

**WRITTEN APPLICATION FORM**

Healthy Eating in Recreation Settings Grant

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| **Administered by the Alberta Recreation and Parks Association**Contact: Aleysha Christensen, Program Officer11759 Groat Road NWEdmonton, AB T5M 3K6Phone: 780-638-2915 | Fax: 780-451-7915Email: achristensen@arpaonline.ca Web: [www.arpaonline.ca/choosewell](http://www.arpaonline.ca/choosewell) |

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| **APPLICATION DEADLINE** |
| Applications will be accepted until July 21, 2019 |
| **FUNDING DECISION NOTIFICATION** |
| Applicants will be notified by August 12, 2019 |
| **RECEIPT OF FUNDS** |
| Applicants will receive cheques by August 31, 2019 |
| **PROJECT COMPLETION DEADLINE** |
| Projects must be completed by March 31, 2020 |
| **FINAL REPORT SUBMISSION DEADLINE** |
| Final reports must be submitted within one month of project completion or by April 17, 2020 |

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**BEFORE YOU START**

1. Make sure you are registered for the 2019 Communities ChooseWell program. Check here: <http://arpaonline.ca/choosewell/>.
2. Review the application guide available at <https://arpaonline.ca/choosewell/what-we-do/funding/>. The application guide will describe who can apply for a grant and provide helpful resources and explanations for each section of the application.
3. Review the scoring rubric available at <https://arpaonline.ca/choosewell/what-we-do/funding/>.
4. Read through the entire application form before beginning to start your application.
5. Review the checklist on the last page of the application form before submitting your application.
6. Contact a Communities ChooseWell staff member if you have any questions regarding your application.

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Community Name |  |
| Lead Organization/Group *(Cheque will be addressed to this group)* |  |
| Project Title |  |
| Type of recreation facility/setting |  |
| Contact information for key project leader(s) | Primary Contact | Secondary Contact  |
| Name |  |  |
| Position |  |  |
| Organization |  |  |
| Mailing Address |  |  |
| Phone Number |  |  |
| Email Address |  |  |

 **THE PROJECT**

**WHAT? Your Project**

1. What do you plan to do with the Healthy Eating in Recreation Settings Grant? Briefly describe your project. (250 words or less)

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2. If your proposed project is part of a larger project, please describe the larger project. If it is not, please leave this section blank. (250 words or less)

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3. What elements of the Municipal Food Environment Framework (Appendix A) does your project address? Check or highlight all that apply.

☐Vending

 ☐Food services

 ☐Concessions

 ☐Café or Restaurant

 ☐Catering

 ☐Events

 ☐Programs

 ☐Child

 ☐Youth

 ☐Adults

 ☐Senior

 ☐Fund raising

 ☐Food security

 ☐Community Gardens

 ☐Community Kitchens

 ☐Produce Boxes

 ☐Staff:

 ☐Meetings

 ☐Training

 ☐Work Space

 ☐Education & Awareness

 ☐Posters

 ☐Newsletters

 ☐Marketing Materials

4. What are the goals of your project? How will you know the project has achieved its goals? (250 words or less)

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**\***Refer to the Application Guide for more information about writing goals and measuring success.

**WHY? Your Reason**

5. Why is your proposed project needed in your recreation setting? Who will benefit the most from your project? (250 words or less)

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**WHO? Your Participants and Partners**

6. Do you have the following representatives on your project team?

 a. Your recreation setting/facility/department: ☐Yes ☐No

 b. The health region (example: public health dietitian, health promotion facilitator): ☐Yes ☐No

7. Who will you be working with to carry out your project and how will they be involved? Please list the organizations, groups, businesses, and/or individuals who are/will, support your project. Identify their role and if they are a new partner.

|  |  |  |
| --- | --- | --- |
| **Partner (Include position and organization, if applicable)** | **Role (i.e. How are they involved in the project?)** | **Is this a new or existing partnership?** |
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8. How many community members/patrons are likely to be impacted by your project? \_\_\_\_\_\_\_\_\_\_

9. Think about the community members who will be affected by your project. Please tell us how you involved the people who will be impacted by your project (examples: consumers, food service operators) in the planning process? (150 words or less)

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**HOW and WHEN? Your Plan**

**Work Plan**

10. What activities will be carried out as part of your project, and when will each activity take place?

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| --- | --- |
| **Activity**  | **Timeline** |
|  |  |
|  |  |
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**Budget**

11. What is the total cost of your project? $\_\_\_\_\_\_\_\_\_

12. How will the Healthy Eating in Recreation Settings Grant be used? In the chart below, please list each item/activity to be covered by the grant, and the cost of each item/activity, to a maximum total cost of $5000.

|  |  |
| --- | --- |
|  **Project Item/Activity** | **Cost** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Cost** | $ |

*\*Please note that requests for food items should follow the Alberta Nutrition Guidelines for Children and Youth (see*  <http://bit.ly/2h2sHL8>*)*

13. Do you have financial support from other sources for other components of your project? If so, please list them and the amount they have committed to your project.

|  |  |
| --- | --- |
| **Funder** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Funding** | $ |

14. Will you receive any in-kind donations for your project? If so, in the chart below, please list each item/activity that will be donated, the donors, and the approximate dollar value of each item/activity.

|  |  |  |
| --- | --- | --- |
| **Project Item/Activity Donated** |  **In-Kind Donor** | **Approximate Value** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total**  | $ |

\*Refer to the Application Guide for more information on in-kind donations

15. All projects receiving grant funding are required to submit a final report within thirty days of completing the proposed activities and no later than April 17, 2020.A report template will be provided.

I agree to submit a final report of the project activities and expenses as outlined above. ☐Yes☐ No

16. All grant recipients are required to provide more information on their recreation setting food environment at the start and end of the projects to support evaluation. Further information and resources will be provided.

I agree to submit the information on my recreation setting food environment as requested. ☐Yes☐ No

**BEFORE SUBMITTING YOUR APPLICATION**

Please ensure you have checked the following:

* I am registered for the 2019 Communities ChooseWell program.
* My proposed project meets the eligibility criteria described in the application guide.
* I have reviewed my application and ensured that I have completed each section and answered all of the questions in the Application Form.
* I give Alberta Recreation and Parks Association permission to share information about my project with the Communities ChooseWell advisory committee, the evaluation team, and our funder AB Health.
* I agree to provide additional information to the Alberta Recreation and Parks Association about my recreation setting/facility to support project evaluation if my application is successful.

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| **RECEIPT OF FUNDS** |
| Applicants will receive cheques by August 31, 2019 |

**Updated: Submit your application by email, mail, or fax. All applications must be *received* by 11:59 pm (MDT) on July 21, 2019.**

**EMAIL MAIL FAX** 

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 **Edmonton, Alberta**

 **T5M 3K6**

*The Communities ChooseWell Healthy Eating in Recreation Settings Grant are administered by the Alberta Recreation and Parks Association. Communities ChooseWell is funded by Alberta Health.*



 