



First Nations Well Being Fund

Application Form for Stream 2 – Wellness Planning

Please complete and return the application form and all required attachments as outlined below in Section 4: Grant Application Checklist.

We are providing the form in Word so that you can type your responses directly into the form. Please simply expand the boxes as required when answering the questions. All questions are required to be answered.

If you have any questions, contact info@fnps.ca or 604 328 5052 and 604 619 9118.

This program has (2) two funding streams. Please indicate if you are applying under both streams.

Yes **No**

SECTION 1: Applicant Information	
Name of First Nation or Nation / Tribal Government:	
Contact Person*:	
Phone:	
Contact Person Position:	
Email:	
Fax:	
Complete Mailing Address:	

*Contact person must be an authorized representative of the applicant.

SECTION 2: For Nation/Tribal Governments representing multiple First Nations or Regional



Partnerships

1. Nation/Tribal Governments representing multiple First Nations. Please list all First Nations (i.e., *Indian Act* bands) that the Nation/Tribal Government is representing as part of this application. Refer to Section 2 in the *Program & Application Guide* for eligibility. *Please note:* Each First Nation that is part of the application is required to submit a First Nation Council resolution/Band Council resolution that clearly states their support for the project.

Response:

2. Partnering First Nations. For regional or other group projects, please list all the applicants included in this application. Refer to Section 2 in the *Program & Application Guide* for eligibility. *Please note:* Each First Nation who is part of the application is required to submit a First Nation Council resolution/Band Council resolution that clearly states their support for the project.

Response:

3. Rationale for applying at the Nation/Tribal Government-level or for applying in partnership with other First Nations. Please provide a rationale for submitting a Nation/Tribal Government-level application or for applying in partnership with other First Nations and describe how this approach will support cost-efficiencies, or other benefits, in the total grant request.

Response:

Section 3: Project Information

3. Briefly Describe the Project.

Please note: Funding is available for eligible projects as outlined in Section 3 and Section 4 of the *Program & Application Guide*. For funding maximums please refer to Section 7 of the *Program & Application Guide*.

Project Title:

Proposed start dates:



Proposed end dates:											
Total proposed project budget:											
Amount of request / Total grant request:											
4. A. Proposed Focus Area /Eligible Project Category. Please indicate (by underlining, highlighting or bolding) which of the following areas will be the primary focus of the proposed project:											
<table border="1"><tr><td><input type="checkbox"/> Food security</td><td><input type="checkbox"/> Families</td></tr><tr><td><input type="checkbox"/> Employment</td><td><input type="checkbox"/> Children and Youth</td></tr><tr><td><input type="checkbox"/> Training and/or Skills-Building</td><td><input type="checkbox"/> Mental Health</td></tr><tr><td><input type="checkbox"/> Cultural Supports</td><td><input type="checkbox"/> Transportation</td></tr><tr><td><input type="checkbox"/> Social Supports</td><td><input type="checkbox"/> Wellness Indicators</td></tr></table>		<input type="checkbox"/> Food security	<input type="checkbox"/> Families	<input type="checkbox"/> Employment	<input type="checkbox"/> Children and Youth	<input type="checkbox"/> Training and/or Skills-Building	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Cultural Supports	<input type="checkbox"/> Transportation	<input type="checkbox"/> Social Supports	<input type="checkbox"/> Wellness Indicators
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B. Please identify any other key priorities (as identified in <i>Together BC</i>) that your proposed activities will address:											
Response:											
5. Proposed Activities. Please describe the <u>specific</u> activities you plan to undertake. Refer to Section 5 of the <i>Program & Application Guide</i> for eligible activities under Stream 2.											
Response:											
Summarize the community needs and why you want to start this project. Please include information on how community members will be engaged during this project.											
Response:											



6. Intended Outcomes & Impacts. Outline the overall goals, objectives, and benefits of the proposed project.

- A. What are the specific intended outcomes and impacts of the proposed project?
- B. How will this help promote community well-being/wellness?
- C. How will this help build capacity within the First Nation?
- D. How will this help reduce poverty at the community and/or Nation level?

Response:

7. Proposed Deliverables. What will be the specific deliverables of the proposed project? List any policies, practices, plans, or documents that will be developed or amended as a result of your project.

Response:

8. Sustainability. Projects that are intended to be ongoing after the First Nations Well Being Fund grant money has been used will need to seek alternate funding sources.

If the plan is to continue the project or program beyond the dates noted above, please list other funding source(s):

Response:

9. Evaluation. Describe how you will measure the success of the project.

- A. Describe the specific performance measures and/or benchmarks that will be used to measure outcomes.
- B. Who will be responsible for the evaluation?
- C. How will this information be used?

Response:



Section 4: Grant Application Checklist

Please ensure that the following documents are included:

- Completed application form;
- A detailed project budget that includes a breakdown of all expenses. Please also include any additional funding sources (if any) for the same project;
- First Nation Council resolution/Band Council resolution indicating support for the project;
- For Nation/Tribal Government Applications and Partnership Applications only: each First Nation that the Nation/Tribal Government represents, and in the case of partnership applications, each partnering First Nation, must submit a First Nation Council resolution/Band Council resolution indicating support for the primary applicant to apply for, receive, and manage the grant funding on their behalf.

Section 5: Submission of Applications

Applications should be submitted as WORD or PDF file(s). Budgets may be provided in Excel.

Please email to: info@fnps.ca with a subject line stating “Well Being Fund Application”

If you choose to submit a mailed copy, please send to:

Attention: First Nations Well Being Fund
First Nations Summit Society: First Nations Public Service Secretariat
Suite #1200 100 Park Royal South
West Vancouver, BC
V7T 1A2

Signature of Applicant:

Date Signed:

