



**Fort Garry Healthy Together Now –
APPLICATION FORM – April 2013-March 2014
Deadline for submission-Feb 28/13**



Physical Activity Nutrition Smoking Reduction/Cessation Mental Wellness

Organization/Group Name:	Contact Person:
Address:	Postal Code:
Telephone:	E Mail:

Name of Project:

Type of Project – Please indicate by checking the appropriate box below (more than one check is allowed)

- Nutrition
- Physical Activity
- Smoking Cessation
- Mental Wellness

How will your project address Chronic Disease Prevention? Please explain below:

This project will be offered to a specific group within an organization	yes	no
This project is open to people outside of the lead organization	yes	no

Projected start date:

Projected end date:

Target Population:(Check all that apply)

- Special Population
- Children 0-5 years
- Children 5-7
- Children 7-12
- Youth 12-17
- Young adults 17-25
- Families with children 0-17
- Adults 17-55
- Older adults 55 +

Community Partners for this HTN! project:

Name of Community Partner	Contact Person	Contact Number

Please list:

Staffing resources available to lead the project:

Volunteer resources available to support the project:

Anticipated outcomes/goals of project:

Please describe how the project will address the questions listed below:

Number of people involved as participants:

How will the project attract new participants to your organization?

Describe sustainable use of equipment (if being requested):

Number of People trained:

Volunteers recruited:

New partnerships established:

Banker for the project: (please include the name of the organization, which the cheque is made payable to, person responsible and contact information) –**Approved application and cheques will not be issued to individuals. Only incorporated agencies/groups are eligible:**

All projects will be expected to provide detailed information including copies of receipts for all money spent. The final report will be due within 30 days of project completion. Reporting expectations will be clearly outlined at time of acceptance. Support is available for completing reports.

Budget: YOU MUST INCLUDE THE INFORMATION/DETAILS NOTED BELOW

Please provide a detailed budget that includes the following: provide details list if needed

Total Program costs

Total amount requested from HTN! (maximum request is \$3,000)

Please indicate the other funding sources you have requested or have in place to support the project (staff, space, equipment, resources)

Project Expenses Summary:

Total Project cost: \$ _____
HTN! Funds requested \$ _____

Training fees \$ _____

Equipment \$ _____

Food \$ _____

Facilitator/leader fees \$ _____

Travel expenses \$ _____

Child minding expenses \$ _____

Facility expenses \$ _____

Honorarium \$ _____

Promotion/
communication costs \$ _____

Supplies \$ _____

Gifts in kind \$ _____
\$ _____
\$ _____

Other(describe) \$ _____

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Completed applications or questions can be sent to: ayounka@wrha.mb.ca
Or by mail to:
Amanda Younka, Winnipeg Regional Health Authority
1001 Corydon Ave, Winnipeg, MB R3M 0B6