Mental Health Foundation of Nova Scotia

PURPOSE: To improve the mental wellness of Nova Scotians by granting funds to community-based mental health and addictions organizations.

VISION: All Nova Scotians are thriving in their communities.

VALUES: *Community* - Connection, belonging and circles of support
Compassion - Kindness and understanding create nurturing and inclusive environments for growth, healing, and recovery
Accountability - Responsibility, oversight and care for the lived experiences, relationships and funds entrusted to us

COMMUNITY GRANT GUIDE

Community Grant Applications are accepted twice annually through our online application portal.

This Guide offers more detail on the type of information to consider when preparing your grant application. The Worksheet (available on our website) contains all the questions and character limits in a Word document you can use to draft your responses, then copy and paste your answers into the online grant application.

Applicants will be required to create an account to use the grants portal. Through your account you can save your application and return later to complete it, stay updated of upcoming reporting requirements for approved applications and add collaborators to the grant.

Please add the following email addresses to your safe senders list so system-generated emails aren't directed to your Junk Folder: noreply@yourcause.com and mail@grantapplication.com.

Our Community Grants Program is competitive – we receive more applications in each round than we can fund. Strong applications reflect our purpose and values, demonstrate fiscal responsibility, benefit an appropriate number of people, detail a clear plan to deliver the project, include well-defined measures of success and an evaluation plan. Sometimes worthy projects aren't funded due to budget limitations.

The volume of applications we receive continues to increase, and we rely on the efforts of our volunteer Community Grants Committee to read and score applications.

- Please note the word limits on the length of answers.
- Your application will be primarily scored on the answers within the application form. Don't rely on attachments to demonstrate the need, impact and measurement of your project.

***Tip**: Allow adequate time to prepare your responses within the stated word limits. Consider asking a trusted colleague to review your draft application to ensure it is concise and makes a compelling case for your project.*

If you have questions or want to discuss your ideas, please contact Monica at grants@mentalhealthns.ca. Please be aware response times will be delayed closer to the application deadline.

ABOUT YOUR ORGANIZATION	
1. Organization Name	The name of the organization leading the project. Partnerships and joint requests are eligible (and encouraged!). In the case of a partnership, one organization should be identified as the lead organization to receive the grant funds and be responsible for reporting on the project. The partnership should be indicated for Q.16, and a partnership letter outlining the roles/contributions of each organization included as an attachment.
2. Mailing Address	
3. Website	
4. Organization Status	We accept applications from organizations registered in Nova Scotia. If you're unsure whether your organization is a charity or a non-profit, please refer to Canada Revenue Agency's definition.
4a. Business Number or Nova Scotia Registry of Joint Stocks Number	We accept applications from registered organizations based in Nova Scotia, with preference given to non-profit and charitable organizations. If you are registered with Canada Revenue Agency, please list your business number. Otherwise please include your Nova Scotia Registry of Joint Stocks number.
MAIN CONTACT FOR THE PROJECT	
5. First & Last Name 6. Job Title/Position 7. Email address 8. Phone Number	This contact information is primarily needed for communications related to the grant and grant reporting. This is the person who will be contacted if additional information or clarification is needed.
PROJECT INFORMATION	
9. Project Title	What is the name of the project or initiative you are seeking funding for? This project name will be used in communications with you and used publicly when we acknowledge funded projects.
10. Requested Amount	Please indicate a specific amount (not a range) and prepare a detailed budget showing how you arrived at this amount for ***Question 30 – Itemized Budget***. The maximum amount of funding per project is $25,000.

11. Total Project Budget	If you have other funders and are asking the Foundation to support a portion of the project, please list the total project budget here. Please list the other funders or prospective funders in ***Question 28 – Other Financial Support*** *and include the confirmed or projected revenue in* ***Question 30 – Itemized Budget*** If you are requesting full project funding from the Foundation with no in-kind or other support, the total project budget is the same as the amount requested.
12. Are participants (or participating organizations) charged a fee?	Fees are generally viewed as a barrier to access. However, if you feel fees are required, please include this revenue in your budget – ***Question 30 – Itemized Budget***
13. Is this a pilot project?	Check yes if you are trying something new. If this is a new solution to an identified need, please be sure to state the need and why this initiative meets the need in ***Question 23 - Need***. If this is a tried-and-true program, or an existing project with a minor change, please select no.
14. How many people (Nova Scotians) will be directly impacted by this project?	This is the number of people you expect to <u>directly benefit</u> from this project. If you are running a program, this is the projected number of participants. If you're running a phone line, it's the number of phone calls that will be answered *as a result of this grant funding*. This question isn't asking about indirect impact or the maximum number of people who could possibly be impacted. It's not asking about the total number of people your organization serves. Our mandate is to serve Nova Scotians, so please ensure your response reflects the number of <u>Nova Scotians</u> who will benefit. If your operations are in NS but you serve people from out of province, please only include people whose primary residence is in Nova Scotia.
15. Have you previously received a grant from the Mental Health Foundation of Nova Scotia? 15a. If so, which years?	Please indicate the years you received a grant, or the range of years if you received grants over multiple years.

16. Will the project involve the participation of other institutions, agencies or groups?	If yes, please attach a letter outlining the organization, its mandate and what its role will be in the project on the **Attachments Page** (last page of online application). In general, the committee values partnerships as they can extend the benefits of projects by engaging more people and increasing knowledge and connection within the community. While not every project is suitable for a partnership, please consider whether a partnership is appropriate for your project. If you are proposing to serve an equity-deserving or vulnerable group and your organization or project lead isn't a part of that community, you may consider a partnership to ensure your project includes the voice of the intended audience. If your proposal relates to training, a partner is required.
17. Project Dates	Community Grants provide funding for projects or initiatives that can be completed within a 12-month period. Please ensure your project falls within the appropriate window, and can be completed within the granting period. Unspent funds at the end of the project are returned to the Foundation and redistributed in a future round of funding. If your project is shorter, i.e. a 12-week group, please list the actual dates and you will submit your final report when the project activities have concluded. *Round 1 funds activities from Apr 2026–Mar 2027* *Round 2 funds activities from Oct 2026 – Sep 2027*
18. In which counties will the project have an impact?	Some projects have activities in various locations or use technology to reach across the province. Please list the counties in which your project will have an impact. If you list multiple counties, be sure your application explains how you will engage participants/communities if outside of your usual area of operation. If your project is will be promoted and accessible to all areas of the province, please choose "Province-wide".

19. Who is the primary intended audience for the project? *(max 25 words)*	Most projects can't effectively engage "the general public". And while it's possible "everyone" could benefit from a project, this question is asking about the audience for whom this project was designed. Consider thinking about your response to ***Question 23 – Unmet Need.*** Please keep in mind that if you are proposing to serve a specific group, your proposal should demonstrate your connection to that group OR a partnership with another group or organization OR a plan to engage the group/community. Your existing connection to the community, either directly or through a partner, will be considered. Consider your responses to the following questions as you indicate the primary intended audience. ***Question 16 - Partnerships*** ***Question 21 - Organizational Overview*** ***Question 26 - Qualifications***
20. How does your project improve mental wellness?	Our grants support community-based mental health initiatives that promote mental wellbeing through coping skills, prevention and early intervention. ☐ Connection *(including isolation, rural communities, or specific groups)* ☐ Support *(including peer support, system navigation or other support to increase knowledge and ability to self-advocate)* ☐ Intervention *(including counselling or other therapy)* ☐ Education *(including psycho-education, skill development, or Mental Health Education/Training*,)* ** If you are proposing education or training, please include a partner organization which will also attend the training, increasing the impact of the Foundation's investment in your project.*
21. Organizational overview: what is your organization's mission and what does it do? *(max 200 words)*	Please state your organization's mission. Provide a brief overview of your organization's work - who you serve, and what you do. Your answer may also set the stage for why your organization is suited to lead/deliver the project, or your connection to the impacted vulnerable communities your project will serve.

22. Project Summary for the proposed project, including objectives and anticipated outcomes. *(max 500 words)*	The Project Summary is a brief overview, summarizing key points of the application. This section should give reviewers a good idea of what the proposed project is, why it's needed and how it will make a difference. Consider your response to ***Question 23 – Explain how your proposal addresses a focused need that is not being sufficiently met.*** Please consider starting this section with a sentence that outlines the project, then add more information. For example: - This 12-week peer support group will connect families/caregivers of people living with mental illness to learn new strategies from clinicians and people with lived experience. - The grant will provide up to 6 hours of counselling with a supervised counselling intern for 75 individuals who wouldn't otherwise have access to counselling services. - The ASIST (Applied Suicide Intervention Skills Training) Workshop will take place over 2 days and will equip our staff to recognize when our clients are contemplating suicide, intervene, and develop a safety plan to connect them with further support. Please include the outcomes you expect the project to achieve.
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. *(max 300 words)*	This section will expand on the need identified in ***Question 22 - Project Summary***. You may wish to consider including evidence of the need, explaining the innovation of your project, or highlighting how your proposal addresses diversity or vulnerable populations.
24. Please provide a timeline for your project – specific tasks with start and end dates.	The timeline should align with your project dates in ***Question 17 – Project Dates.*** The timeline should provide enough information and evidence of planning to show that your project can be successful, begin on time and conclude at the end of the granting period. The Grants Review Committee considers the viability of the proposed project during the review process, and a clear timeline contributes to that.

25. Please describe your evaluation plan for this project. *(max 300 words)*	Community Grants are awarded to improve the mental wellbeing of participants. Please indicate whether you will use a standardized measurement tool to measure the impact of your project, based on your response to **Question 20**. Some suggestions are provided. Please describe how you will implement the tool you've selected. 1. **Connection** - UCLA Loneliness survey (Instructions) and Social Connectedness Scale - SCS-R (Youth) (Adult) 2. **Support -** This Manual for *Peer Support Integrity, Quality and Impact Survey* offers several different options for measurement. 3. **Intervention** - Patient Health Questionnaire 4. **Resiliency -** Brief Resilience Scale (BRS) or this link BRS - Brief Resilience Scale 5. **Mental Health Quality of Life Scale** (google) 6. Other (please include link or upload your form)
26. What are the project facilitator's qualifications? Please attach bio. *(300 words max)*	Your answer will depend on your organization and the project you propose. Consider your responses to: ***Question 19 – Intended Audience*** ***Question 20 – Type of Project*** ***Question 21 – Organizational Overview*** ***Question 23 – Unmet Need*** If the project includes a therapeutic benefit from a specific clinician or professional, please include that person's credentials/registration number and/or a biography whether staff, partner or consultant. If you are proposing to serve or engage a specific group, you may wish to identify if the project lead or your organization are members of this group.
27. What will change as a result of this project? *(200 words max)*	Thinking about this grant as a one-time initiative, please describe why this project is important to mental wellbeing. You may wish to expand on the outcomes identified in ***Question 22 – Project Summary***.
28. Are you seeking financial assistance or support from other sources? 28a. If yes, please list source and perceived status:	We are happy to partner on projects or co-fund! Please be sure to include confirmed or prospective funding in your submission for ***Question 30 – Itemized Budget***

29. Is this project sustainable without ongoing grants from the Mental Health Foundation of Nova Scotia? 29a. Please explain. *(max 150 words)*	Our Community Grants are intended to support projects over a finite period and aren't a source of continuing funding. If this is a one-time initiative that isn't intended to continue or be repeated, please check "One-time project". Examples could be a special workshop or training that will be delivered one-time (not recurring). If you're testing a pilot project, with a plan to secure alternative funding or incorporate into your operating budget, please check "Yes" and explain your plan for funding. If there is no alternative funding available and the project would require another grant to continue, please check "No".
ATTACHMENTS	
30. Budget - Please submit an itemized budget detailing planned revenue and expenditure breakdowns.	Please create a separate document that you will upload in the application portal. The budget should clearly explain how the grant funds would be used. You may choose to use headings such as rental space, seminar/workshops, travel, printing/copying, telephone/fax, postage, etc. You may wish to include in-kind contributions in the total project budget. Please specify hourly wages/rates, and indicate whether facilitators or other professionals are discounting rates or providing a portion of service in-kind. If the application is submitted by a for-profit business or private practice, there is an expectation that the proposal will include a reduced rate for this project. As the Grants Review Committee scores applications, some of the factors considered are: - how many people will be impacted through this grant (cost per person); - is there a therapeutic benefit (art therapist vs. art materials); - is the applicant contributing to the project (staff coordination, programming space, etc); - are licensed professionals charging full rate or offering pro-bono or discounted fees - are the costs reasonable **Please be aware that any unspent funds must be returned to the Foundation at the conclusion of the project.**

31. Other Attachments	Your application will be reviewed and scored primarily on your responses to the application questions. Attachments are optional. There is space for attachments that add value *(not just volume!)* to your application. Please don't add letters of support although if you do have a partner for this project we would welcome a partnership agreement or MOU. Please don't delay submitting your application while waiting for supplementary information – late applications won't be considered.