

FINAL REPORT 2023-24 R1

Community Grants

Please note: Project information directly below may be used in communications to our donors to illustrate the impact of their donation

| | |
|--|----|
| Organization Name: | |
| Project Name: | |
| Organization Contact Name: | |
| Organization Contact Email: | |
| Organization Contact Telephone: | |
| Approved Funding Awarded: | \$ |
| Total Amount Spent: | \$ |

PROJECT DETAILS

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

| | |
|---|--|
| Number of People Who Benefitted from This Program: | |
|---|--|

Brief Summary of the Project:

Summary of the Impact/Outcomes for your participants:

(Address each project deliverable from original grant application)

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

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

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

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

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

Please provide a testimonial from a participant who has benefitted from this program. Approx. 200-250 words (The testimonial may be submitted anonymously.)

The Mental Health Foundation of Nova Scotia contributes a monthly column to *Senior Living*. If applicable, please identify 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 **Friday, April 5, 2024.**

Submit to: Mental Health Foundation of Nova Scotia
Suite 1120, Mount Hope Building
300 Pleasant St.
Dartmouth, NS B2Y 3S3
Phone: 464-6000
Email: grants@mentalhealthns.ca