

# INTERIM REPORT 2023-24

## Community Grants

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

<b>Organization Name:</b>	
<b>Project Name:</b>	
<b>Organization Contact Name:</b>	
<b>Organization Contact Email:</b>	
<b>Organization Contact Telephone:</b>	
<b>Total Approved Funding:</b>	\$
<b>First Payment Received:</b>	\$
<b>Amount Spent To Date:</b>	\$

<b>Do You Require Remaining 30% of approved funding?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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### PROJECT DETAILS

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

<b>Number of Participants Who Benefitted from This Program To Date:</b>	
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**Please Provide a Brief Summary of the Project:**

**Please Summarize the Impact/Outcomes for your participants:**

(Address each project deliverable from original grant application)

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

**Budget Update – specifics of how much money has been spent to date, timelines of spending, and the plan for spending the remaining funds before March 31, 2024.**

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

**Please provide a written or video testimonial from a participant 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.)*

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

**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 participant) who we could feature in this *Senior Living* column.**

Name	Tel.	Email
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**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
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**Deadline:** Interim Reports must be received by the Mental Health Foundation of Nova Scotia by Noon on **Monday, November 20, 2023.**

**Submit to:** Community Grants Program  
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](mailto:grants@mentalhealthns.ca)