

*If you need additional space for your answers, please attach more pages as needed.

Project Name: _____

Are you applying as a: ___ Group/Organization ___ Individual

Group/Organization Name, if applicable: _____

Town/City/Area served by you/your organization: _____

Contact Name: _____

Mailing Address: _____

Contact Numbers: _____

Email: _____

Tell us about the project: _____

Date(s) of project/activity: _____

Dollar amount requested: _____

Should your application be approved, who do we make the cheque payable to:

1. What year was your organization founded, if applicable: _____

2. Mission Statement, if applicable: _____

3. Geographic area intended to be included in the project? _____



4. What is the focus of this project (as described in the WMW-SPA Westman Funding Application Guidelines)? Please select one (or more as applicable) from the following:

Primary Prevention

Intervention

Postvention

5. Indicate the anticipated results of the project:

6. Briefly explain how your proposal addresses a need that is not being met. What new or innovative ideas will your project provide in the area of mental wellness?

7. How many people will this initiative affect? What is the target population?

8. Would you/your organization be able to accomplish this project if you were to receive only partial funding in support of your request? Please elaborate:

9. Will the project involve the participation of other institutions, agencies or groups? If so, please explain their responsibility and the agreed upon participation. (eg. Prairie Mountain Health, Addictions Foundation of Manitoba)



10. What will happen with any surplus funds?

11. How are project sponsors recognized? Please outline your plan to recognize WMW-SPA as a project sponsor:

12. What other activities and services do you/does your organization deliver?

Applicant Representative

Name

Position

Signature

Date

Successful applicants will be required to provide WMW-SPA with the authority to share information about your group and project results publicly. (Exclusions may apply)

Please forward this completed application with a Projected Income and Expense Statement [we can supply you with a template upon request] to:

- PO Box 1226 Souris, MB R0K 2C0
- westmanwellness@gmail.com
- or contact one of our Board Members for more information

