Kent Wellness Network Funding Request Form

Eligible to apply

• Municipality, First Nation Community or community organization in Kent County

Other details:

- Maximum of \$500 per request
- The project must promote wellness in Kent County
- The application must be submitted a minimum of two (2) weeks prior to the stated starting date of the project
- The following projects will not be funded: Initiatives which have already taken place, fundraising or charity events, ongoing classes or programs / registration fees (e.g., gym passes, weekly classes), initiatives where donated contributions and funding from other sources are greater than anticipated expenses, where organizations have already received a Kent Wellness Network Funding Request in the current year
- Post Activity Report is to be submitted by the applicant after the project is completed (form provided by the Kent Wellness Network Secretary).

Return the completed form to the Kent Wellness Network: rmekwn@gmail.com

Project Name:	
Planned start date	
for your project:	
Project location :	
Applicant name	
(Municipality, First	
Nation Community	
or organization):	
Contact information	
of project lead	
(Name, phone	
number, e-mail):	
Project Description:	
General description	
(target group,	
region, project goals,	
projected activities	
and timeline)	
1	



Projected outcomes:	
What do you wish to achieve with this project?	
Team/Resources:	
(People, Equipment, Locations, Support & outside services)	

PROJECT BUDGET

How is your group matching those costs in in-kind contributions (time, hall rental, food, equipment, volunteers...)? Provide a breakdown of the costs.

Activity Description	<u>Cost</u>	<u>Revenue</u>	Financial partners
Total :			
Amount requested to be funded b Network:			

Do you have any objection for the Kent Wellness Network to ask for pictures and videos regarding the project and share your story on our website and social media?

Applicant signature:

Date: _____