

Indigenous Health Métis Community Wellness Award 2023/2024

Instructions

1. Maximum funding available is \$5,000 per project application.
2. Successful applications must utilize any funding prior to **April 30th, 2024**. Applicants must complete the Wellness Award Final Report template upon completion of the project and submit by **May 31st, 2024**.
3. Evaluation of applications will begin in November 2023 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: November 13th, 2023

2023/2024 Community Wellness Awards

APPLICATION FORM

Funding Recipient:	\$5,000.00	Applying:	<input type="checkbox"/> MNBC <input type="checkbox"/> MCC
Please identify where you want funds to be held:	<input type="checkbox"/> Métis Nation BC <input type="checkbox"/> Métis Chartered Community		
Métis Organization:			
Contact Information: <i>Contact Person</i> <i>Box Number</i> <i>City/Town</i> <i>Postal Code</i> <i>Phone</i> <i>Email</i>			
PROJECT DETAILS			
Name of Project:			
Short Description:			
Background:			
Priority Area <i>Select 1 or more priority areas this project addresses.</i>	<input type="checkbox"/> Mental Wellness <input type="checkbox"/> Harm Reduction and Education <input type="checkbox"/> Population & Public Health: Primary Care & Community Wellness Activities <input type="checkbox"/> Traditional & Cultural Wellness		
Will your project be a multiple community investment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>A multiple community investment is a project that will serve more than one community.</i>
Please identify the communities that will be served by this project:			
Expected Outcomes:			

Project Overview: (Examples of potential projects: ribbon skirt making, foot care nurse, life-giver kits, canning workshop, Christmas dinner/holiday food basket etc.)			
Demonstrate how the project meets one or more of the following aspects: <ol style="list-style-type: none"> 1. Mental Wellness 2. Harm Reduction and Education 3. Population & Public Health: Primary Care & Community Wellness Activities 4. Traditional and Cultural Wellness 			
BUDGET <i>The budget is to be inclusive of the total costs projected for the full project.</i>			
Category (these are examples only)	Details of category items	Budget Assumptions (hourly or daily rates, hours per week, # of weeks or months, etc.)	Total
Wages			
MERCs/Benefit			
Contractor Fees			
Honorarium			
Rent			
Travel			
Materials & Supplies			
Other (explain)			
Administration			
PROJECT TOTAL			
PROJECT PARTNERSHIPS <i>Only include if relevant to proposed project</i>			
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 June 30th, 2024.
- 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