

## Capital District Mental Health Program 2012/13 Grant Application Form

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### Checklist for Submissions

- Is funding available from 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?
- Is application signed by Team/Service Manager and Program Manager?
- Please ensure all contact information is completed

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

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Manager of Service

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Program Manager

## Capital District Mental Health Program Grant Application

**Project Name:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_

**Area Submitting Request:** \_\_\_\_\_

**Contact Name & Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**eMail Address:** \_\_\_\_\_

**Brief Description of Project:**

Please note all submissions must support the vision, mission, core values and strategic directions of the Mental Health Foundation of Nova Scotia and the Capital District Mental Health Program.

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**Partnerships:** Priority will be given to programs that demonstrate cost-sharing partnerships. What partnership(s) have been considered in developing this initiative? Please describe the nature of the partnership (i.e., are these partners providing a discount?) and how this partnership will contribute to the successful implementation of this project (i.e., by reducing costs, sharing resources, etc.)

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**Describe how the Mental Health Foundation of Nova Scotia will be recognized as a funder of this project:**

To assist in our ongoing fundraising efforts, it is important that the Foundation's support be recognized. This can be done in a variety of ways (for example, by inclusion in a Capital Health newsletter, etc.). Please be specific in describing how this could be done for your program.

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**Briefly summarize how your project will impact consumers if approved. What is the expected number of consumers who will benefit?**

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**If not approved, what will be the immediate and long-range impacts?**

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**Please indicate how the success of the program will be measured and evaluated:**

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**Please describe how learning from this project will be transmitted and shared with other areas of the Mental Health Program:**

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**Deadline:** All applications for consideration must be received in the office of the **Mental Health Foundation of Nova Scotia** by close of business day, **4:30 pm, Friday, February 10<sup>th</sup>, 2012**. Late applications will not be considered – there will be no exceptions.

**Submit to:** **Mental Health Foundation of Nova Scotia**  
Suite 1120, Mount Hope Building  
300 Pleasant Street  
Dartmouth, NS B2Y 3Z9

**Attention: Capital District Mental Health Grants Selection Committee**