



LIVE WELL PEI
together we can

Wellness Grant Program: Community Catalyst Grant Application

All applications must be submitted online; however, applicants may complete their proposal in two ways:

1. Directly online, which requires completing the application in one sitting; you cannot save and return to it later.
2. Using the Application Template below, which allows you to take the time you need to complete the application. Using this method, you will need to save it and upload it to the online portal.

Please note, applications will **only** be accepted using the online form or the application template. If you are unable to access either format, please contact us for a paper option.

For more information on the Community Catalyst Grant criteria, please refer to the [LIVE WELL PEI Wellness Grant Program Guidelines](#).

For any questions, please contact livewellpei@gov.pe.ca or (902) 370-6990.

Project Information	
Project Title:	
Expected Start Date:	
Expected End Date:	
Total Funding Request:	\$ _____ (Maximum \$7,500)
Project Focus	
<p>1. What health behavior will your project address? (Select one)</p> <p><input type="checkbox"/> Healthy Eating</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Reducing Alcohol Consumption</p> <p><input type="checkbox"/> Living Tobacco Free</p> <p><input type="checkbox"/> Social Determinants of Health</p> <p>2. What health promoting strategy will your project focus on? (Select one)</p> <p><input type="checkbox"/> Supporting personal and social development (ie. education, enhancing life skills)</p> <p><input type="checkbox"/> Building and strengthening community capacity and action (ie. using strengths within the community to share, support, and teach others)</p> <p><input type="checkbox"/> Creating supportive environments and social connectedness</p> <p><input type="checkbox"/> Developing and strengthening healthy policies</p>	



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2025-26 Community Catalyst Grant
Application

Project Details

3. Why is this project needed? Include the evidence or data used to prove it is needed to create healthier people and communities in PEI? (e.g. Chief Public Health Officer's Report, National surveys, COMPASS Report, Reports from national organizations, community-based surveys, consultations, discussions, etc.)

4. Please list the organizations and partners involved in this project and what their contribution will be to the project (e.g. space, funding, facilitation skills, etc.).

Project Evaluation

5. How will you determine if the project has been a success?
6. What impact are you hoping this project will have in your community?



Project Workplan

7. Using the table below, please indicate the steps or activities in **detail** that you will undertake to complete this project. Include who will be responsible for each step and the expected timeline for each activity.

Activity	Applicant or Partner Responsible	Timeline
<i>E.g., Identify speakers for each of the 5 sessions (name, organization, job title) and include brief overview of speaking points.</i>	<i>Applicant with assistance from colleagues (Billy Jean) and local municipality (City of Charlottetown)</i>	<i>Nov 1-12</i>
<i>E.g., Plan and Host training session for non-profit leaders on 'Collective Impact'</i> <i>Location:</i> <i>Session date/time:</i> <i>Speaker:</i> <i>Speaker Organization:</i> <i>Topic/Event agenda:</i> <i>Marketing/Outreach plan:</i> <i>Attendance session limit:</i> <i>Additional info.:</i> <i>A short feedback survey will be developed.</i>	<i>Applicant and Partner – PEI United Way, Tamarack Institute</i>	<i>Dec/23-Jan/24; session on January 25, 2024</i>
<i>E.g. Meal Planning Program – 3-hour class (cohort #1)</i>	<i>Classes facilitated by Community Dietitian (Bobby Joe) with assistance from Culinary Chef (Ken Row)</i>	<i>Session on Feb 9, 2024</i>



Project Budget

8. Using the table below, please list all expenses and purchases related to your project. *This should be as specific as possible and align with your project activities in your workplan (above).*

Please ensure you review the eligible and ineligible expense lists provided in the [Wellness Grant Program Guidelines](#).

Expense	Cost (\$)	Purpose of Expense	Source of Funding
<i>E.g., Travel</i>	<i>\$50</i>	<i>Mileage cost for 100km (@ gov't rate of .50 km) for speaker #1</i>	<i>Grant</i>
<i>E.g., Snacks/beverages</i>	<i>\$375</i>	<i>Healthy snacks for 125 community leaders (est. \$3/student) to attend workshop on "Collective Impact"</i>	<i>Partner – United Way</i>
<i>E.g., Food demonstrations</i>	<i>\$319.00</i>	<i>Food for hands-on activities and class demonstrations</i>	<i>Grant</i>



<i>E.g., Honorarium</i>	<i>\$250.00</i>	<i>Honorarium for expertise outside the core project team/organization.</i>	<i>Grant</i>
TOTAL PROJECT EXPENSES			
TOTAL REQUEST FROM GRANT			

