

**Community Healthy Living Fund**  
 Application Deadline: January 31, 2020

For assistance with this application please contact [lindaroberts@gov.nl.ca](mailto:lindaroberts@gov.nl.ca) or call 729-5270

**SECTION 1: General Information**

Full legal name of organization:		
Street/P.O. Box ( <b>organization's permanent mailing address</b> ):		
Town/City:	NL	Postal Code:
Contact Name:	Title/Position:	
Telephone (daytime):		
E-mail (mandatory to include):		
Head of Organization (if different from above):		
Name:	Title/Position:	
Telephone (daytime):		
E-mail:		

**SECTION 2: About Your Organization and Community**

Are you a non-profit organization? <b>If no, you are not eligible for this grant program.</b>	
Are you incorporated and in good standing under the <a href="#">Newfoundland and Labrador Registry of Companies</a> ? <b>If no, you are not eligible for this grant program.</b>	
If yes, what is your Company Number?	
What is the main purpose/mandate of your organization?	

What ongoing activities does your organization offer to support physical activity and healthy eating?	
How many people are impacted by your organization?	
Do you charge a membership fee? If yes, what is your annual membership fee?	
How many people are in your community? Community data is available at <a href="http://nl.communityaccounts.ca/">http://nl.communityaccounts.ca/</a>	
Did your organization previously receive any funding from the Community Healthy Living Fund?	
If yes, have you submitted all final reports?	
If no, explain:	

### SECTION 3: Supportive Environment Funding

There are two funding categories under supportive environments. You may apply for one or both:

- 3.1 Physical Activity and Healthy Eating Equipment, and
- 3.2 Small Infrastructure.

Funding under this category is to support schools, recreation and sport facilities to develop healthy active living environments that promote physical activity and healthy eating.

#### 3.1 Physical Activity and Healthy Eating Equipment

Funding up to \$3,000 is available to support schools, recreation and sport facilities to purchase equipment that promotes physical activity and/or healthy eating. You are required to **attach quotes** to support your funding request.

What equipment are you requesting funding for?

What age group(s) in your community does this initiative target? Check all that apply:

0-4

5-17

18-35

36-49

50-75

75+

Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.

Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.

**Budget**

<b>Item</b>	<b>Cost (attach quotes)</b>	<b>Amount Requested from CSSD</b>
	<b>Total:</b>	<b>Total:</b>

### 3.2 Small Infrastructure

Funds up to \$10,000 are available to retrofit and renovate existing facilities, and to fund capital costs that increase use, lower operating costs, improve safety and increase inclusion in schools, recreation and sport facilities. **You are required to attach quotes to support your funding request.**

Describe your initiative:

What age group(s) in your community does this initiative target? Check all that apply:

0-4      5-17      18-35      36-49      50-75      75+

Is your organization the legal owner of the location/facility? (If no, the legal owner must provide a letter of support)

Will the initiative be completed within one year of receiving funding?

Anticipated Start Date:

Anticipated End Date:

Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.

Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.

**Budget**

Item	Cost (attach quotes)	Amount Requested from CSSD
	Total:	Total:

**SECTION 4: Basic Support and Programs**

Funding under this category is to support the development of healthy active living initiatives and/or programs that increase physical activity and/or healthy eating. You may apply for Basic Support and two additional Programs or up to three Programs.

**4.1 Basic Support**

Funding up to \$1,500 is available to assist Recreation Committees in communities with a population under 7,000 residents and Seniors Groups with the delivery of community recreation opportunities that have the ability to increase physical activity and/or healthy eating.

Describe the ongoing or planned community recreation opportunities that will be supported with this grant.

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<b>Budget</b>		
<b>Item</b>	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<b>Rent and/or Utilities</b>		
<b>Materials and Supplies</b>		
<b>Healthy Snacks</b> Items must meet the Healthy Food Guidelines		
<b>Promotion</b>		
<b>Other</b> List items below.		
	<b>Total:</b>	<b>Total:</b>

**4.2 Programs**

Funding up to \$10,000 per program is available to support initiatives that increase physical activity and/or healthy eating. Initiatives may be targeted at specific populations such as youth, families, seniors, or available for all members of the community. You may apply for Basic Support and two additional Programs or up to three Programs.

## Program 1

Initiative Name:

Describe your initiative (please provide specific activities):

What age group(s) in your community does this initiative target? Check all that apply:

0-4

5-17

18-35

36-49

50-75

75+

Anticipated Start Date:

Anticipated End Date:

Location(s) of Program:

Number of Sessions:

Number of hours per session:	Number of Participants:
Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.	
Is this program inclusive to a wide range of people?	
Are fees charged to participate in this program?	
If yes, please identify the fee and describe how this revenue will be used:	
Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.	



**Budget**

	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<b>Salary</b> Maximum hourly rate \$12.50 including mandatory employment-related costs  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Rent</b> Facility cannot be owned/operated by the applicant  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Materials and Supplies</b> List items below and include <b>unit cost</b> and <b>quantity</b>		
<b>Healthy Snacks</b> Items must meet the Healthy Food Guidelines		

<b>Promotion</b> Maximum of \$200.00		
<b>Transportation</b> Bus or taxi only Number of trips _____ X cost per trip \$_____		
<b>Other</b> List items below and include a detailed description with <b>unit cost</b> and <b>quantity</b> (if applicable)		
<b>Less Anticipated Revenue</b>		
Registration Fees		
Sponsorships		
Other		
	Total:	Total:

## Program 2

Initiative Name:

Describe your initiative (please provide specific activities):

What age group(s) in your community does this initiative target? Check all that apply:

0-4

5-17

18-35

36-49

50-75

75+

Anticipated Start Date:

Anticipated End Date:

Location(s) of Program:

Number of Sessions:

Number of hours per session:	Number of Participants:
Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.	
Is this program inclusive to a wide range of people?	
Are fees charged to participate in this program?	
If yes, please identify the fee and describe how this revenue will be used:	
Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.	

**Budget**

	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<b>Salary</b> Maximum hourly rate \$12.50 including mandatory employment-related costs  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Rent</b> Facility cannot be owned/operated by the applicant  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Materials and Supplies</b> List items below and include <b>unit cost</b> and <b>quantity</b>		
<b>Healthy Snacks</b> Items must meet the Healthy Food Guidelines		

<b>Promotion</b> Maximum of \$200.00		
<b>Transportation</b> Bus or taxi only Number of trips _____ X cost per trip \$_____		
<b>Other</b> List items below and include a detailed description with <b>unit cost</b> and <b>quantity</b> (if applicable)		
<b>Less Anticipated Revenue</b>		
Registration Fees		
Sponsorships		
Other		
	Total:	Total:

### Program 3

Initiative Name:

Describe your initiative (please provide specific activities):

What age group(s) in your community does this initiative target? Check all that apply:

0-4

5-17

18-35

36-49

50-75

75+

Anticipated Start Date:

Anticipated End Date:

Location(s) of Program:

Number of Sessions:

Number of hours per session:	Number of Participants:
Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.	
Is this program inclusive to a wide range of people?	
Are fees charged to participate in this program?	
If yes, please identify the fee and describe how this revenue will be used:	
Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.	



**Budget**

	<b>Cost</b>	<b>Amount Requested from CSSD</b>
<b>Salary</b> Maximum hourly rate \$12.50 including mandatory employment-related costs  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Rent</b> Facility cannot be owned/operated by the applicant  Number of hours a week _____ X number of weeks _____ X \$ _____ per hour		
<b>Materials and Supplies</b> List items below and include <b>unit cost</b> and <b>quantity</b>		
<b>Healthy Snacks</b> Items must meet the Healthy Food Guidelines		

<b>Promotion</b> Maximum of \$200.00		
<b>Transportation</b> Bus or taxi only Number of trips _____ X cost per trip \$_____		
<b>Other</b> List items below and include a detailed description with <b>unit cost</b> and <b>quantity</b> (if applicable)		
<b>Less Anticipated Revenue</b>		
Registration Fees		
Sponsorships		
Other		
	Total:	Total:

**SECTION 6: Capacity Building**

Funding up to \$15,000 is available to municipalities with a population under 7,000 and Indigenous governments to build knowledge and skills within their community that promote and support physical activity and/or healthy eating.

Describe your initiative (additional information can be attached to application if required.):

Anticipated Start Date:

Anticipated End Date:

Describe any partners involved with this initiative and how they are contributing. Please include financial and in-kind contributions.

Describe how the initiative will help to increase physical activity and/or healthy eating. Results will be required when submitting your Final Report.

<b>Budget</b>		
<b>Item</b>	<b>Cost (attach quotes)</b>	<b>Amount Requested from CSSD</b>
	<b>Total:</b>	<b>Total:</b>

**SECTION 6: Conditions and Privacy Notice**

The Department of Children, Seniors and Social Development (CSSD) funding may be used only for the purposes specified in this application. Once CSSD has agreed to provide financial assistance, no substantial change in these activities shall be made without the consent of CSSD and it shall be at the discretion of CSSD to determine what constitutes substantial change in each case. CSSD reserves the right to determine the extent and type of information required to support payment of the grant. Further, CSSD may require that an audit be undertaken to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to CSSD or becomes a debt due the Crown. The organization/group is wholly responsible for its own debts. CSSD will not consider any application to pay debts. If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, unemployment insurance, etc.). Organizations acquiring assets purchased with government funding through the CHLF are required to transfer assets to the Town should they dissolve.

Whenever appropriate, public acknowledgement of funding by CSSD is expected. Publications should clearly acknowledge CSSD's assistance. A standard statement of acknowledgement is available on request. The organization/group agrees to respect and apply the spirit and provisions of existing human rights legislation. Under the Access to Information and Protection of Privacy Act, members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information about this grant application, CSSD may consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld. When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

## Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of program administration and assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department Children, Seniors and Social Development at 709.729.6370.

## SECTION 7: Checklist

**IMPORTANT:** Please review your application to ensure that all of the required information has been provided. Have you:

- Selected the correct category boxes on page 1 of the application that match your funding request(s);
- Reviewed the Community Healthy Living Fund guidelines to verify eligibility;
- Completed all applicable sections of the grant application;
- Signed and dated Section 8: Authorization;
- Communities with a populations under 50,000 residents must provide a letter of support from their Municipality or Local Service District endorsing their funding application. Schools must provide a letter of support from the School District if applying for Small Infrastructure. A template is provided in Appendix A.
- Attached quotes/supplier information where required (Supportive Environment and Capacity Building Initiatives only)

## SECTION 8: Authorization

I certify that, to the best of my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group that I represent, and that I am authorized to enter into funding agreements on behalf of my organization/group. I certify that my organization/group meets the basic eligibility criteria of the Community Healthy Living Fund referenced in this application. I also certify that if successful for funding my organization/group will abide by all terms and conditions herein which will form the Agreement between the Parties.

If funded:

- I agree to use the funding only for the purposes outlined in the original application;
- I agree to submit a final report within 30 days after completion of the initiative. I acknowledge that failure to submit a final report may result in my organization/group being ineligible to receive future funding;
- I agree to acknowledge the Department of Children, Seniors and Social Development funding contribution to this initiative where appropriate.
- I agree to return to CSSD any funds not used for the purposes outlined in the application.
- I agree that goods purchased with Government funds may not be sold or passed on to a third

party. Furthermore should our organization dissolve, all property purchased under the CHLF will be transferred to the municipality of the applicant.

Name of signing authority (print):

Title/position:

E-mail:

**If the application is emailed, typing the name below will satisfy the signature requirement.**

\_\_\_\_\_  
Signature of signing authority

\_\_\_\_\_  
Date

**PLEASE SUBMIT TO:**

E-mail : [chlf@gov.nl.ca](mailto:chlf@gov.nl.ca)

**OR**

Community Healthy Living Fund  
Department of Children, Seniors and Social Development  
3<sup>rd</sup> Floor, West Block,  
Confederation Building  
P.O. Box 8700  
St. John's, NL A1B 4J6

All emailed applications will receive email confirmation that the application has been received.

**APPENDIX 1: Letter of Support**

Community Healthy Living Fund  
Department of Children, Seniors and Social Development  
PO Box 8700  
St. John's, NL  
A1B 4J6

On behalf of \_\_\_\_\_  
I pledge our support to \_\_\_\_\_  
for their initiative(s), Please list all initiatives:

This organization is applying to access funds through the Community Healthy Living Fund administered under the Department of Children, Seniors and Social Development, Government of Newfoundland and Labrador.

Sincerely,

\_\_\_\_\_  
Signature of Authorized Representative  
(Mayor, Town Clerk, Chair of LSD,  
School District)

\_\_\_\_\_  
Date