

SASKATCHEWAN HEALTH AUTHORITY – NORTH EAST WELLNESS GRANTS

Grant Criteria – 2018-2019

PURPOSE:

To assist community groups in Saskatchewan Health Authority's North East Region implement community wellness initiatives.

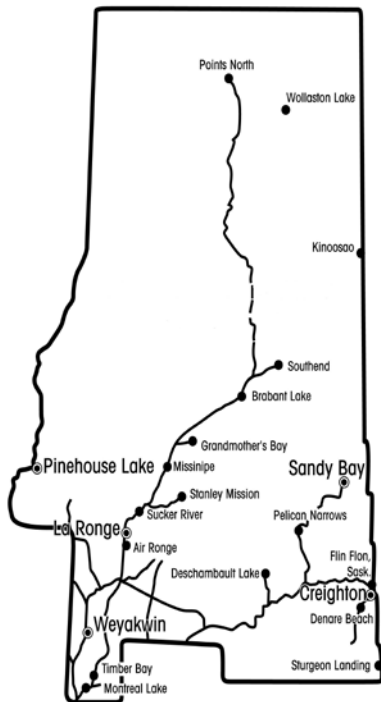
APPLICATION DEADLINES:

SUMMER/ FALL GRANTS

Applications are due: May 31, 2018

WINTER/ SPRING GRANTS

Applications are due: October 31, 2018



FUNDING:

- Up to \$1,500 is available for a community project.
- Applicants are encouraged to utilize local resources for Wellness Grant projects as much as possible.
- Funding can be sought from multiple sources.

ELIGIBILITY:

1. The project must be community-based and address a wellness issue, focus on youth engagement or include youth participation, and one or more of the following four population health pillars:
 - Mental Well-being
e.g. parenting conferences, programs or events that build skills, confidence and leadership capacity in youth
 - Decreased Substance Use and Abuse
e.g. tobacco reduction or addictions awareness strategies or events
 - Accessible Nutritious Foods
e.g. implementation of collective kitchens or community gardens
 - Active Communities
e.g. engaging youth in the design of a skate board park or implementation of a neighborhood pedometer challenge
2. Ineligible employees and/or offices may be involved in the delivery of the programming, but a community group would have to submit the application and administer the Wellness Grant Project.
3. On reserve community groups are eligible as long as both on and off reserve residents would be welcome to attend the event.
4. Groups must submit a detailed project budget.
5. SKHA requires an evaluation report be submitted within 60 days after project completion. Successful applicants must submit this final report in order to be eligible for Wellness Grants in future years.
6. The project must have a clear start and end date.

INELIGIBLE PROJECTS OR EXPENDITURES:

- The following individuals/groups are not eligible to apply for wellness grants:
 - for profit businesses/organizations
 - SKHA employees
 - Employees of other government offices including provincial and federal.
 - Organizations that receive core funding from SKHA

Note: Although ineligible to apply for Wellness Grants, all of the above are encouraged to partner and/or support funded projects when appropriate.

- Treatment programming or initiatives are ineligible.
- Projects in which participation is restricted to on or off reserve community members/residents are ineligible.
- Completed projects are ineligible.
- Ongoing projects are ineligible.
- Grant dollars may not be used to pay for salaries or honoraria for project coordinators.
- Other expenses that are ineligible include: capital items such as the purchase of buildings, structures, land, furniture, electronics, as well as door prizes and/or raffle items.

PROCEDURE:

1. For more information or to submit completed applications please contact or send to:
 - Wellness Grants
c/o Justin Galloway
La Ronge Health Centre
Box 6000
La Ronge, Sask. S0J 1L0
 - Phone: 306-425-4818
Fax No.: 306-425-5513
2. The SKHA Community Health Team will review applications on an ongoing basis.
3. Deadline for application submission is:
SUMMER/ FALL GRANTS
Applications are due: May 31, 2017
WINTER/ SPRING GRANTS
Applications are due: October 31, 2017
4. Approved applicants will submit an evaluation and follow-up report, with pictures if available, upon completion of project. Pictures and excerpts from the evaluation report may be used in the SKHA Newsletter or other promotions or reports. Note: in order for SKHA to use photos or videos associated with the project, a photo release form must be signed (find form attached.)
5. Approved applicants will give credit to the Saskatchewan Health Authority in any promotional and educational material produced for the project.
6. Funds must be used for the project as outlined in the application; if significant changes to the project are being considered, please notify the SKHA Community Health Team in order to seek approval.

APPLICATION FORM: (USE EXTRA PAGES IF NEEDED)

GRANT NO: _____

Project Name _____

ORGANIZATION APPLYING

(If this is a joint application, list in this space the organization which will handle the money for the project. List joint applicant(s) on a separate page.)

Organization Name _____

Contact Person _____

Address _____ Town _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____

What are you going to do? Briefly describe the community wellness project you are planning.

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

Who is this project expected to help?

How does this project engage and/or impact youth?

How many people do you think might participate?

What is the goal of the project?

What will people learn or how will it affect the people who take part in it?

Why is the project important to your community?

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

Do local leaders support the proposal? Yes___ No ___

Does the local health committee or interagency group support the proposal? Yes___ No ___

The Saskatchewan Health Authority 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 assess how your goals were achieved. How will you know if it is a success or not?

<i>For Office Use Only</i>	
Grant No. _____	Date _____
Signature _____	Amount Approved _____

PROJECT BUDGET - AMOUNT OF FUNDING REQUESTED

Please provide us with a detailed project budget. Include under revenue self-help any resources, financial or gifts in kind that have been provided by your organization or community. If you need more space, add extra pages with the details of the budget.

Proposed Budget (fill in the items that are expenses for your project and what you think it will cost)	Actual (To be filled in <u>after</u> project completion and sent in with evaluation report.)
<p>Expenditures</p> <p>Rent - example: facilities - eg. equipment</p> <p>Resource People - eg. honoraria - eg. travel expenses</p> <p>Advertising/Publicity Printing/Duplicating</p> <p>Resource Material</p> <p>Other (please specify)</p> <p>Total Expenditures</p>	
<p>Revenues</p> <p>Wellness Grant Request</p> <p>Self-Help - eg. registration fee - eg. local donations - other</p> <p>Gifts-in-Kind (please specify)</p> <p>Other Revenue (please specify)</p> <p>Total Revenues</p> <p><i>Note: Expenditures and Revenues should match.</i></p>	

I hereby certify that the information given on this application is true and correct.

Signature: _____

Date: _____



MEDIA CONSENT FORM

By signing this I give my consent for [please check one or both]

- checkbox myself and/or
checkbox my child or dependent, or other individual not able to provide consent, named: [name of child or dependent]
checkbox group consent: [sign document on back]

By signing this I waive any ownership rights to material obtained or compensation for its use; and release the Saskatchewan Health Authority, its affiliates and hospital/health care foundations and their employees, officers, directors, agents, successors and assignees from all claims, demands, damages or actions or causes of action of any nature whatsoever, arising or to arise from the use of any aforementioned interviews, photographs, videos or audio recordings.

(PRINT name[s])

clearly) to be;

- interviewed
photographed
video/audio taped
or otherwise recorded

and for the information obtained to be used in any form (e.g. print, electronic, web, social media), for the purposes of, but not limited to:

- publicity or news
promotion
education
research

by or on behalf of Saskatchewan Health Authority, its affiliates and/or hospital/health care Foundations.

I understand that staff, when necessary for the recording process, will be present when and where health services are provided.

Signature below should be that of the subject or, in the case of a minor or other individual not able to give consent, the parent or guardian in law or fact, or the substitute decision maker.

[signature] (ALSO PRINT name – if signature is from parent or guardian, or substitute decision maker)

[date signed]

[telephone]

[e-mail]

Witness: (Can be an employee of the Saskatchewan Health Authority or Affiliate, or other available witness)

[witness signature]

[PRINT witness name clearly]

[date signed]

[telephone]

INTERNAL USE ONLY - PROJECT DETAILS:

Staff please note: The original signed form is to be sent to the Communications department. A copy can provided to the patient/family.