



**Wellness Grant
Program:
Community Catalyst
Grant Application**

All applications must be submitted online, however, applicants may complete their proposal in two ways:

1. Directly online, which requires completing the application in one sitting; you cannot save and return to it later.
2. Using the Application Template, below, which allows you to take the time you need to complete the application. Using this method, you will need to save it and upload it to the online portal.

For more information on the Community Catalyst Grant criteria, please refer to the [LIVE WELL PEI Wellness Grant Program Guidelines](#).

For any questions, please contact livewellpei@gov.pe.ca or (902) 370-6990.

Project Information	
Project Title:	
Expected Start Date:	
Expected End Date:	
Total Funding Request:	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$7,500
Project Focus	
<p>1. What health behaviour will your project address? <i>(Select one)</i></p> <p><input type="checkbox"/> Healthy Eating</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Reducing Alcohol Use</p> <p><input type="checkbox"/> Living Tobacco Free</p> <p><input type="checkbox"/> Mental Wellness</p> <p><input type="checkbox"/> Social Determinants of Health</p> <p>2. What health promoting strategy will your project focus on? <i>(Select one)</i></p> <p><input type="checkbox"/> Supporting personal and social development (education, enhancing life skills)</p> <p><input type="checkbox"/> Building and strengthening community capacity and action</p> <p><input type="checkbox"/> Creating supportive environments and social connectedness</p> <p><input type="checkbox"/> Developing and strengthening healthy policies</p> <p><input type="checkbox"/> Removing barriers to participation</p>	



Project Details

3. Describe your project. Include information on:
 - a) who the project is for (target population);
 - b) the goals of your project;
 - c) the number of people (e.g. 150 people) you expect to take part for the duration of the project; and
 - d) the challenges and barriers that may arise and how these will be overcome.



5. Why is this project needed? Include the evidence or data used to prove this is needed to create healthier people and communities in PEI? (e.g. Chief Public Health Officer's Report, National surveys, Reports from national organizations, community-based surveys, consultations, discussions, etc.)

6. Please list the organizations and partners involved in this project and what their contribution will be to the project (e.g. space, funding, facilitation skills, etc.).

Project Evaluation

7. How will you determine if the project has been a success?

8. What impact are you hoping this project will have on: 1) participants; and 2) your community?



Project Budget

9. Using the table below, please indicate the expenses and purchases directly related to your project. (This should align with your project activities in #2.)

Expense	Cost (\$)	Purpose of Expense	Source of Funding
<i>E.g., Travel</i>	\$50	<i>Mileage cost for 100km (@ gov't rate of .50 km) for speaker #1</i>	<i>Grant</i>
<i>E.g., Snacks/beverages</i>	\$375	<i>Healthy snacks for 125 community leaders (est. \$3/student) to attend workshop on "Collective Impact"</i>	<i>Partner – United Way</i>
TOTAL PROJECT EXPENSES			
TOTAL REQUEST FROM GRANT			