

## Community Healthy Living Fund

Application Deadline: January 31, 2018

Please indicate the categories of funding applied for in this application: You can apply for more than one category.

- Supportive Environments - Physical Activity and Healthy Eating Equipment
- Supportive Environments - Small Infrastructure
- Programs
- Capacity Building

### SECTION 1: General Information

Full legal name of organization:		
Street/P.O. Box ( <b>organization's permanent mailing address</b> ):		
Town/City:	NL	Postal Code:
Contact Name:	Title/Position:	
Telephone (daytime):		
E-mail (mandatory to include):		
Head of Organization (if different from above)		
Name:	Title/Position:	
Telephone (daytime):		
E-mail:		

### SECTION 2: About Your Organization and Community

Are you a non-profit organization? <b>If no, you are not eligible for this grant program.</b>	
Are you incorporated under Newfoundland and Labrador Registry of Companies? <b>If no, you are not eligible for this grant program.</b>	

If yes, what is your Registration Number?	
Are you listed with the Canadian Revenue Agency as a registered charity?	
If yes, what is your Registration Number?	
How many years has your organization been active?	
How many paid staff do you have? Other (explain):	Full Time  Part Time:
What is the main purpose/mandate of your organization?	
What ongoing activities does your organization offer to support physical activity and healthy eating?	
How many people are served by your organization?	
Do you charge a membership fee? If yes, what is your annual membership fee?	
How many people are in your community? Community data is available at <a href="http://nl.communityaccounts.ca/">http://nl.communityaccounts.ca/</a>	
What would be the two largest age groups in your community? Check two boxes :  0-4      5-17      18-35      36-49      50-75      75+	
Are there school aged children in your community? If yes, approximately how many?	
Is your community growing or declining in size?	

Did your organization receive any funding from the Community Healthy Living Fund between April 1, 2016 and March 31, 2017?	
If yes, have you submitted your report?	
If no, explain:	

### SECTION 3: Supportive Environment Funding

There are two funding categories under supportive environments. You may apply for one or both:

3.1 Physical Activity and Healthy Eating Equipment, and

3.2 Small Infrastructure.

Funding under this category is to support the development of healthy active living environments that promote physical activity and healthy eating.

#### 3.1 Physical Activity and Healthy Eating Equipment

Funding up to \$3,000 is available to support schools, recreation and sport facilities to purchase equipment that promotes physical activity and/or healthy eating. You are required to **attach quotes** to support your funding request.

What equipment are you requesting funding for?

Describe how the project will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.

Describe any partners involved with this project and how they are contributing:

**Budget**

Item	Cost (attach quotes)	Amount Requested from CSSD
	Total:	Total:

Are you receiving funding from other sources? If yes, identify how much and from whom:

**3.2 Small Infrastructure**

Funds up to \$10,000 are available to retrofit and renovate existing facilities that residents of Newfoundland and Labrador use for recreation and sport, and to fund capital costs that increase use, lower operating costs, improve safety and increase inclusion. **You are required to attach quotes to support your funding request.**

Project Description:

What age group(s) in your community does this project target? Check all that apply:

0-4

5-17

18-35

36-49

50-75

75+

Is your organization the legal owner of the location/facility?  
(If the applicant is not the legal owner, a letter of support is  
required from the owner)

If successful in obtaining a grant for this project, will it be completed  
within one year of receiving funding?

Anticipated Start Date:

End Date:

Describe any partners involved with this project and how they are contributing:

Describe how the project will help to increase physical activity and/or healthy eating (including rate of vegetable and fruit consumption where possible). Results will be required when submitting your Final Report.

**Budget**

Item	Cost (attach quotes)	Amount Requested from CSSD
	Total:	Total:

Are you receiving funding from other sources? If yes, identify how much and from whom:

**SECTION 4: Program Funding**

Funding under this category is to support the development of healthy active living programs that increase physical activity and/or healthy eating. You may either apply for Basic Support and two addition Programs or three different Programs.

**Basic Support**

Funding up to \$1,500 is available for Recreation Committees/Commissions and Seniors Group to assist with the provision of community recreation opportunities that have the opportunity to increase physical activity and/or healthy eating (including the consumption of fruits and vegetables).

Applicants who apply for Basic Support can also apply for two additional Programs.

Describe the ongoing community recreation opportunities offered by the organization that have the opportunity to increase physical activity and/or the consumption of fruits and vegetables:

**Budget**

Item	Cost (attach quotes)	Amount Requested from CSSD
	Total:	Total:

**Project (1 of 3)**

Project Name:

Detailed Project Description (please identify specific activities):



What age group(s) in your community does this project target? Check all that apply:					
0-4	5-17	18-35	36-49	50-75	75+
Anticipated Start Date:			End Date:		
Location(s) of Program:			Number of Weeks:		
Number of times per week:			Number of Participant:		
Who are your partners in this project and how are they contributing?					
Is this program inclusive to a wide range of people?					
Are fees charged to participate in this program?					
If yes, please identify the fee and describe how this revenue will be used:					
Describe how the project will help to increase physical activity and/or healthy eating (including rate of vegetable and fruit consumption where possible). Results will be required when submitting your Final Report.					

<b>Budget</b>		
	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<p><b>Salary</b>  Maximum hourly rate \$12 including mandatory employment-related costs</p> <p>No. of hours a week _____ X number of weeks _____ X \$12 hour</p>		
<p><b>Honorarium</b>  Maximum of \$30 for professional services that are offered without charge</p>		
<p><b>Rent</b>  Facility cannot be owned/operated by the applicant</p>		
<p><b>Materials and Supplies</b>  List items below and include unit cost and quantity</p>		
<p><b>Healthy Snacks</b>  Maximum of 25% of total project cost. Items must be listed below and meet the Healthy Food Guidelines provided</p>		
<p><b>Promotion</b>  Maximum of 10% of total project cost</p>		
<p><b>Transportation</b>  Bus or taxi only</p>		

<b>Other</b> List items below and include a detailed description		
	Total:	Total:
Are you receiving funding from other sources? If yes, identify how much and from whom:		

**Project (2 of 3)**

Project Name:

Detailed Project Description (please identify specific activities):

What age group(s) in your community does this project target? Check all that apply:					
0-4	5-17	18-35	36-49	50-75	75+
Anticipated Start Date:			End Date:		
Location(s) of Program:			Number of Weeks:		
Number of times per week:			Number of Participant:		
Who are your partners in this project and how are they contributing?					
Is this program inclusive to a wide range of people?					
Are fees charged to participate in this program?					
If yes, please identify the fee and describe how this revenue will be used:					
Describe how the project will help to increase physical activity and/or healthy eating (including rate of vegetable and fruit consumption where possible). Results will be required when submitting your Final Report.					

<b>Budget</b>		
	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<b>Salary</b> Maximum hourly rate \$12 including mandatory employment-related costs  No. of hours a week _____ X number of weeks _____ X \$12 hour		
<b>Honorarium</b> Maximum of \$30 for professional services that are offered without charge		
<b>Rent</b> Facility cannot be owned/operated by the applicant		
<b>Materials and Supplies</b> List items below and include unit cost and quantity		
<b>Healthy Snacks</b> Maximum of 25% of total project cost. Items must be listed below and meet the Healthy Food Guidelines provided		
<b>Promotion</b> Maximum of 10% of total project cost		
<b>Transportation</b> Bus or taxi only		

<b>Other</b> List items below and include a detailed description		
	Total:	Total:

Are you receiving funding from other sources? If yes, identify how much and from whom:

**Project (3 of 3)**

Project Name:

Detailed Project Description (please identify specific activities):



What age group(s) in your community does this project target? Check all that apply:					
0-4	5-17	18-35	36-49	50-75	75+
Anticipated Start Date:			End Date:		
Location(s) of Program:			Number of Weeks:		
Number of times per week:			Number of Participant:		
Who are your partners in this project and how are they contributing?					
Is this program inclusive to a wide range of people?					
Are fees charged to participate in this program?					
If yes, please identify the fee and describe how this revenue will be used:					
Describe how the project will help to increase physical activity and/or healthy eating (including rate of vegetable and fruit consumption where possible). Results will be required when submitting your Final Report.					

<b>Budget</b>		
	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<p><b>Salary</b>  Maximum hourly rate \$12 including mandatory employment-related costs</p> <p>No. of hours a week _____ X number of weeks _____ X \$12 hour</p>		
<p><b>Honorarium</b>  Maximum of \$30 for professional services that are offered without charge</p>		
<p><b>Rent</b>  Facility cannot be owned/operated by the applicant</p>		
<p><b>Materials and Supplies</b>  List items below and include unit cost and quantity</p>		
<p><b>Healthy Snacks</b>  Maximum of 25% of total project cost. Items must be listed below and meet the Healthy Food Guidelines provided</p>		
<p><b>Promotion</b>  Maximum of 10% of total project cost</p>		
<p><b>Transportation</b>  Bus or taxi only</p>		

<b>Other</b> List items below and include a detailed description		
	Total:	Total:
Are you receiving funding from other sources? If yes, identify how much and from whom:		

### Section 5: Capacity Building

Detailed Project Description (please identify specific activities):

Anticipated Start Date:	End Date:
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Who are your partners in this project and how are they contributing?

Describe how the project will help to increase physical activity and/or healthy eating (including rate of vegetable and fruit consumption where possible). Results will be required when submitting your Final Report.

**Budget**

Item	Cost (attach quotes)	Amount Requested from CSSD
	Total:	Total:

Are you receiving funding from other sources? If yes, identify how much and from whom:

## SECTION 6: Conditions and Privacy Notice

The Department of Children, Seniors and Social Development (CSSD) funding may be used only for the purposes specified in this application. Once CSSD has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of CSSD and it shall be at the discretion of CSSD to determine what constitutes substantial change in each case. CSSD reserves the right to determine the extent and type of information required to support payment of the grant. Further, CSSD may require that an audit be undertaken to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to CSSD or becomes a debt due the Crown. The organization/group is wholly responsible for its own debts. CSSD will not consider any application to pay debts. If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, unemployment insurance, etc.). Organizations acquiring assets purchased with government funding through the CHLF are required to transfer assets to the Town should they dissolve.

Whenever appropriate, public acknowledgement of funding by CSSD is expected. Publications should clearly acknowledge CSSD's assistance. A standard statement of acknowledgement is available on request. The organization/group agrees to respect and apply the spirit and provisions of existing human rights legislation. Under the Access to Information and Protection of Privacy Act, members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information about this grant application, CSSD may consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld. When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

### Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of program administration and assessing the merits of each funding application. If you have any questions about the collection, use and disclosure of your personal information, please contact Jennifer Taylor, ATIPP Coordinator, at [jennifertaylor@gov.nl.ca](mailto:jennifertaylor@gov.nl.ca) or (709) 729-6370. For **all other inquiries**, please see contacts listed in the Guidelines.

## SECTION 7: Checklist

**IMPORTANT:** Please review your application to ensure that all of the required information has been provided. Have you:

- Selected the correct category boxes on page 1 of the application that match your funding request(s);
- Reviewed the Community Healthy Living Fund guidelines to verify eligibility;
- Completed all applicable sections of the grant application;
- Signed and dated Section 8: Authorization;
- Attached a signed letter from your Partner, Municipal Council/Local Service District Committee or School District (**see guidelines**);

- Included incorporation information on application; and
- Attached quotes/supplier information where required (Supportive Environment Funding)

## SECTION 8: Authorization

I certify that, to the best of my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group that I represent, and that I am authorized to enter into funding agreements on behalf of my organization/group. I certify that my organization/group meets the basic eligibility criteria of the Community Healthy Living Fund referenced in this application. I also certify that if successful for funding my organization/group will abide by all terms and conditions herein which will form the Agreement between the Parties.

If funded:

- I agree to use the funding only for the purposes outlined in the original application;
- I agree to submit a final report within 30 days after completion of the project. I acknowledge that failure to submit a final report may result in my organization/group being ineligible to receive future funding;
- I agree to acknowledge the Department of Children, Seniors and Social Development funding contribution to this project where appropriate.
- I agree to return to CSSD any funds not used for the purposes outlined in the application.
- I agree that goods purchased with Government funds may not be sold or passed on to a third party. Furthermore should our organization dissolve, all property purchased under the CHLF will be transferred to the municipality of the applicant.

Name of signing authority (print):	
Title/position:	E-mail:

**If the application is emailed, typing the name below will satisfy the signature requirement.**

\_\_\_\_\_

Signature of signing authority

\_\_\_\_\_

Date

**PLEASE SUBMIT TO:**

E-mail : [chlf@gov.nl.ca](mailto:chlf@gov.nl.ca)

**OR**

Community Healthy Living Fund  
 Department of Children, Seniors and Social Development  
 3<sup>rd</sup> Floor, West Block,  
 Confederation Building  
 P.O. Box 8700  
 St. John's, NL  
 A1B 4J6

All emailed applications will receive email confirmation that application has been received.

**APPENDIX 1: Letter of Support**

Community Healthy Living Fund  
Department of Children, Seniors and Social Development  
PO Box 8700  
St. John's, NL  
A1B 4J6

On behalf of \_\_\_\_\_  
I pledge our support to \_\_\_\_\_  
for their project(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This organization is applying to access funds through the Community Healthy Living Fund administered under the Department of Children, Seniors and Social Development, Government of Newfoundland Labrador.

Sincerely,

\_\_\_\_\_  
Signature of Signing Authority

\_\_\_\_\_  
Date