

**LUNENBURG COUNTY COMMUNITY HEALTH BOARD (LCCHB)
GRANT APPLICATION FORM**

P.O. Box 1180, 14 High Street
Lunenburg, NS, B0J 2C0
Email: lcchb@ssdha.nshealth.ca

The LCCHB Wellness Grants assist non-profit organizations in Lunenburg County in the implementation of health promotion activities. Both new and existing projects/programs are eligible for funding.

To be eligible for funding, organization/project must:

- (1) promote healthful lifestyles
- (2) not duplicate existing services

MAXIMUM REQUEST IS \$3,000.00
Applications must be received by stated deadline

NAME OF ORGANIZATION: _____

Mailing Address: _____

Phone No.: _____

Email address: _____

1). Contact Person No. 1: _____

Work Phone No.: _____ **Home Phone No.:** _____

Email address: _____

2). Contact Person No. 2: _____

Work Phone No.: _____ **Home Phone No.:** _____

Email address: _____

AMOUNT REQUESTED: _____

Signed on behalf of organization by:

Contact Person _____

Position _____

Date _____

(1) Describe the purpose of your project in one paragraph: _____

START DATE FOR PROJECT/PROGRAM: _____

(If project not completed in one year, an extension must be requested in writing.)

(2) How was the need for your project determined (needs assessment, survey, etc.)?

(3) What specific needs for your community will your project/program address?

(4) Who in your community will benefit from this project/program?

(5) Who, if any, partners or community groups will your project/program involve?

(6) Please complete the following detailed project/program budget with applicable revenue and expenses.

REVENUE		EXPENSES	
Program Fees	\$ _____	Wages	\$ _____
Donations		Heat	
Fund Raising		Light	
Grant CHB		Telephone	
Other Grants (Please list): _____ _____ _____	\$ _____ _____ _____	Program Materials: _____ _____ _____	\$ _____ _____ _____
Other Revenue (Please list) _____ _____ _____	\$ _____ _____ _____	Equipment purchases _____ _____ _____	\$ _____ _____ _____
		Insurance	
		Rent	
		Office Supplies	
		Repairs - equipment	
		Repairs - building	
		Other expenses (detail) _____ _____ _____	\$ _____ _____ _____
Total Revenues	\$ _____	Total Expenses	\$ _____

(7) Attach prior year financial statement.

(8) Attach a complete list of Board of Directors and Officers, including addresses.