

Funding Application Live Well Grand Cities (LWGC)

Thank you for your interest in the LWGC Grant Program. Once you have submitted a completed form, you will be asked to present an overview of your project idea to the LWGC Board of Directors for consideration. The LWGC Board of Directors or committee is representatives from local health care agencies as well as other parties interested in health and wellness in Grand Cities. Board meetings are held at 2PM on the first Thursday of the month. After reviewing the request, the committee will determine its funding recommendations.

Purpose: To provide funding to agency members of Live Well Grand Cities in support of community-based projects such as events, activities, or programs that promote health and wellness in the Grand Cities area. Funding may defray costs associated with materials, equipment, healthy snacks, etc.; however, personnel time is excluded.

Grant(s) Amount: up to \$500 offered once a year – April 30.

Instructions: Please submit a completed application to the LWGC address listed below. Agencies applying for funding must be members of LWGC and must have a representative attend a minimum of 2 meetings per year. Board members will review proposals and applications with consideration of the project's alignment to the mission, vision, purpose, and goals of LWGC.

Mission: We are leading a forum of organizations to create sustainable healthy environments through fostering partnerships, advocating for health policy, and improving health outcomes.

Vision: Our community will be the healthiest place to live, work, and play.

Purpose: LWGC is the network of resources and information that advocates for Health and Wellness in the Grand Cities Community

Goals:

- To advocate for health in all policies for our community
- To provide information on health and wellness resources and events in Grand Cities
- To respond to health priorities identified in the community
- To seek funding for the Coalition and its programs

Applications are due April 30.

Report: Agencies must submit a brief summary of the project, outcomes, and description of how the funds were used by the end of December for the year the funds were used. This information will be shared with CHGGF members.

Mini-grant application Live Well Grand Cities

Contact name	
Address	
City	State & zip
Phone	Cell phone
Email address	
Is this request: <input type="checkbox"/> One-time project <input type="checkbox"/> New project <input type="checkbox"/> Improvement to existing program	
Brief summary of request:	
Support for the activity or program. How many people typically participate in this activity, is there a user group established in the area, etc.:	
What is needed to facilitate this project? Space, structures, etc? Please attach a diagram of the proposed layout of the activity or facility, if appropriate.	
What costs are associated with this project?	
How will these expenses be paid? Fundraisers, sponsors, etc.	

Does this project require ongoing financial support? If so, -----?
Will this project or program be open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:

Please submit this completed form and other supporting documents to be considered to:

Live Well Grand Cities – Grant program
c/o Grand Forks Public Health Dept.
Attn: Allen Anderson, RD, LRD
151 South 4th St. Suite N301
Grand Forks, ND 58201

For office use	Date received	
Received by:		
Attachments:		