



Western Regional Wellness Coalition

SCHOOL GRANTS:

Guidelines and Application Form

The following guidelines and application form may be used for School Grants offered through the Western Regional Wellness Coalition. The deadlines for grant applications are November 1 and February 1 each year.

Application Guidelines

The parameters outlined below act as guidelines for the review and approval of all school grant proposals for the Western Regional Wellness Coalition School Grant Review Committee. The guidelines are as follows:

- 1) All projects must operate within the geographical boundaries of the Western Regional Wellness Coalition (WRWC) (refer to map below).
- 2) All grant applications must be received before 4:30 p.m. on the closing date specified on the appropriate grant application. **Projects will not be considered for funding if received after this time or if the project has started and/or finished before the grant review committee meets.** If the deadline falls on a weekend or holiday, applications must be received the business day prior to the deadline. Please note: there is a four week turnaround after the deadline, so please account for this when submitting your application.
- 3) The monetary amount awarded for school grants will not exceed \$1000.
- 4) Preference will be given to schools that have not yet received funding in the grant review year.
- 5) Who can apply? K-12 schools located in the geographical boundaries of the WRWC are eligible to apply. Schools must be in good standing with the WRWC. Good standing means that for any grants previously received, project reporting forms have been completed, original receipts submitted and any unused funds have been returned. *Please note that post-secondary institutions such as Grenfell Campus or College of the North Atlantic are not eligible to apply. They must apply through Community Grants.*

6) Grant applications will not be considered if they are incomplete or improperly filled out. Schools must use this schools grants form and grant applications **must be co-signed by the school principal.**

- 7) All grant proposals must have a clear focus on wellness (health promotion)
- a) Project activities must include one or more of the following components: health promotion education and/or the following activities: displays, guest speakers, videos, learning exercises, group activities, etc.
 - b) Project activities must relate to one or more of the wellness priority areas as listed below:
 - Healthy eating, active living, tobacco control, injury prevention, mental health promotion, environmental health, child and youth development or health protection.

- 8) The following are examples of items that are eligible for funding:
- a) School wellness events or initiatives
 - b) Materials, supplies and equipment directly related to your project
 - c) Schools wellness needs assessments
 - d) Educational activities directed toward your target audience
 - e) Student travel to community activities that promote wellness
 - f) Small honoraria or payment for guest speakers may be funded at the discretion of the review committee

For more examples please see the sample School Grant application.

- 9) The following are items not eligible for funding:
- a) Contributions to fundraisers.
 - b) Registration fees for memberships, program participation, and conferences.
 - c) Monthly core operating expenses (i.e. rent, heat, lights, office supplies, etc.)
 - d) Capital expenditures (such as computers)
 - e) Major equipment (**please note**: minor equipment will be considered on an individual basis and only if it is deemed essential to the implementation and sustainability of the wellness initiative).
 - f) Salaries and coordinating fees.
 - g) Prize money, contest money, scholarships.

- 10) Although not required, it is recommended that schools work with a community partner to strengthen the proposed project and its outcomes. A community partner may contribute in many ways such as:
- Provide staff or volunteers to help plan or carry out the project
 - Provide space, equipment, or additional funding
- Examples of community groups for possible partnership include: Community Advisory Committees, seniors groups, local municipalities, etc.

11) The review process may take up to 6 weeks to complete. All applicants will receive notification as to the status of their grant application within four weeks of the closing date outlined on the application.

- Successful candidates will receive a letter outlining the parameters of the grant approval, a cheque for the awarded amount, a Project Reporting Form, Health Eating Guidelines and a copy of the WRWC logo to be posted at the event (if requested).
- The required documentation and receipts must be returned to the WRWC within 2 months of completion of the project. Original receipts and the completed Project Reporting form must account for spending of the awarded funds. If for any project the total amount of the awarded grant is not spent, the remaining funds are to be sent back to the WRWC in the form of a cheque.

12) The Western Regional Wellness Coalition highly recommends that groups contact the School Health Promotion Liaison Consultant for consultation when preparing grant applications. The School Health Promotion Liaison Consultant is available to work with schools to strengthen grant applications by providing guidance regarding project goals and objectives and budget development.

- School Health Promotion Liaison Consultant telephone number:
(709) 637-4021

Please note: Not fulfilling the terms of the grant and the conditions outlined above may impact eligibility for future grants. Such applicants will be notified in writing as to the status of their grant record and a copy of the letter will be kept on file with the WRWC.

Western Regional Wellness Coalition Boundaries





School Grant Application Form

Application Deadline (please check the appropriate date):

November 1

February 1

1. Applicant Information:

Name of school: _____

Contact person(s): _____

Contact(s) role within school: _____

Mailing address: _____

Email: _____

Telephone: (Day) _____ (Evening) _____

Fax : _____

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):

How many people do you anticipate participating in this event (if known):

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

Objectives (How will you meet your planned goals?):

3. 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

4. Evaluation

How will you know your project has been a success?

5. Acknowledgement

How will you acknowledge the contributions of the coalition?

6. Project Budget

Project Needs (Please List)	Funding Source* (Cost estimate)		
	WRWC	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.

7. Application Checklist

Have you have completed all sections of the application where appropriate (i.e. obtained school principal signature)?

Yes No

Have you contacted the School Health Promotion Liaison Consultant to discuss your application?

Yes No

Are Wellness Coalition promotional items required?

Yes No

8. 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.

Name of applicant (please print): _____

Signature of applicant: _____

Telephone number: _____

Date: _____

School principal (please print): _____

Signature: _____

Telephone number: _____

Date: _____

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

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
Mail to: ulricapye@westernhealth.nl.ca or fax 632-2636