



The Wholistic Health of Keewatin Yatthe Health Region Residents

Keewatin Yatthe Regional Health Authority Wellness Grants Grant Criteria

Purpose:

To assist community groups in Keewatin Yatthe Health Region to provide community wellness initiatives.

Funding:

Up to \$1,000 is available for a community project. Grant dollars requested must be matched financially or through the provision of donated goods, services or gifts in kind.

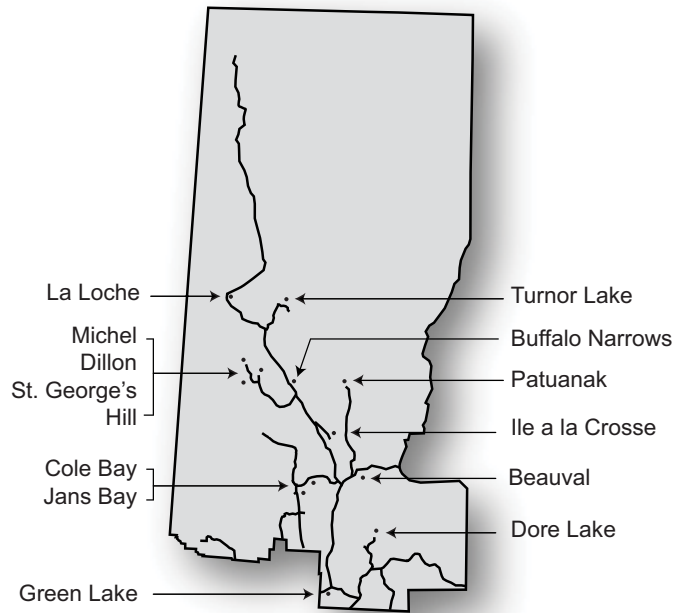
More than \$1,000 may be approved if:

- The project involves a partnership of three or more communities or community groups
- The project integrates health service planning or delivery

A committee will review the application to determine the maximum grant amount. Grant dollars requested must be matched.

Eligibility:

1. Program must be community-based and address a wellness issue, focus on youth engagement or participation, and one or more of the following four population health pillars:
 - *Mental well-being* (e.g. parenting conferences, programs or events that build youth skills, confidence and leadership capacity)
 - *Decreased substance use and abuse* (e.g. tobacco reduction or addictions awareness strategies or events)
 - *Accessible nutritious foods* (e.g. collective kitchen or community garden)
 - *Active communities* (e.g. engage youth in community initiatives)
2. Your grant application will identify how this project fits into your community needs.
3. Funding is provided for “start-up” and one-time projects, not for sustained or ongoing projects.
4. Community groups undertaking a wellness project are to use local resources as much as possible.
5. Submit a proposed and realistic budget.



Keewatin Yatthe Health Region

Ineligible Projects or Expenditures:

- Private businesses are ineligible to apply for community wellness grants.
- Grant dollars may not be used to pay for salaries or honoraria for project coordinators.
- Treatment programs are ineligible.
- Other expense items that are ineligible include: portable equipment, prize money, and investments in buildings, structures or land.
- Completed projects.
- Ongoing projects.

Procedure:

1. Send completed applications to or for more information contact:
*Wellness Grant Committee
Community Health Development Department
Keewatin Yatthé Regional Health Authority
Box 40
Buffalo Narrows, SK S0M 0J0
Phone: (306) 235-2220
Fax: (306) 235-4604*
2. A committee will receive and approve eligible applications.
3. Your application may be considered with other grant applications from and projects in your community.
4. Deadlines for applications are:
April 15
July 30
November 29
February 28
5. Submit an evaluation and follow-up report, with pictures if possible, within 30 days of completion of project. The pictures may be used in Keewatin Yatthé Health Region newsletter and/or other health district promotions.
6. Approved applicants will recognize Keewatin Yatthé Health Region in any promotional and educational material produced for the project.
7. Funds must be used for project as described. Projects must be completed within one year of approval. Unspent funds at the end of the year must be returned unless an extension is granted or other use is approved by the committee.

Application - Use extra pages if needed

Grant No. _____

Project Name _____

Organization Applying

- If this is a joint application, indicate the organization designated to handle the funds in this space.
- List joint applicant(s) on a separate page.

Organization Name _____

Address _____ Town _____ Postal Code _____

Telephone _____ Fax _____

Person Designated as the Local Contact for the Project

Name _____ Position in Organization _____

Address _____ Town _____ Postal Code _____

Telephone _____ Fax _____

1. Briefly describe the community wellness project you are planning.

2. Does this project tie into your community needs? Please say how.

3. Where will this project take place and when will it start and end?

4. Who is the project expected to help? How many people do you expect to participate?

5. Why is this project important to your community?

6. Are there any other communities or community groups participating in this project? If so, please list them and specify how they will be participating.

7. Describe your goals and how they will be accomplished.

8. Keewatin Yatthé Health Region requires an evaluation of each project, with pictures if possible, as soon as possible after completion. Please describe how you will evaluate your project and judge how well it went.

For Office Use Only

Grant No. _____ Date _____

Signature _____ Amount Approved _____



KYRHA Photo/Video Release

I give permission to the Keewatin Yatthé Regional Health Region to use photographs and/or videotape of me and/or my child in promotional video and/or printed material produced by the region.

Wellness Grant documentation and promotional materials

Reason for request (e.g. displays, health promotion pamphlet, video, poster, etc.)

Printed Name (also print child's name if applicable)

Signature(s)

Phone Number

Mailing Address

Date

Permission requested by the Keewatin Yatthe Health Region Wellness Grant Committee.