Thank you for your interest in our Community Grants Program. We’re excited to learn about your initiative related to mental illness, addiction or mental health.

Applications will be reviewed and scored by our volunteer Community Grants Review Committee. Please refer to the Community Grants Guide as you prepare your application.

The following worksheet contains 30 questions, some of which require open-ended responses. We recommend finalizing responses in the work area below before proceeding to the online application form (available on our website in late December).

Complete the grant application worksheet below, then copy and paste your answers into the online application form before the **deadline of noon on January 24, 2024.** Please contact grants@mentalhealthns.ca with any questions.

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| **ABOUT YOUR ORGANIZATION** |
| 1. Organization Name: |  |
| 2. Mailing Address, including postal code |  |
| 3. Website |  |
| 4. Organization Status | [ ] Registered Charity[ ]  Non-profit[ ]  For-profit / business[ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4a. Charitable Registration Number (if applicable) |  |

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| **MAIN CONTACT FOR THE PROJECT** |
| 5. First & Last Name: |  |
| 6. Job Title/Position: |  |
| 7. Email address: |  |
| 8. Phone number: |  |
| **PROJECT INFORMATION** |
| 9. Proposal Title |  |
| 10. Requested Amount  |  |
| 11. Total Project Budget |  |
| 12. Are participants charged a fee?*If yes, please include this revenue in your budget* |  |
| 13. Is this a pilot project? | [ ]  Yes[ ]  No |
| 14. How many people (Nova Scotians) will be directly impacted by this project? |  |
| 15. Have you previously been awarded a Foundation Grant?  | [ ]  Yes[ ]  No |
| 15a. If yes, which year(s)? | *If none, please enter N/A* |
| 16. Will the project involve the participation of other institutions, agencies or groups?*If yes, please upload letters outlining their role in the project on the Attachments page.* |  |
| 17. Project Dates:*Note: This Round funds activities between Apr 2024–Mar 2025* |  |

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| 18. In which counties will the project have an impact? | [ ]  Province-wide[ ]  Annapolis/Kings[ ]  Antigonish[ ]  Cape Breton Co (Sydney)[ ]  Colchester/East Hants[ ]  Cumberland[ ]  Digby/Yarmouth/Shelburne[ ]  Guysborough [ ]  Halifax [ ]  Inverness/Richmond/Victoria[ ]  Lunenburg/Queens[ ]  Pictou |
| 19. Who is the primary intended audience for this project?*(select a max of 3)**If you are proposing to serve an equity-seeking group, be sure your proposal describes how you will engage that group or community.* | [ ]  2SLGBTQIA+[ ]  African Nova Scotian/Black[ ]  Men[ ]  Mi’kmaq/Indigenous[ ]  New Canadians/Immigrants[ ]  Racialized [ ]  Seniors[ ]  Women[ ]  Youth[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 20. What is the main focus area?*(select a max of 2)If you are proposing education or training, please include a partner which will benefit from the training, increasing the impact of the investment in training.* | [ ]  Addictions[ ]  Complex Trauma[ ]  Eating Disorders[ ]  Gambling[ ]  Grief[ ]  Mental Health Education/Training\*[ ]  Mood Disorders[ ]  Neurodiverse[ ]  Suicide Prevention[ ]  Psychosis[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Please ensure your application includes at least one partner. |

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| 21. Organizational Overview: what is your organization’s mission and what does it do? (max 300 words) |  |
| 22. Summary of proposed project, including objectives and anticipated outcomes (max 500 words) |  |
| 23. Briefly explain how your proposal addresses a focused need that is not being sufficiently met. What new or innovative ideas are being brought forward to address gaps? Please include any relevant information on how your proposal addresses diversity, if applicable. (300 words max) |  |
| 24. Please provide a timeline for your project – specific tasks with start and end dates. |  |
| 25. How will you measure the success and impact of your project or initiative? (300 words max)  |  |
| 26. What are your organization’s qualifications to sustain and complete this project? Or, if applicable, what are the program facilitator’s qualifications? Attach bio if appropriate. (300 words max) |  |
| 27. Are you seeking financial assistance of support from other sources?27a. If yes, please list source and perceived status of request: | [ ]  Yes[ ]  No |
| 28. Is this project and its benefits sustainable?28a. If yes, how? (max 150 words) | [ ]  Yes[ ]  No |

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| **DIRECT DEPOSIT INFORMATION** |  |
| 29. To speed the processing of grant payments for successful applicants, we will collect direct deposit information as part of the application process. ***This doesn’t mean all applicants will receive a grant.*** |  |
| **ATTACHMENTS** |  |
| 30. An itemized budget is required. | Please create a separate document that you will upload in the application portal.**Any unspent funds must be returned to the Foundation at the conclusion of the project.** |
| 31. Letters of agreement or partnership (if applicable). | Optional |