



Local Wellness Grant (LWG) Application Form

Section 1: Local Information

Application Type:

Individual Local Application
List Local(s) Name and #:

Joint Local Application
List all Local(s) involved:

Regional Application. List Region:

List All Local(s) Name and #

Application Year:

One-year application: 2026/27 only

One-year application: 2027/28 only

Two-year application: 2026/27 and 2027/28

Project Year(s)	2026/27	2027/28
Dates of project	<input type="text"/>	<input type="text"/>
Location of project	<input type="text"/>	<input type="text"/>
Estimated # of participants	<input type="text"/>	<input type="text"/>
Local(s) involved in project	<input type="text"/>	<input type="text"/>
Designated Lead Applicant	<input type="text"/>	<input type="text"/>

Section 2: Contacts (Note: Primary or secondary applicant must be a Local board member)

	Designated Lead Applicant (Primary Contact)	Secondary Contact	Person Filling Application
Name			
Position			
Phone			
Email			

Section 3: Project Information

Instructions: Fill this section for each applicable project year. Leave the applicable project year blank if the application will not include that project year.

Project Year: 2026/27 Application

No Application is being submitted for the 2026/27 year

Project Title:

Local(s) Involved:

This project will focus on: (Check all that apply)

- Mental Wellness

Addictions Awareness

Cultural Connection

Land Based Learning

Other
- Elder and Youth Supported Teachings

Intergenerational Learning

Community Connection

Describe your proposed project:

Include:

- What you are planning
- Who it will serve
- How it demonstrates
 - Mental Wellness and/or addictions alignment
 - Culturally grounded, elder and youth supported, trauma informed programming
 - Positively effecting the availability, accessibility, quality, or effectiveness of Métis
 - Mental Wellness or cultural grounding for Métis Citizens.

Project Year: 2027/28 Application

No Application is being submitted for the 2027/28 year

Project Title:

Local(s) Involved:

Designated Lead Applicant:

This project will focus on: (Check all that apply)

- | | |
|----------------------|-------------------------------------|
| Mental Wellness | Elder and Youth Supported Teachings |
| Addictions Awareness | Intergenerational Learning |
| Cultural Connection | Community Connection |
| Land Based Learning | Other |

Describe your proposed project:

Include:

- What you are planning
- Who it will serve
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 - Mental Wellness or cultural grounding for Métis Citizens.

Section 6: Budget Summary

Please fill or attach the following budgets with all anticipated project costs or include your own table if additional costs are not included below.

2026/27 Project Budget:	
Expense Category	Estimated Cost
Elder/Knowledge Keeper honoraria	
Youth honoraria	
Facilitator travel	
Venue	
Insurance	
Food	
Materials/supplies	
Group transportation/charter	
Staffing/project coordinator	
Printing/communications	
Administration (10% max)	
Other	
TOTAL PROJECT COST	

Funds Management Plan:

For combined applications: Which one local(s) or Region will manage the funds?

This Funds Management Plan has been agreed upon, within all participating Local(s) motions.

2027/28 Project Budget:	
Expense Category	Estimated Cost
Elder/Knowledge Keeper honoraria	
Youth honoraria	
Facilitator travel	
Venue	
Insurance	
Food	
Materials/supplies	
Group transportation/charter	
Staffing/project coordinator	
Printing/communications	
Administration (10% max)	
Other	
TOTAL PROJECT COST	

Funds Management Plan:

For combined applications: Which one Local(s) or Region will manage the funds?

The Funds Management Plan has been agreed upon within all participating Local(s) motions.

Section 8: Required Documents:

Completed LWG Application

- Attached Budget- (if applicable)

Completed MN-S EFT Form

Void Cheque/Direct Deposit Form: (Must align with Motion and EFT Form)

LWG Motion from each Local (Must have Elder Support and Youth Support of the project as well as bank account approval)



Local Wellness Grant (LWG) Motion Template

Date:

Subject: Application for Local Wellness Grant

Local Name & Number(s):

Region:

Meeting Type: Local Board Meeting Regional Council Meeting

Meeting Location:

Quorum Present: Yes No

Elder (Name) Supporting the Project:

Youth (Name) Supporting the Project:

Designated Project Lead:

WHEREAS the Métis Nation–Saskatchewan (MN–S) Ministry of Health, Mental Health and Addictions is accepting applications for the Local Wellness Grant (LWG);

WHEREAS the LWG is a grant-based program that provides funding directly to Métis Locals for the delivery of mental health and addictions programming with project design supported by Elders and Youth.

WHEREAS Métis Local(s)#/Region as designed the following project and proposes to apply for the LWG to fund the project:

Title of project

Estimated project budget (if known)

*If successful, funds are to be distributed into the **one** (Local/Regional) bank account:*

Funds Management Plan

THEREFORE BE IT RESOLVED THAT Métis Local(s)/Region [redacted] approves and supports the submission of a LWG application to the MN-S Ministry of Health, Mental Health and Addictions for the project outlined above.

Moved by: [redacted]

Seconded by: [redacted]

Result: Carried Defeated Tabled/Deferred

Vote Details (if tracked):

[redacted] in favour [redacted] in opposition [redacted] abstained

Signatures

We confirm that this motion was discussed and decided at a duly convened meeting of the Local/Region

President

[redacted]

Name:

[redacted]

Signature:

[redacted]

Date:



Local Wellness Grant (LWG) Electronic Payment Request Form

Please ensure form is fully completed and signed and return to:

Métis Nation – Saskatchewan
310 20th St E
Saskatoon, SK S7K 0A7
Email: lwg@mns.ca

Company/Individual Name*:

Company/Individual Address*:

Phone Number *:

EFT Remittance Email Address *:

(* indicates required fields.)

Financial Institution Information:

(please attached a Void cheque or direct deposit form from your financial institution)

Name of Institution:

Address:

Institution Code:

City/Province:

Transit/Branch #:

Postal Code:

Account #:

I hereby authorize Métis Nation–Saskatchewan to make electronic funds transfers to the bank account specified above for the named Company/Individual for payment of goods and/or services. I hereby certify that I am duly authorized to sign this Electronic Payment Request Form on behalf of said Company/Individual.

Signature

Date

Name/Title (please print)