

Community Food Action Program

APPLICATION FORM

Name of Initiative (project / event / activity)	
Date of Application	

Organization applying for the grant

Organization Name	
Contact Person	

Street address	City	Province	Postal Code

E-mail Address	Phone Number	Fax Number

Please provide any of the following that you have			
Website	Facebook	Twitter	Other

What is your preferred method of communication? Phone Fax Email



Please choose which of the following best describes your organization:

- | | |
|--|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Regional non-profit organization, network, or coalition |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> Local non-profit organization, network, or coalition |
| <input type="checkbox"/> University / College | <input type="checkbox"/> Regional Health Authority |
| <input type="checkbox"/> Provincial non-profit organization, network, or coalition | <input type="checkbox"/> First Nation / Aboriginal Organization |
| <input type="checkbox"/> Other (please describe) _____ | |

By sending in this application, on behalf of the organization, I give permission to the Department of Health to:

- Share our organization's contact information with appropriate resource people, potential partners and wellness networks (if appropriate).
- Share our initiative (via media releases, newsletters, website, social media, workshops, conferences, etc.) with other organizations and communities so they can learn and be inspired by our approaches, learnings and successes.

If for any reason your organization does not wish to have their information or stories shared please check here.

If approved for a grant, who will receive the payment?

Note: Grants cannot be given to an individual; they must go to an organization.

Payments cannot be issued to an organization located outside of NB.

Organization Name: _____

Please provide the address, if different than above:

Street address	City	Province	Postal Code

Keep in mind as you fill out the application form, if your application is approved for funding, we will ask you to tell us what happened in your *Activity Report* after the initiative is over.

Initiative information

Please refer to the Application Guide to verify if your proposed initiative is eligible to receive funding. If the same or similar initiative has already received funding, *you may or may not be eligible for a second grant*. Please contact mieux-et-re.wellness@gnb.ca to discuss with the program advisor before you apply.

1 When do you want to start your initiative?

Please allow a minimum of eight (8) weeks between the time you submit your application and to the start of your initiative.

Date(s)

How long will your initiative continue? (Provide end date, or number of days, weeks or months)

2 Where will your initiative take place?

3 Describe your initiative in detail.

4 How many people do you expect will participate in your initiative?

5 Who is your target group/ population for this initiative? Select up to 2.

- Seniors Children and Youth Persons living in poverty First Nation and Aboriginal People
 Other, please indicate

6 Tell us how this initiative improves the health and wellness of the participants and the greater community.

7 How does your initiative meet the three goals of the Community Food Action Grant Program?
Please see Application Guide for more information on the program goals.

a. Explain how your initiative will increase access to healthy food.

b. Explain how your initiative will increase food literacy (knowledge and skills) for all people involved in the program.

c. Explain how your initiative will foster community connectedness.

Initiative planning

8 The *My Community at a Glance* profile gives a snapshot of the people who live, learn, work and take part in activities within your community. The data in your profile can help you to attract partners and build support for your initiative. *Please see Application Guide for more information.*

- To find your community profile, visit www.nbhc.ca/community-profiles
- To learn how to use your profile, visit www.youtube.com/watch?v=81MnUYqw0po

Which profile did you look at? (Community name)

Which section of the profile did you examine to help plan your initiative? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Facts | <input type="checkbox"/> Health Behaviours | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Physical Environment | <input type="checkbox"/> Social and Economic Factors | <input type="checkbox"/> Health Outcomes |

How does your profile support the reasons for your initiative?

9 Are there other sources of information you used to support the reasons for this initiative? *See the Application Guide for examples.* If yes, what are the sources and how do they support the reasons for your initiative?

10 When participants are involved in the planning and delivery of an initiative, it helps to attract interest, build support, and can improve the quality and success of the initiative. *Please see Application Guide for more information.*

a. Explain how you will encourage participants' to share their ideas and opinions in the planning of the initiative.

b. Explain how you could recognize and use the strengths and skills of the participants in the planning and delivery of the initiative.

c. Explain how this initiative will encourage positive relationships among your participants and in your community.

11 How will you communicate and promote your initiative (e.g. Newspaper, social media, radio, website, posters)? Please share specific details such as the name of your community newsletter, local newspaper, social media links (Facebook Page, Twitter, etc.)

12 What are the future plans for this initiative after the grant funding is gone? Will this initiative continue to be sustainable after this grant funding is gone? If so, how?

13 Do you plan to use local food for your initiative? Please describe.

Local food is food that is food produced or harvested in New Brunswick, and food made in New Brunswick, if the ingredients were produced or harvested in New Brunswick.

14 Strong partnerships create stronger initiatives.

Who is helping you to plan or deliver this initiative?
What are their roles?

See Application Guide for more information on partner roles and contributions.

Partner name and information	What is their key role? How will they be involved in this initiative?	Has this partner already agreed to participate?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any Community Food Mentors involved in this project? Yes No If yes, please list their names.

If your initiative involves cooking food, serving food, or teaching food skills, have any of the leaders completed their food safety certification? Yes No If yes, please list their names.

Budget

15 Please complete the budget worksheet and submit it with your application

Please see Application Guide for a list of acceptable and unacceptable expenses, as well as a sample budget.

Measuring your success

16 In the previous pages you told us what you want to achieve. Now is the time to plan how you will measure your impact.

Think about what you said you wanted to achieve in Question 7. List at least **one or two** things that you think you will be able to measure. Write a brief description of how you plan to measure your results in this area. See *Application Guide* for more information on how you can measure your success.

Please keep track of these measures and submit with your *Activity Report* after the initiative is complete.

What do you think you will be able to measure?

How will you measure this?

Celebration

17 How will you share your story after your initiative is completed (for example: tell us the links to Facebook, website pages or other online tools you plan to use, names of community newsletters or local newspapers you plan to approach)

Remember, if you are successful in your application, we will expect you to tell us in Activity Report how you shared your story with others. Please see Application Guide for more information.

Submitting your application

Before you send in your completed application:

- Have you answered all questions in this form?
- Have you completed and attached the budget sheet?

Send completed applications by email:
mieux-etre.wellness@gnb.ca

Thank you!

