

Wellness Fund Application Form

NOTE: This application form includes several questions that help CHB members assess how well your project fits the Wellness Fund's goals and purpose. If you want to read all of the questions before filling out the application, you can click the three dots at the upper right and select "Download" to get a PDF with the questions in it. Please **DO NOT** complete your application in the PDF. Please fill out your application on this website. Once it is complete you can download it for your records. If you have technical difficulties completing any part of the form on this website, please send a note to the email address for your Zone:


westernCHBs@nshealth.ca northernCHBs@nshealth.ca easternCHBs@nshealth.ca centralCHBs@nshealth.ca

Please review the Wellness Fund Guidelines and FAQ, then check the acknowledgement below. **Wellness Fund Guidelines - English Wellness Fund Guidelines - French**

I acknowledge that I have reviewed and read the Wellness Fund Guidelines

What Community Health Board are you applying to (one selection only):

- Western - Annapolis
- Western - East Kings
- Western - Kings West
- Western - Conseil de santé de Clare
- Western - Digby and Area
- Western - Lunenburg County
- Western - Queens
- Western - Shelburne
- ... 16 additional choices hidden ...
- Central - West Hants Uniacke
- Eastern - Antigonish Town and County
- Eastern - Central Cape Breton
- Eastern - Central Inverness
- Eastern - East Cape Breton County
- Eastern - Guysborough County
- Eastern - North Inverness
- Eastern - Northside the Lakes
- Eastern - Strait Richmond
- Eastern - Victoria County

 *****If submitting applications to other CHBs for the same project, please list those CHBs below and the funding requested from each of the CHBs to which you have applied: (Remember, a separate application is required for each CHB you apply to)**



Other CHBs

Funding Requested

Contact Information

NOTE 1: If you are part of a provincial organization or project **please specify Chapter or Location** - for example, "YWCA Town Name" or "SchoolsPlus School Name" **NOTE 2:** Automated emails from Survey Monkey Apply will go to the email address you used to create your account. If you enter a different email address in this application, you will still need to check the other email address for automated updates. **Some applicants have found the emails in their Junk Mail boxes, so please be sure to check there too.**

Group/Organization Name Including
Chapter or Location

Project Title

Contact Person/Title

Address Line 1 _____
Address Line 2 _____
City _____
Province • Nova Scotia
Postal Code _____
Phone _____
Email _____
Alternate Contact Name _____
Alternate Phone Number _____

Type Of Organization (Check all that apply)

- Local community-based group (e.g., social groups, networks, committees)
- Unregistered, non-profit group/organization
- Registered, non-profit group/organization (e.g., registered with Registry of Joint Stocks)

There is no repeat funding for the same project in the same community. Is this application for a project that is new to a specific community within the CHB's geographic area?

- Yes
- No

IF NO, THIS PROJECT IS INELIGIBLE!

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About Your Organization

1. Please provide a brief overview of your group/organization (stating purpose/area of focus):

About Your Project

2. Project Description

a. Please provide a brief summary of the purpose of your project (please limit response to 3 lines):

b. In what community will your project take place? **Please describe the local impact this project will have and estimated number participating from this CHB area.** (Please specify the communities within the CHB area to which you are applying)

c. \Other project details (frequency, i.e., days/hours, number of participants, etc.)

 d. Project Start Date

____ / ____ / ____ (YYYY/MM/DD)

 Project End Date

____ / ____ / ____ (YYYY/MM/DD)

No Project End Date

3. Please outline project goals and upstream impacts in table below: ([LINK TO HEALTH IMPACT PYRAMID](#))

a.	Goal (What you plan to do)	Outcome (Explain which determinants of health and / or community health plan priorities this goal will impact)
Goal 1	_____	_____
Goal 2	_____	_____
Goal 3	_____	_____
Goal 4	_____	_____
Goal 5	_____	_____

NOTE: A new Community Health Plan is currently underway, and will be released in 2025.

4. How will you measure your outcomes? How will you know they have been achieved?

5. Please list all partners (for example: other groups/organizations, individuals, agencies) who have agreed to be involved in the development and implementation of the project, including contact information.

	Partner Name	Briefly describe their investment in the project
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

6. Priority Groups and Equity

a. Please describe who the priority group(s) is/are and how the project will impact equity for diverse populations in this CHB area. (e.g. First Nations, people living in poverty, immigrants, 2SLGBTQIA+, youth, seniors, etc.)

b. Please describe how the priority population(s) has/have been involved in the planning of this project.

c. Please describe how you addressed barriers to participation that may be faced by your priority populations. (e.g.

transportation, cost, language, culture)

d. Will the project be offered in languages other than English? Please specify.

7. Please describe how you intend to sustain this project beyond the Wellness Fund period with new partners or other funding sources. (Repeat funding for previously funded projects will not be considered. Information on other funding sources may be available through your local CHB Coordinator.)

Budget

8. Please provide a detailed budget for your entire project. Include the total cost of the project and the amount requested from CHB wellness funds.

Description	Description	Amount Requested from this CHB	Total Amount Requested from Other CHBs
Honorariums/wages/travel costs (for facilitators, staff, speakers, etc.)	_____	_____	_____
Materials and supplies (e.g., printing, copying, misc. supplies)	_____	_____	_____
Advertising and promotion	_____	_____	_____
Participant support (child care, transportation, interpreters, etc.)	_____	_____	_____
Food/refreshments	_____	_____	_____
Facility/room rental	_____	_____	_____
Equipment rental or purchase	_____	_____	_____
Other items	_____	_____	_____
Description	Amount from Another partner, funding source or in kind		
Honorariums/wages/travel costs (for facilitators, staff, speakers, etc.)	_____		
Materials and supplies (e.g., printing, copying, misc. supplies)	_____		
Advertising and promotion	_____		
Participant support (child care, transportation, interpreters, etc.)	_____		
Food/refreshments.	_____		
Facility/room rental	_____		
Equipment rental or purchase	_____		

Other items _____

	Amount Requested from this CHB	Total Amount Requested from Other CHBs	Amount from Another partner, funding source or in kind
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SUB TOTALS

_____	_____	_____	_____
-	-	-	-

TOTAL PROJECT COST _____({{ SUM(q0[:1]) + SUM(q0[:2]) + SUM(q0[:3]) }})

TOTAL WELLNESS FUNDS
REQUESTED _____({{ SUM(q0[:1]) }})

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Cheque Payable To: Please specify the name and contact information for the **organization** that will be receiving funds for your project. (Note that we cannot make out a cheque to an individual's personal bank account.)

Group/Organization Name	_____({{ submission.var__1147124__3IPerc4UFA_0 }})
Contact Person	_____({{ submission.var__1147124__3IPerc4UFA_2 }})
Contact Phone Number	_____({{ submission.var__1147124__3IPerc4UFA_8 }})
Address Line 1	_____({{ submission.var__1147124__3IPerc4UFA_3 }})
Address Line 2	_____({{ submission.var__1147124__3IPerc4UFA_4 }})
City	_____({{ submission.var__1147124__3IPerc4UFA_5 }})
Province	_____({{ submission.var__1147124__3IPerc4UFA_6 }})
Postal Code	_____({{ submission.var__1147124__3IPerc4UFA_7 }})
Email	_____({{ submission.var__1147124__3IPerc4UFA_9 }})