|  |  |
| --- | --- |
| **Project Name:** |  |
| **Team/Area:** |  |
| **Program Contact Name:** |  |
| **Program Contact Email:** |  |
| **Program Manager Name:** |  |
| **Manager of Service Name:** |  |
| **Total Approved Funding Received:** | **$** |
| **Total Amount Spent:** | **$** |

**PROJECT DETAILS**

*Please note answers to the following questions may be featured in our publications (ie: newsletters, blog posts, social media)*

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| --- | --- |
| **Total Number of Clients Who Benefitted from This Program:** |  |

**Brief Summary of the Project:**

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| --- |
|  |

**Summary of the Impact/Outcomes for your clients:**

(Address each project deliverable from original grant application)

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**Budget Update – how funding has been used (specifics and timelines).**

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**Were there any challenges to delivering your project? How were they dealt with?**

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**Please share a client success story from this program** (*250 words)*:

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**Please provide a *written or video testimonial* from a client who has benefitted from this program. Approx. 200-250 words***(Cell phone video is perfectly fine. If sending a video, you can attach it directly to your email, or if the file is too large to attach, please contact our office and we will provide you with an alternate method to upload your video.)*

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**The Mental Health Foundation of Nova Scotia contributes a monthly column to *Senior Living.* If applicable, please identity any seniors involved in your program (facilitator, volunteer or client) who we could feature in this *Senior Living* column.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name | Tel. | Email |

**Please attach a high resolution photo and/or short video (approx. 30 seconds) that best represents your project and its impact.***(Cell phone video is perfectly fine. If sending a video, you can attach it directly to your email, or if the file is too large to attach, please contact our office and we will provide you with an alternate method to upload your video or photos.)*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorized Signature | Printed Name | Date |

**Deadline**: Final Reports must be received by the Mental Health Foundation of Nova Scotia by Noon on Tuesday, **April 11, 2024.**

**Submit to**: Grants Program

Mental Health Foundation of Nova Scotia

Suite 1120, Mount Hope Building

300 Pleasant Street

Dartmouth, NS B2Y 3S3

Phone: 464-6000

Email: grants@mentalhealthns.ca