



**Eastern Regional Wellness Coalition
Discretionary Funding
2011**

Name of Coalition Group: _____

Contact Person: _____
(If this person will not be the lead person for your project, please indicate who will be leading the project and the name to appear on the cheque)

Alternate Contact Person: _____

Mailing Address: _____

E-mail Address: _____

Telephone #: _____

What is the amount of funding your group is requesting? _____

What is the project/event your group is planning to do?

What will this funding cover?

**Completed form can be mailed to:
Eastern Regional Wellness Coalition
c/o Health Promotion Wellness
35 Tilley's Road
Clareville, NL
A5A 1Z4
Or Fax: 466-6305**