**2022-23 Circle of Well-Being Program (CWB)**

**Proposal Form**

SCHOOL INFORMATION

|  |
| --- |
| First Nation School Name: |
| Mailing Address: |
| Telephone: | Fax:  |

CONTACT INFORMATION:

|  |  |
| --- | --- |
| Name of main contact person(s): | Position/Role: |
| Telephone: | Email Address: |

Describe your proposed activities:

In what ways will your CWB Project benefit your students and community?

STUDENT/PARTICIPANT INFORMATION:

Number of students who will be participating in your program

|  |  |  |
| --- | --- | --- |
| Primary/elementary (K - grade 3) | Intermediate (grades 4 – 8)  | Secondary (grades 9 -12) |

Number of other participants (teachers, volunteers, family and community members, etc.)

|  |
| --- |
| Total:  |

List of Expenditures

|  |  |
| --- | --- |
| Resources or Services to Be Purchased w/ Explanation | Costs |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL EXPENDITURES:****Max. amount requested must not exceed $2,000** | $ |

Please submit your completed proposals by:

**Friday, December 9, 2022**

By email to: **soniao@fnesc.ca** or by fax to 604-925-6097

Thank you for your application.