

Northern First Nations Health Partnership Committee

2024/2025 Community Wellness Awards

INSTRUCTIONS

1. Maximum funding available is \$8,000 per project application.
2. Successful applications must utilize any funding prior to **April 30th, 2025**.
Applicants must complete the Wellness Award Final Report template upon completion of the project and submit by **May 31st, 2025**.
3. Evaluation of applications will begin in July 2024 and will be subject to a minimum rating.
4. Evaluation of applications will continue on an ongoing basis until all funding is allocated. First priority will be communities and projects that have not received funding in previous calls for proposals.
5. Organizations can submit more than one application for review. However, funding will be limited to only one grant per organization. If more than one application is submitted please identify your organization's priority of projects (e.g. 1st, 2nd, etc.). Evaluation of any additional applications may be considered once all applications have been reviewed and where there is grant funding still available.
6. **Only completed applications will be accepted for evaluation.** Please ensure you complete all fields and provide additional contact information should we need to contact you.
7. Completion of the attached application form can be sent to:
Email: Indigenous.Health@northernhealth.ca
Phone: 250.645.3144 **Fax:** 250.645.8095
Mail: Northern Health – Indigenous Health
#500 – 299 Victoria St.
Prince George, BC
V2L 5M8

APPLICATION DEADLINE: JULY 15TH, 2024

2024/2025 Community Wellness Awards

APPLICATION FORM

Funding Amount:	\$8,000.00	Region:	Northwest North Central Northeast
Indigenous Organization:			
Contact Information: (Health Director or Equivalent) Contact Person Box Number City/Town Postal Code Phone Email			
PROJECT DETAILS			
Name of Project:			
Short Description:			
Background:			
Priority Area Select 1 or more priority areas this project addresses.	Cultural Safety Primary Care Mental Wellness & Substance Abuse Population & Public Health Traditional Wellness		
Will your project be a multiple community investment?	YES	NO	A multiple community investment is a project that will serve more than one community.
Would you like to invite NH, FNHA or NFNHPC members to join your event?	YES	NO	If yes, we will connect and help to extend the invitation to the sponsor organizations.
Please identify the communities that will be served by this project:			
Expected Outcomes:			

Project Overview:	
<p>Demonstrate how the project meets one or more of the following aspects:</p> <ol style="list-style-type: none"> 1. Collaboration 2. Health & Well-being 3. Building Healthy Relationships 4. Capacity Building and Training? 	

BUDGET
The budget is to be inclusive of the total costs projected for the full project.

Category <small>(these are examples only)</small>	Details of category items	Budget Assumptions <small>(hourly or daily rates, hours per week, # of weeks or months, etc.)</small>	Total
Wages			
MERCs/Benefit			
Contractor Fees			
Honorarium			
Rent			
Travel			
Materials and Supplies			
Other (explain)			
Administration			
PROJECT TOTAL			

PROJECT PARTNERSHIPS
Only include if relevant to proposed project

Name of Project Partner	Financial Contribution	In-Kind Contribution
		\$
		\$
		\$

WE UNDERSTAND AND AGREE:

- That a separate financial account or project cost centre must be set-up for any projects funded by Northern Health.
- Any reports will be submitted by March 31st, 2025.
- To participate in on-site financial monitor(s) and contract management visits upon the request of Northern Health

I hereby certify that to the best of my knowledge all information contained in this application is true and complete.

Signature of Signing Officer

Job Title/Position of Signing Officer

Print Name of Signing Officer

Date