

# Provincial Health and Wellness Grant Program 2014/15



Department of Seniors, Wellness and Social Development

# Provincial Health and Wellness Grant Program

The Health and Wellness Grant Program is an initiative supported by the *Provincial Wellness Plan* led by the Department of Seniors, Wellness and Social Development. The aim of the Wellness Plan is to improve overall health and wellness by focusing on health promotion and by strengthening community action to address the wellness priorities which include:

- healthy eating;
- physical activity;
- tobacco control and
- injury prevention.

This grant program provides one time funding to eligible applicants as a contribution toward the cost of a project which promotes one or more of the wellness priorities and supports healthy living and wellness.

Proposals must meet the eligibility criteria outlined below and will be assessed through a review process. The Minister of Seniors, Wellness and Social Development will approve the final recommendations for funding. Efforts will be made to ensure that funding is dispersed equitably throughout the province.

## Eligibility Criteria

To be eligible for funding, applicants and their respective projects must meet the following criteria:

### Eligible Applicants:

Applicants must be either a/an:

- Non-profit organization;
- Church;
- Local Service District;
- Incorporated Recreation Committee;
- Incorporated municipality;
- Aboriginal Government or organization

Applicants must reside in Newfoundland and Labrador.

Applicants must be in good standing with the Provincial Government. For example, the applicant does not have any outstanding reports/forms to be submitted from previous grant programs or to Service NL.

### Non-Eligible Applicants:

For-profit organizations, schools, Memorial University of Newfoundland, the Regional Health Authorities, individual health practitioners, or other individuals are **not eligible** for the Provincial Health and Wellness Grants.

Research projects are not eligible.

### Funding Amounts

Requests for funding must be between \$5,000 - \$10,000 and will be used to either fully fund a project or as a contribution toward the total cost of a project.

### Project Description

Proposed projects must support healthy living and wellness by promoting one or more of the wellness priorities including:

- healthy eating;
- physical activity;
- tobacco control or
- injury prevention.

Applicants are encouraged to create partnerships with other groups or organizations when preparing their health and wellness application.

### Eligible Expenses

Eligible expenses may include but are not limited to:

- Salaries for project personnel;
- Honoraria, speaking fees;
- Travel expenses for resource people and/or participants (e.g. travel to/from community event or service);
- Resource material (e.g. educational/instructional manuals);
- Purchase of healthy snacks/foods for project events;
- Advertising, publicity, printing (e.g. pamphlets, posters, promotional items); and,
- Purchase of materials/small equipment related to proposed project. \*e.g. exercise balls, hand weights, exercise mats).

## Ineligible Expenses

Ineligible expenses include:

- Capital/infrastructure expenditures (e.g. building renovations, sports fields or walking trail construction or renovations, exercise equipment such as treadmills or universal weights, office furniture, kitchen appliances, computers, etc.);
- Projects which are a clear duplication of existing activities in your community/region;
- Contributions to annual fundraising drives;
- Core operating expenses (e.g. heat, light, core organizational staff, office space);
- Individual scholarships or bursaries;
- Membership fees; and,
- Research funding.

## **Reporting Requirements**

Within one month after the completion of the project the applicant must submit the “Provincial Health and Wellness Grant Program Final Report.” The Final Report will contain information on how funds were used, impacts of the program on the participants and broader community, lessons learned and any plans for follow-up. A copy of the Final Report template will be sent to successful applicants.

## **Assessment of Application**

Applications will be reviewed on their individual merit based on financial resources available and the following:

- Enhanced opportunities for citizens to live a healthy active lifestyle;
- Appropriateness of the project in relation to the activities of the organization/group;
- Appropriate allocation of budget items;
- Compliance with eligibility requirements; and,
- Satisfactory completion of previous grants requirements.

## **Process of Grant Payment**

Provincial Health and Wellness Grants will be issued in one payment following the approval of applications. Payment will be issued to the organization/group identified in the application. New organizations/groups, or previously funded organizations/groups with updated mailing address and/or contact information, are required to sign up for direct deposit / Electronic Funds Transfer.

To sign up for direct deposit/ EFT go online at: <http://www.fin.gov.nl.ca/fin/forms>.

## Application Deadline

Submissions for the 2014-15 Health and Wellness Grant Programs must be received by the Department of Seniors, Wellness and Social Development **by noon on January 28, 2015.**

Applications must be addressed to the:

**Minister of Seniors, Wellness and Social Development**

and may be sent via:

- **e-mail\*:** [improvinghealth@gov.nl.ca](mailto:improvinghealth@gov.nl.ca)
- **fax:** **729-7778**
- **mail:** Department of Seniors, Wellness and Social Development  
West Block, Confederation Building  
P. O. Box 8700, St. John's, NL A1B 4J6

For additional information on the Provincial Health and Wellness Grant Program please contact:

Department of Seniors, Wellness and Social Development  
3<sup>rd</sup> Floor, West Block, Confederation Building  
P. O. Box 8700, St. John's, NL A1B 4J6  
709-729-3428  
[improvinghealth@gov.nl.ca](mailto:improvinghealth@gov.nl.ca)

*\*The Provincial Health and Wellness application can be completed on your computer. Simply save the document first to your computer. Then open it using Internet Explorer (other browsers may not work). When completed, re-save it and send it by e-mail.*

## Provincial Health and Wellness Grant Program

### Section 1: General Information

What is the name of the organization/group seeking funding?

Who is the contact person and what is the organization's/group's permanent mailing address?

Contact Name:		
Title:		
Street/P.O. Box:		
Town:	NL	Postal Code:
Phone:		Email:
Briefly describe your organization/group:		

## Section 2: About your Organization/Group

How many communities are served by your organization/group?	
What age groups does your organization/group serve?	
Are you a non-profit organization/group?	Yes      No
Are you incorporated under Newfoundland and Labrador Registry of Companies?	Yes      No
If yes, what is your incorporation number?	
Are you listed with the Canadian Revenue Agency as a Registered Charity?	Yes      No
If yes, what is your Registration Number?	
How many active volunteers are involved in your organization/group?	
How many paid staff does your organization/group employ?	Full-Time:  Part-Time:

## Section 3: Project Description

Project Title:	
<p>Mark an "X" next to the healthy living and wellness priority area(s) in which your project is focused</p> <p>healthy eating</p> <p>physical activity</p> <p>tobacco control</p> <p>injury prevention</p>	

Describe the project.

Identify how this project will contribute to the health and wellness of your community and how it will enhance opportunities for citizens to live a healthy active lifestyle.



Describe your target population for this project (e.g. children, youth, seniors, all citizens).			
Approximately how many of your target population will benefit from this project?			
Which communities will benefit from this project?			

Project Start Date:		Project End Date:	
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Describe any partnerships with other organizations and how each will contribute to this project.

Partner	Contribution

Detail your project with a **Plan of Action**. Please complete the table below identifying:

**Objectives:** a statement of “what” you wish to accomplish at each stage of the action plan

**Actions:** the work you will do to meet the objective

**Responsibility:** who will be responsible for the action (e.g. coordinator, board member, volunteer – provide title of the person)

**Timeline:** the amount of time required to complete the action.

Objective 1:

Action	Responsibility	Timeline

Objective 2:

Action	Responsibility	Timeline

Objective 3:

Action	Responsibility	Timeline

## Section 4: Budget

Please complete the following section relating to your project request.

Item	Details	Cost	Amount Requested
Total		\$	\$

Do you anticipate receiving any additional funding or in-kind support for this project? If so, please list it here.

## Section 5: Conditions and Privacy Notice

The Department of Seniors, Wellness and Social Development (SWSD) funding may be used only for the purposes specified in this application. Once the SWSD has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of the SWSD and it shall be at the discretion of SWSD to determine what constitutes substantial change in each case. SWSD reserves the right to determine the extent and type of information required to support payment of the grant. Further, SWSD 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 SWSD or becomes a debt due the Crown. The organization/group is wholly responsible for its own debts. SWSD 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.)

Whenever appropriate, public acknowledgement of funding by SWSD is expected. Publications should clearly acknowledge SWSD'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, SWSD 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

Under the authority of the Grants and Contributions Program, personal information may be collected for the purpose of program administration. Section 39(1)(C) of the Access to Information and Protection of Privacy Act allows Government Departments/Agencies to disclose personal information to other Government Departments/Agencies of Newfoundland and Labrador for the purpose of reviewing and monitoring applications, conducting policy analysis and seeking other potential funding sources. Any questions or comments can be directed to [jennifertaylor@gov.nl.ca](mailto:jennifertaylor@gov.nl.ca)

## Section 6: Checklist

**IMPORTANT:** Please review your application and be sure that all required information has been provided.

Have you:

- Reviewed the program guidelines to verify your eligibility as well as your projects eligibility
- Completed all sections of the grant application
- Completed Section 4: Budget and included all funding sources
- Signed and dated Section 7: Authorization

## Section 7: 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 Provincial Health and Wellness Grant Program 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 submit a final report within one month after completion of the project. I acknowledge that failure to submit a final report will result in my organization/group being ineligible to receive future funding;
- I agree to acknowledge the Department of Seniors, Wellness and Social Development funding contribution to this project where appropriate.

Name of Signing Authority (please print):

Title:

If your application is emailed this satisfies the signature requirement.

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

\_\_\_\_\_  
Date

<b>APPLICATION DEADLINE:</b>	<b>PLEASE SUBMIT TO:</b>	<b>OFFICE USE ONLY:</b>
January 28, 2015	Provincial Health and Wellness Grant Program Department of Seniors, Wellness and Social Development 2nd Floor, West Block Confederation Building P.O. Box 8700 St. John's, NL A1B 4J6 Fax: 709-729-7778 E-mail: <a href="mailto:improvinghealth@gov.nl.ca">improvinghealth@gov.nl.ca</a>	Consultant:  Date Received:  File Number: