

**COMMUNITY BASED MENTAL HEALTH, ADDICTIONS AND TRAUMA SUPPORT
PROGRAMS**


PROPOSAL AND WORKPLAN

NAME OF COMMUNITY:	MAILING ADDRESS:
TELEPHONE NUMBER:	FAX NUMBER:

FUNDING AMOUNT REQUESTED:	
CONTACT PERSON #1 (include email):	
CONTACT PERSON #2 (include email):	

Please describe your proposed project
<p>WEECHI-IT-TE-WIN Family Services</p>

Describe how your project will meet the overall Project Objective(s) as listed in the Call for Proposals document”



Please specifically indicate how your project will engage members that live off reserve within the Rainy River District?



Please specify what measures will be taken to prevent the spread of Covid 19 within your project?

Family Services

What community programs and staff members will work together to carry out this project?

By signing and dating this application, you agree to submit a **Work Plan** (see below) with the application.

Also, by signing and dating this application, you agree to abide by the statistical and financial reporting requirements as set out by WFS upon notification of a successful proposal. **Information regarding reporting requirements will be reviewed and agreed upon with successful applicants.**

Applicant's Signature

Date

Weechi-it-te-win Family Services' Representative

Date

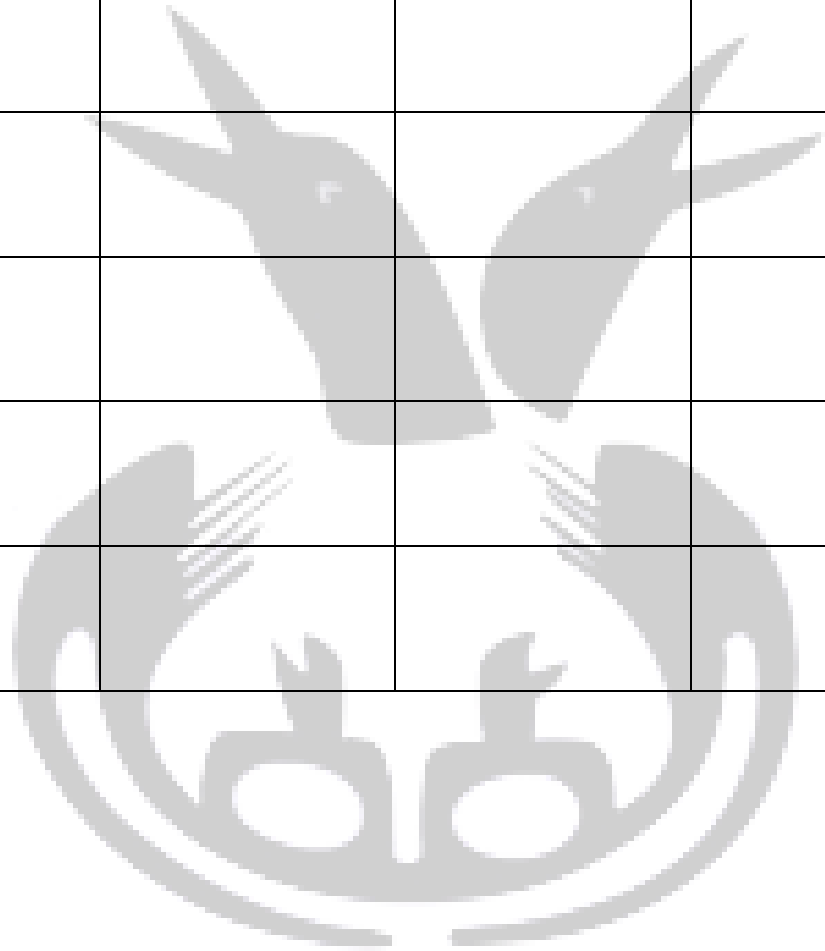
WEECHI-IT-TE-WIN
Family Services

WORK PLAN- Community-based MHA Project

PROJECT DELIVERABLES	ACTIVITIES	PERSON (S) RESPONSIBLE	TARGET POPULATION	PROJECTED BUDGET	ESTIMATED START DATE	ESTIMATED COMPLETION DATE



 WEECHI-IT-TE-WIN
 Family Services



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