenses Advertising/Publicity Printing/Duplicating Resource Material Other (please specify) Total Expenditures	
Revenues Wellness Grant Request Self-Help - eg. registration fee - eg. local donations - other Gifts-in-Kind (please specify) Other Revenue (please specify) Total Revenues <i>Note: Expenditures and Revenues should match.</i>	

I hereby certify that the information given on this application is true and correct.

Signature: _____

Date: _____



MCRHR Photo/Video Release

I give permission to the Mamawetan Churchill River Health Region to use photographs and/or videotape of me and/or my child on a website, in promotional video and/or printed material produced by the Region.

Reason for request (eg. Website, displays, health promotion pamphlet, video, poster, etc.)

Printed name (also print child's name if applicable)

Signature(s)

Phone number

Mailing address

(Date)

Printed name of staff person requesting permission.