2025 Community Wellbeing grant program

application package

Community Wellbeing grant program application

Note: asterisks (*) indicate required information. Missing information could result in your application not being eligible.

ORGANIZATION INFORMATION

Legal entity or operating name*

Organization's website (if applicable)

Organization's social channels (if organization does not have a website)

Registered business number or charity number*

Organization's mailing address*

City*

Province*

Postal code*

What is the primary target population your organization serves? Select one.

- ○ **Newcomers and refugees**
- ○ **Seniors**
- ○ **Families**
- ○ **Vulnerable youth**

- ○ **Children**
- ○ **LGBTQ+**
- ○ **Individuals with disabilities**
- ○ **Individuals requiring mental health support**

- ○ **Indigenous peoples**
- ○ **Visible minorities**
- ○ **Other (specify below)**

Do you charge a fee to access your services?*

- ○ **Yes**
- ○ **No**

Describe what your organization does. Include its mission and vision statements.*

Have you applied for the Community Wellbeing grant program in the past? If so, when and were you successful?

APPLICANT INFORMATION

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

Does your organization support mental, physical or social wellbeing?

☐ **Mental wellbeing**   ☐ **Physical wellbeing**   ☐ **Social wellbeing**

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?*

Please include the timeline for when the funds will be used.*

How many people will benefit from this program?*

How did you hear about this program?*

○ Social media   ○ Newspaper

○ Email   ○ Word of mouth

○ Internet search   ○ Other (please specify below)

○ 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)