



# Community Wellbeing grant program

application package





# Community Wellbeing grant program application

Note: asterisks (\*) indicate required information.

## ORGANIZATION INFORMATION

Organization name*		
Organization's website (if applicable)	Your organization's social handles (if applicable)	
Organization's mailing address*		
City*	Province*	Postal code*
What target populations does your organization support? <input type="checkbox"/> Newcomers and refugees <input type="checkbox"/> Children <input type="checkbox"/> Indigenous peoples <input type="checkbox"/> Seniors <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Visible minorities <input type="checkbox"/> Families <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Other (specify below) _____ <input type="checkbox"/> Vulnerable youth <input type="checkbox"/> Individuals requiring mental health support		Do you charge a fee to access your services?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Describe what your organization does.\*

**APPLICANT INFORMATION**

Your name*	Your job title*		
Your email*	Your phone number*	Ext.	
City	Province	Postal code	

**How does your organization contribute to the health and wellbeing in your community?\***

**If your organization is selected, how do you plan to use the grant funds to support your organization's goals?\***

**How did you hear about this program?\***

<input type="checkbox"/> Social media	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Email	<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Internet search	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Internet ad	_____

***NOTE: If your organization is selected as a recipient for this award, you may be asked to answer some follow-up questions and provide photos to help us tell your story. This information may be shared via our blog, website and social media channels.***

**DECLARATION OF APPLICANT**

By submitting this form, I confirm that this application in its entirety is truthful to the best of my knowledge.

Name of applicant	
Signature of applicant	Date (YYYY-MM-DD)



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