All applications must be completed in their entirety.

**Checklist for Submissions**

* Is funding available from an operating budget? *(If answer to this question is yes, the program is ineligible for a grant).*
* Is the application complete?
* Have you considered combining requests for similar programs that are being submitted from other sites?
* Have you included requests for ineligible items (furniture, equipment, etc.)?
* Is the application approved by Team/Service Manager and Program Manager?

**All applications must have the approval of both the Team/Service Manager and Program Manager prior to submission:**

**Project Name:**

**Amount Requested:**

**Team/Service Manager**I, acknowledge that I have reviewed this application.

Signature: Date:

Printed Name: Tel No.:

**Program Manager**I, acknowledge that I have reviewed this application.

Signature: Date:

Printed Name: Tel No.:

**Project Summary**

**Project Name:**

**Total Amount Requested:**

**Date of Submission:**

**Area/Unit Submitting Request:**

**Cost Centre** (click for dropdown): **Click to select your cost centre**

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Name & Title:**

**Mailing Address:**

**Phone No.:**

**Email Address:**

**Project Summary:**

Briefly summarize your proposal’s objectives, impact and means of evaluation. Submissions must support the vision, mission, core values and strategic directions of the Mental Health Foundation of Nova Scotia and NSH’s Mental Health & Addictions Program. *Max 250 words*

**Project Deliverables**

**Please briefly summarize how your project will impact consumers if approved. What is the expected number of consumers who will benefit?** *Max 250 words*

**Financial Information – Program Budget**

**What are the costs associated with delivering this project? Be as accurate as possible, general estimates are not acceptable.**

**Please attach as a separate document.** Assistance or a budget example is available from the Foundation if needed.

Please note, any costs covered within your department’s budget aren’t eligible for this grant.

When requested funds for a service/item exceed $1,000, the grant applicant should attempt to secure three quotes from vendors.

**Past Funding**

**What initiatives and amounts have been funded by the Foundation in the past two fiscal years (2022-23 and 2023-24)?**

**Partnerships**

**What partnerships have been considered in developing this initiative?** Priority will be given to programs that demonstrate cost-sharing partnerships.

Please describe the nature of these partnerships (i.e., are these partners providing a discount?) and how these partnerships will contribute to the successful implementation of this project (i.e., by reducing costs, sharing resources, etc.) *Max 250 words*

**Evaluation**

**Based on your deliverables, indicate how the success of the program will be measured and evaluated.** Please use a SMART assessment (Specific, Measurable, Achievable, Realistic, Timely) of the project goals. *Max 250 words*

**Sharing**

**Please describe how learning from this project will be shared with other areas of the Mental Health & Addictions Program, Central Zone, Nova Scotia Health Authority.** *Max 250 words*

**Apply Now**

**Deadline:**

All applications for consideration must be received in the office of the **Mental Health Foundation of Nova Scotia** by **MONDAY, JANUARY 29, 2024 at 4:00pm Atlantic Time**.

**Submission:**

**Email** application and supporting documents as attachments to: grants@mentalhealthns.ca with the subject “NSH MHAP Grant Application.”

*or*

**Deliver package** (by mail, courier, or in person):

Mental Health Foundation of Nova Scotia - Community Grants

Mount Hope Centre

1120 – 300 Pleasant Street

Dartmouth, NS B2Y 3S3

All applicants will be contacted with the status of their application by early April.

**For More Information:**

Call: 902.464.6000 | Email: grants@mentalhealthns.ca