**FNHA 2016 Winter Wellness Grants Application Form**

**What’s your resolution this year?**

**#FNHAWinterWellness**

**Grant Eligibility**

Organizations, schools and agencies that are engaged in direct health service delivery to BC First Nations and/or Aboriginal people may be eligible for funding to host a Community-Driven Winter Wellness Event or initiative. To be eligible the event or initiative must be held between; **January 1 – February 15, 2016.** The deadline for applications is **December 3rd, 2015 at 4:00 p.m**.

The First Nations Health Authority envisions healthy, self-determining and vibrant BC First Nations children, families and communities playing an active role in decision-making regarding their personal and collective wellness. In line with Directive 1 - Community-Driven, Nation-Based, the FNHA is encouraging First Nations to create their own health event or initiative!

The 2015-16 theme is around new year’s resolutions. What is your community or individual resolution this year? Wellness events and initiatives should include a change-focused/ transformational aspect participants can implement in their lifestyles or communities for the rest of the year. The FNHA wants Winter Wellness events to encourage and sustain wellness in individuals, families, and communities throughout the year – see some examples below.

***Applications will be weighed against the following criteria:***

* Includes a change-focused/transformational aspect participants can implement within their lifestyle/community throughout the year.
* Event or initiatives that focus on one or more of the FNHA Wellness Streams.
* BC First Nations community-based applications (single or multiple).
* Applications where collaboration or partnership with other communities is possible and demonstrated at the regional, or sub-regional level .
* Fairness and equity within and across the five regions.
* Host organizations that can involve higher numbers of participants.
* Past Day of Wellness grant recipients **who have submitted closing reports for previous years’ grant.**

**Samples of FNHA Wellness Streamed initiatives and events:**

1. **Nurturing Spirit:** Organize a Volunteer week! Have registered participants commit to a certain amount of hours to volunteer in the community during a week in January and celebrate the good work and feelings spread across the community by having a community meal and circle to share your experiences throughout the week.
2. **Respecting Tobacco:** This could range from abstinence to harm reduction to respective tobacco use. Community members pledge to go 48 hours smoke-free, as a group or through the FNHA Tobacco Timeout initiative ([www.quitnow.ca/contest/tobaccotimeout](http://www.quitnow.ca/contest/tobaccotimeout)). A 5 km walk can be held and at the end of the walk the community members who have gone smoke free will be acknowledged and rewarded. Tobacco pouches could be made and handed out and the conclusion of the initiative.
3. **Being Active:**  A Snowy 5K - Snowshoe, ski, sled, walk, Spirit pole! Don’t let the snow outside stop you! Organizing a 5K through the winter weather can be a great way to promote continuous physical activity through our winter months. Prepare a nice hot community meal at the finish line.
4. **Eating Healthy:** Having an Elder provide information to youth on how our relatives ate and prepared food during the month through an interactive event. Provide youth with food and resources so they can follow along with the teaching!

**Application Form**

To apply for a grant, please complete this form. Funds may be used for any required costs necessary to carry out the event or initiative (except assets or infrastructure). Only fully completed application forms will be considered.

Applications can be received via email, fax or via the Fluid Survey link no later than **December 3rd, 2015 at 4 p.m**.

***Please Note:*** If a fax is being sent please first call the phone number below to let them know that your entry will be sent by fax:

**First Nations Health Authority – Winter Wellness Grants**

**FluidSurvey Link:** <http://fnha.fluidsurveys.com/s/2016-Winter-Wellness-Grant-Application>

**Email:** [**active@fnha.ca**](mailto:active@fnha.ca)

**Phone: (604) 693-6575**

**Fax: (604) 913-2081**

**FNHA Winter Wellness Grant Application Form**

**LEGAL NAME OF HOST ORGANIZATION *(as it should appear on grant cheque)*:**

|  |
| --- |
|  |

**HOST ORGANIZATIONS COMPLETE MAILING ADDRESS: *(include Postal Code)***

|  |
| --- |
|  |

**REGION**

* North
* Interior
* Vancouver Island
* Vancouver Coastal
* Fraser

**APPLICANTS NAME**

|  |
| --- |
|  |

**NAME OF YOUR WINTER WELLNESS COORDINATOR:**

**(Person within your organization who will be the contact with FNHA*)***

|  |
| --- |
|  |

**WINTER WELLNESS COORDINATOR’S POSITION/JOB TITLE WITH THE HOST ORGANIZATION:**

|  |
| --- |
|  |

**WINTER WELLNESS COORDINATOR’S CONTACT NUMBERS:**

|  |
| --- |
| Work: Ext:  Cell: |

**WINTER WELLNESS DAY EVENT COORDINATOR’S EMAIL ADDRESS:**

|  |
| --- |
|  |

**HOW DID YOU HEAR OF THE WELLNESS DAY EVENT OR INITIATIVE?**

eBlast Newsletter FNHDA Email FNHA Facebook Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FNHA website Word of Mouth AHLA Regional Leadership Training Sessions

Partner’s Council email Caucus Session

Which wellness streams will be part of your event or initiative?

(Check all that are applicable)

Being Active  Nurturing Spirit  Healthy Eating  Respecting Tobacco

|  |
| --- |
| Describe the event or initiative and how it fits in with one or more of the FNHA Wellness streams (50-200 words):  For more information on the Wellness Streams please see our website (<http://www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/wellness-streams>) |

|  |  |
| --- | --- |
| **Participants Expected** | **Number of Participants Expected** |
| Pre-school age  School age / youth  Adults – women  Adults - men  Elders  Pregnant women  All of the above  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please keep track of actual the number of participants during your event for reporting on your closing report. |
|

|  |  |
| --- | --- |
| Has your host organization received past Day of Wellness or Winter Wellness Grants? | If yes, did you submit a Closing Report on your event? |
| * Yes * No | * Yes * No |

1. **GRANT CATEGORIES**

***Funding Amounts Available for Event or initiatives***

|  |  |
| --- | --- |
| Amount | Typical Applicant Type |
| Category 1: $4,000-5,000 | Nation, Regional or Sub regional collaborations and partner agencies, groups or organizations, schools |
| Category 2: $1,000-3,999 | Multiple (up to 4) BC First Nations Community(s), **and** partner agencies Groups, schools, or Organizations |
| Category 3: Up to $1,000 | Single Community, School, Organization or Group serving BC First Nations |

### 

### Funding Category 1: $4,000-5,000 Nation-based or regional scale event or initiatives with collaborating communities or groups

* Participation from multiple First Nations communities and health or social organizations providing health services to BC First Nations
* Ability to leverage community and corporate partnerships for increased collaboration and cost-sharing
* Event or initiatives that benefit a high number of BC First Nation community members living home or away from home (500 or more)

### Funding Category 2: $1,000-$3,999 Sub-regional level event or initiatives (multiple community collaboration of 4 or more)

* First Nations communities (up to 4) and organizations and health or social organizations providing health services to BC First Nations
* Ability to leverage community and corporate partnerships for increased collaboration and cost-sharing
* Event or initiatives that benefit a high number of BC First Nations community members living home or away from home (300 or more)

### Funding Category 3: Up to $1,000 Single BC First Nation community or small collaboration of communities (1-3) that is/are isolated and/or remote

* A remote or isolated individual First Nation Community
* A collaboration of 1-3 communities that are relatively remote or isolated (ie. First Nations Health Center serving multiple communities) with less than 300 participants expected

1. **BUDGET:** How will your funding be spent (your best estimate) please provide details:

|  |  |
| --- | --- |
| **REVENUE** | **Estimated Cost** |
| Host Organization (your organization) | $ |
| Partner Organization(s) | $ |
| **Total Revenue:** | $ |
| **EXPENSES** | **Estimated Cost** |
| Transportation | $ |
| Catering: Food & Water | $ |
| Honoraria | $ |
| Supplies/Resource Materials | $ |
| Promotional Advertising | $ | **Notes** |
| Other | $ |  |
| Other | $ |  |
| Other | $ |  |
| **Total Expenses** | $ |
| GRANT REQUEST | |
| FNHA Grant Request (Difference between Revenues and Expenses) | $ |

**Notes:**

1. **PARTNERS:** Please list official First Nations communities and other community partner agencies (Health Authority, non-profit organizations, businesses, etc.) for your Winter Wellness Day event or activity (willing to share in expenses, resource materials, host facilities, tobacco control/health promotions expertise, knowledge in culture/traditions, etc. Please note providing a community based letter of support may be requested):

|  |  |
| --- | --- |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Partner Name:** | **Partner types:**   * **First Nations/Aboriginal Community** * **Non-profit organization** * **Business** * **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Reporting and Sharing Your Wellness Stories**

The FNHA would like to learn from these Winter Wellness experiences and share resources and information in order to continue to grow in our collective Wellness Journey. We **require** a brief closing report on your event or initiative (template to be provided to successful communities), along with photos of your Winter Wellness activity or event.

We will also be providing you with a “Submit a Story” template in which there will be an opportunity to win a prize for writing your own story to share with photos. We look forward to connecting with you in the near future to discuss your successes!

For any questions regarding grant application and guidelines please contact us at: [**active@fnha.ca**](mailto:active@fnha.ca)**.**