

OFFICE USE ONLY

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SUBMIT COMPLETED FORM AND QUOTES/INVOICES TO  
 CMHA VERNON 3100 28<sup>TH</sup> AVE VERNON B.C. V1T1W3

## What are Wellness Grants?

**WELLNESS GRANTS** provide an opportunity for people with lived experience with mental health problems (PWLE) to access activities beneficial to wellness and recovery that they would otherwise be unable to afford. This may include fitness activities, educational courses, fees for instruction, artistic pursuits or special family activities. Individuals can apply for grants up to a maximum of \$200.00 per year (\$400.00 for families or groups).

### WELLNESS GRANT APPLICANT INFORMATION

NAME					
TELEPHONE		CELL PHONE	Can we contact you via text message? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMAIL		DATE OF BIRTH			
			DAY	MONTH	YEAR
NAME OF MENTAL HEALTH WORKER		MENTAL HEALTH WORKER TELEPHONE			
ADDRESS, CITY, POSTAL CODE					

### WELLNESS GRANT DETAILS

Have you received a Wellness Grant (or CFC funding) in the past?  YES  NO

Can you provide proof of disability benefits/income?  YES  NO

#### WELLNESS GRANT OPTION 'A'

If you select Option 'A' you do not have to provide a quote/invoice.

- EQUINE CONNECTION COACHING SERVICES
- NORTH OKANAGAN THERAPEUTIC RIDING SESSIONS
- MENTAL HEALTH FIRST AID (CMHA VERNON)
- LIVING LIFE TO THE FULL (CMHA VERNON)

#### WELLNESS GRANT OPTION 'B'

If you select Option 'B' you MUST provide a quote/invoice with your application.

- FITNESS/RECREATION
- FAMILY OR GROUP ACTIVITY
- EDUCATIONAL COURSE
- ARTS & CRAFTS INSTRUCTION

Please provide details about the course/activity you wish to do:

Does your course/activity have a start date?  YES  NO

If yes, when does it start? \_\_\_\_\_

**WELLNESS GRANT DETAILS CONT'D**

How much does your activity cost? \$ \_\_\_\_\_

Who is the cheque payable to?

Please note - the cheques can not be payable to you

Please provide a breakdown of costs (ie: registration fees, how many lessons/classes etc.)

**MAKING YOUR PROPOSAL TO THE WELLNESS GRANTS COMMITTEE**

As part of the application process you must present your request to our committee of volunteers who are peers in recovery, family members and advisors. You will need to describe why the activity will be good for your wellness and recovery goals. If you need more space to present your request please attach another sheet of paper to this form.

**In your own words, please tell us why you believe a Wellness Grant will benefit you. You may wish to include mental, physical and social reasons, as well as personal experience:**

**IMPORTANT INFORMATION ABOUT WELLNESS GRANTS**

- If you are applying for **Wellness Grant Option 'B'** you must provide two quotes or an invoice on company letterhead that clearly describes the fees and services you are applying for. **If you do not provide a quote or invoice your application WILL NOT be considered.**
- Recreation facilities may require **proof of disability or income** for discounted memberships. Before submitting your application, please contact the facility you wish to use to find out if you qualify.
- Applications may take up to 3 months to process.
- The WGC does not reimburse for activities paid for, nor advance funds retroactively. Cheques are made out to the service provider, not the applicant.
- To be considered for continued funding you must prepare a written report for the WGC within 6 months of receiving your funding. In this report, please describe what activity you chose and how the Wellness Grant was beneficial to your mental health recovery.
- Please note we do not fund Vernon Rec Centre Passes that are already discounted by 75%