



## School Grant Application Form

**Deadlines:** *November 15 and February 15 of the school year*

**Please note:** We cannot accept late or incomplete applications. All applications should be emailed, faxed or post-marked no later than midnight of the deadline date.

### 1. Applicant Information:

Name of School \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

Contact(s) Role within School \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### 2. Project Description:

Project Name

Project Summary (Briefly describe the main aspects of your project)

Projected Start Date

Projected End Date:

Target Audience (age or grade)

Project Goal(s) (What do you hope to accomplish with this project?)

Objectives (How will you meet your planned goals?)

Evaluation (How will you know your project has been a success?)

Acknowledgement (How will you acknowledge the contributions of the coalition?)

### 3. Project Budget

| Project Needs<br>(Please List) | Cost<br>(Estimate) | Funding Source* |                |                 |
|--------------------------------|--------------------|-----------------|----------------|-----------------|
|                                |                    | Coalition       | Other Partners | In-Kind Service |
| 1.                             |                    |                 |                |                 |
| 2.                             |                    |                 |                |                 |
| 3.                             |                    |                 |                |                 |
| 4.                             |                    |                 |                |                 |
| 5.                             |                    |                 |                |                 |
| 6.                             |                    |                 |                |                 |
| 7.                             |                    |                 |                |                 |
| Total Cost (Each Source):      |                    |                 |                |                 |

\*Please list the sources from which you expect to receive support for each item (*Coalition* or *Other Partners*). *In-Kind Service* refers to any free services you expect to receive to support the program (volunteer time, use of space, etc.). All columns should add up to the total cost of your project.

#### 4. Eligibility:

Your project promotes *at least one* of the priority areas of wellness. Please check all which apply:

- Healthy eating
- Active living
- Smoke-free
- Injury prevention
- Child and youth development
- Health protection
- Healthy environments
- Mental health promotion

Your project will take place within the geographical area of the Wellness Coalition.

Yes  No

You have completed all sections of the application where appropriate.

Yes  No

#### 5. Authorization:

We the undersigned acknowledge that this application was completed with true and accurate information. If we are successful in receiving funding from the coalition, we will use those funds in accordance with our outlined project plan and budget.

Signature of Applicant \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Applications are kept in strict confidence. Please return this completed application to:

**Ulrica Pye, Parent & Child Health Coordinator**  
**347 O'Connell Drive**  
**P.O. Box 2005, Corner Brook, NL, A2H 6J7**  
mailto: [ulricapye@westernhealth.nl.ca](mailto:ulricapye@westernhealth.nl.ca) or fax 632-2636

## 6. Application Details:

**Eligibility:** Please ensure you meet all the requirements for eligibility as outlined on page 5 before sending your application to the coalition. Incomplete, late, or ineligible applications cannot be considered.

**Review Process:** The review process may take up to 6 weeks to complete. All applications received before the deadline will be considered. Late or incomplete applications will not be considered, but may be carried forward to the next review deadline. All applicants will be informed by letter about the status of their application.

**Project Completion:** Projects must be completed and groups must complete a summary report within one year of receiving funds. A Summary Report Form will be provided to all successful applicants with their letter.

**Receipts:** All original receipts must be compiled and sent to the coalition with the final summary report. Any monies not spent as outlined in the project budget must be returned to the coalition at the end of the project.

## 7. Suitable Uses of Grant Funds:

**The following costs can be funded:**

- School wellness events or initiatives
- Materials, supplies, and equipment directly related to your project
- School wellness needs assessments
- Educational activities directed toward your target audience
- Publications and web sites
- Student travel to community activities that promote wellness

**The following costs cannot be funded:**

- Contributions to fund raising drives
- Registration fees for memberships, program participation, and conferences
- Core operating expenses (rent, heat, lights, office supplies, etc.)
- Capital expenditures (such as computers)
- Salaries, honoraria, coordinating fees, travel, or payment for guest speakers
- Prize money, contest money, scholarships

*The Wellness Coalition reserves the right to determine suitable uses of grant funds.*

For further information, please contact:

**Ulrica Pye**  
**Parent & Child Health Coordinator**  
**(t) 632-2919 (f)632-2636**  
<mailto:ulricapye@westernhealth.nl.ca>