



Project Legacy Summary

Part A: Who, Where and When			
Name of Organization	Mailing Address	City:	Postal code:
Primary Contact Person:	Primary Contact Phone Number:	Primary Contact Email:	
Secondary Contact Person(s):	Secondary Contact Phone Number(s):	Secondary Contact Email(s):	
*Please Note: Only primary contacts will receive communication regarding this application. Should the primary contact change following submission, please contact us at healthycommunities@northernhealth.ca .			
Project Name:			
Project Location: In what community (communities) did your project take place?			

Part B: What, Why & How
We recognize that projects often face challenges and barriers. Did the original goals/scope of your project shift? If so, tell us how you were able to adapt.
What legacy did this project leave? Describe the impact of your project:
Please identify partnerships developed or strengthened as a result of this project:
We would LOVE to share your story! Please tell us what you are most proud of that we could share with other communities?



Part C: Budget

**How did you spend the grant funding from Northern Health on this project?
(Please provide details below)**

BREAKDOWN	AMOUNT
TOTAL	

Part D: Feedback

We are always looking to improve our granting programs. Please let us know what you think Northern Health and First Nations Health Authority could do to make this grant better:

Empty space for providing feedback.

Part E: Submitting your Project Legacy Summary

Please share your photos or videos with us!

We love to see photos or videos of these amazing projects in action. Any other links to online media, newspaper clippings, drawings or stories from project participants would also be welcomed and greatly appreciated.

Northern Health may use the information to share with others through our social media or blog posts. Our purpose is to inspire other communities and groups to apply for grant funding that will support food security and Indigenous food sovereignty in Northern BC.

Please note Northern Health may use your project information to showcase how and where the funds were spent and what activities were happening at the community level, as a result of the grant funding your project has received.

CONSENT REQUIRED: Please check the box below if you agree to the above statements:

I am providing consent for Northern Health to use this project information and any photos shared for information and promotion purposes

When submitting this summary electronically, you will receive an email confirmation within 48 hours. Please contact us by phone or email if you do not receive confirmation.

Contact information:

Northern Health-Coordinator, Community Funding Programs

Phone: 250-961-0253

Email: healthycommunities@northernhealth.ca

Northern Health collects, stores and shares your personal information under the authority of the Freedom of Information and Protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially and stored securely. If you have any questions, please contact Northern Health's Privacy Office at 250-565-5822.